

### FINANCIAL CAMPAIGN REPORT FOR COUNTY & LOCAL SCHOOL BOARD CANDIDATES

| Name of Candidate or Officeholder   |  |  |  | Political Party                               |                        |  |
|---|--|--|--|---|------------------------|--|
| Street Address and Apartment Number  450 Apple Lane Office Seeking  Mebo School Board Membo |  |  | State  | 7:n Codo                                      |                        |  |
|   |  | City   |  | Zip Code                                      |                        |  |
|   |  | <u> Paysor</u>   | \ \( \lambda \tau \)   | 84601   |                        |  |
| ffice Seekin  | 1g   | And Donald   | Area Code & Phone Numb   |   | Area Code & Fax Number |  |
| nev   |  | NOUL BOULD IN  | center out the   | 7 - 4 - 4 ( /                                 |                        |  |
|   |  |  | Type of Report   |   |                        |  |
|   |  |  | (Check the appropriate   | box)  |                        |  |
|   | 1  | REPORTS  |  |   |                        |  |
|   | - :  | 30 Days after withdraw or elim   | ination  |   |                        |  |
|   |  | Seven days preceding the Prin  |  |   |                        |  |
|   |  | (Candidates on the primary ballot nee<br>expenditures 10 days prior to the date  |  |   |                        |  |
|   |  | 30 Days after the Primary Elec   | etion  |   |                        |  |
|   |  | (if eliminated at the Primary)   | Alon .   |   |                        |  |
|   | <i>1</i> 0€ 1                                | Seven days preceding the Ger   | neral Flection   | Is this report an amendme                     | nt?                    |  |
|   | · // \                                       | report expenditures 10 days prior to   |  | Yes, Date of Report _                         |                        |  |
|   | _ ;  | 30 Days after the General Elec   | ction  | Ø No  |                        |  |
|   |  |  |  |   |                        |  |
|   |  | Report Verification  |  |   |                        |  |
|   |  | i,   |  |   |                        |  |
|   |  | í,   |  |   | ļ                      |  |
|   |  | í,   | Print Name of Candida  | ate   |                        |  |
|   | 9. 8. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. |  | that this Report of Contributio                                  | ns and Expenditures                           |                        |  |
|   |  | is true,   | ~  | ns and Expenditures                           |                        |  |
|   |  | is true,   | that this Report of Contributio accurate and correct to the b    | ns and Expenditures est of my knowledge.      | 2016                   |  |
|   |  | is true,   | that this Report of Contributio                                  | ns and Expenditures est of my knowledge.      | 2016<br>Date           |  |
|   |  | is true,   | that this Report of Contributio accurate and correct to the b    | ns and Expenditures est of my knowledge.      | Date  Jse Only         |  |
|   |  | is true,  Christine of Signature of To File this Form  | that this Report of Contributio accurate and correct to the b    | ns and Expenditures est of my knowledge.      | Date                   |  |
|   |  | is true,  Signature of  To File this Form  Mail or deliver to  | that this Report of Contributio<br>accurate and correct to the b | ns and Expenditures est of my knowledge.      | Date  Jse Only         |  |
|   |  | is true,  Signature of Signatur | that this Report of Contributio<br>accurate and correct to the b | ns and Expenditures est of my knowledge.      | Date Use Only          |  |
|   |  | is true,  Signature of Signatur | that this Report of Contributio<br>accurate and correct to the b | ns and Expenditures est of my knowledge.      | Jse Only  Date receive |  |
| •   |  | is true,  Signature of Signatur | that this Report of Contributio<br>accurate and correct to the b | ns and Expenditures est of my knowledge.  L-/ | Date  Jse Only         |  |



| Page                                  | of |  |
|---------------------------------------|----|--|
| Candidate or Officeholder's Last Name |    |  |
| Rilees                                |    |  |
| Date of Report                        |    |  |
| 1/-/-20                               | 16 |  |

# **SUMMARY PAGE**

(NOTE: Complete this page after filling out Schedule A and Schedule B)

|    |  | Column A Total this Period | Column B<br>Year-to-Date<br>Total |
|----|--|----------------------------|-----------------------------------|
| C  | ONTRIBUTIONS RECEIVED  |                            |                                   |
| 1  | TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)                      | 0                          | - 0                               |
| E  | (PENDITURES MADE   |                            |                                   |
| 2  | TOTAL EXPENDITURES MADE (See Schedule B)                           | 6                          | - 0-                              |
| BA | ALANCE SUMMARY   |                            |                                   |
| 3  | Balance at Beginning of Reporting Period                           |                            | Refer to Line 7 on your last repo |
| 4  | Total Contributions Received (From Line 1 Column A)                |                            |                                   |
| 5  | Subtotal (Add lines 3 and 4)                                       |                            |                                   |
| 6  | Total Expenditures Made<br>(From Line 2 Column A)                  |                            |                                   |
| 7  | Balance at Close of Reporting Period (Subtract Line 6 from Line 5) | 6                          |                                   |

2016 County Commission & Local School Board Candidate



## **SCHEDULE A**

#### ITEMIZED CONTRIBUTIONS RECEIVED

(Attach additional pages if needed)

| Page                                  | of |  |  |
|---------------------------------------|----|--|--|
| Candidate or Officeholder's Last Name |    |  |  |
|                                       |    |  |  |
| Date of Report                        |    |  |  |

| HEART of UTAH | •                           |   |                      |
|---------------|-----------------------------|---|----------------------|
| Date          | Name of Contributor         | Mailing Address & Zip Code                      | Amount               |
| ·····         |                             |   | - <del>- ( ) /</del> |
|               |                             |   | /                    |
|               |                             |   |                      |
|               |                             |   |                      |
| <del> </del>  |                             |   | <del> </del>         |
|               |                             |   |                      |
|               |                             |   |                      |
|               |                             |   |                      |
|               |                             |   | _ (                  |
|               |                             | <del></del>                                     | $- \leftarrow$       |
|               |                             |   | _ —                  |
|               |                             |   |                      |
|               |                             |   |                      |
|               |                             |   |                      |
|               |                             |   | - <del>/</del>       |
|               |                             |   | <del>- (</del>       |
|               |                             |   | _ \                  |
|               |                             |   | \                    |
|               |                             |   | )                    |
|               | <del></del>                 |   | /_                   |
| <del></del>   |                             |   |                      |
|               |                             | Subtotal for this page                          |                      |
| To            | otal Contributions Received | (Sum of subtotals from all Schedule A pages) \$ |                      |

2016 County Commission & Local School Board Candidate



# **SCHEDULE B**

### ITEMIZED EXPENDITURES MADE

(Attach additional pages if needed)

| Page                                  | of |  |  |
|---------------------------------------|----|--|--|
| Candidate or Officeholder's Last Name |    |  |  |
| Date of Report                        |    |  |  |

| Date                                    | Expenditure             | Mailing Address & Zip Code                 | Amount |
|---|-------------------------|--|--------|
|   |                         |  |        |
|   |                         |  |        |
|   |                         |  |        |
|   |                         | -14.04.74.44.44                            | - —    |
|   |                         |  |        |
|   |                         |  |        |
|   |                         |  |        |
| *************************************** |                         |  |        |
|   |                         |  |        |
|   |                         |  |        |
|   |                         |  |        |
|   |                         |  |        |
|   |                         |  |        |
|   |                         | Subtotal for this page                     | *      |
|   | Total Expenditures (Sum | of subtotals from all Schedule B pages) \$ |        |