



ANNUAL CONFLICT OF INTEREST DISCLOSURE

Utah Code § 17-16a-13

Joshua N. Graves

Printed Name: _____

Each of my current employers and my employers during the preceding year:

Name of Employer	Address of Employer	Description of the Employment	My Occupation and/or Job Title
Salt Lake County District Attorney's Office	35 East 500 South, Salt Lake City UT 84111	Prosecuting Agency for Salt Lake County	Division Director

Each entity in which I am an owner or officer, or was an owner or officer during the preceding year:

Name of the Entity	Description of the Type of Business or Activity Conducted by the Entity	My Position in the Entity
NA	NA	NA

Each individual from whom, or entity from which, I have received \$5,000 or more in income during the preceding year (if I provide goods or services to multiple customers or clients as part of a business or a licensed profession, I am only required to provide this information as it relates to the entity or practice through which I provide the goods or services, and am not required to provide this information as it relates to my individual customers or clients):

Name of the Individual or Entity	Description of the Type of Business or Activity Conducted by the Individual or Entity
NA	NA

Each entity in which I hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this disclosure form or during the preceding year, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds:

Name of the Entity	Description of the Type of Business or Activity Conducted by the Entity
NA	NA

Each entity not listed above in which I currently serve, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors:

Name of Entity or Organization	Description of the Type of Business or Activity Conducted by the Entity	Type of Position I Hold/Held
NA	NA	NA

Real property in which I hold an ownership or other financial interest that I believe may constitute a conflict of interest (optional):

Description of Real Property	Description of the Type of Interest Held in the Property
NA	NA

Name of my spouse and any other adult residing in my household who is not related by blood or marriage, as applicable:

Kencee Graves

Each of my spouse's current employers and employers during the preceding year:

Name of Employer	Address of Employer
University of Utah Hospital	50 N. Medical Dr., Salt Lake City UT 84132

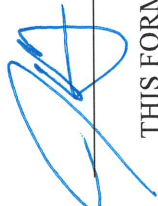
Brief description of the employment and occupation of each adult who: a) resides in my household; and b) is not related to me by blood or marriage:

Name	Description
Kencee Graves	Chief Quality Medical Officer at the University of Utah Hospital

Description of any other matter or interest that I believe may constitute a conflict of interest (optional):

ATTESTATION

I believe that this form is true and accurate to the best of my knowledge.

Signature: 

Date: 02/03/2025

THIS FORM IS DUE TO THE SALT LAKE COUNTY CLERK NO LATER THAN JANUARY 31ST, 2025.