



FINANCIAL CAMPAIGN REPORT FOR LOCAL SCHOOL BOARD CANDIDATES

(Utah State Code 20A-11)

Name of Candidate TERRY D. PETERSON			
Street Address 1125 S. LYNNWOOD DRIVE	City OREM	State UTAH	Zip Code 84097
School Board District	Area Code & Phone Number	Area Code & Fax Number	

Type of Report

(Check the appropriate box)

INTERIM REPORTS

- 30 Days after withdraw or elimination
- Seven days preceding the Primary Election
(report expenditures 10 days prior to the date of election)
Required of ALL candidates - even if not in a primary
- August 31
(Required of ALL Candidates)
- Seven days preceding the General Election
(report expenditures 10 days prior to the date of election)

YEAR-END SUMMARY REPORT

- January 10 of every year
(Required by all candidates & officeholders until
campaign account(s) are closed)

FINAL REPORT

- Final Report (Required by all candidates and
and officeholders as soon as the close of campaign
accounts)

Is this report an amendment?

- Yes, Date of Report _____
- No

Report Verification

I, TERRY D. PETERSON
Print Name of Candidate

affirm that this Report of Contributions and Expenditures
is true, accurate and correct to the best of my knowledge.

Terry D. Peters
Signature of Candidate

03/13/08
Date

LOCAL SCHOOL BOARD CANDIDATE

To File this Form

Mail or deliver to
Utah County Clerk's Office
100 East Center St., Rm 3100
Provo, Utah 84606
Fax (801) 851-8122

For More Information

Contact the Election's Office
(801) 851-8127

For Office Use Only

Date received

- Web
- Log

SUMMARY PAGE

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

		Column A Total this Period	Column B Year-to-Date Total
CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	0	0
EXPENDITURES MADE			
2	TOTAL EXPENDITURES MADE (See Schedule B)	0	0
BALANCE SUMMARY			
3	Balance at Beginning of Reporting Period	0	Refer to Line 7 on your last report
4	Total Contributions Received (From Line 1 Column A)	0	
5	Subtotal (Add lines 3 and 4)	0	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	0	

For Office Use Only
 This report is
 subject to
 audit by the
 State Board of
 Elections
 and the
 State Board of
 Accountancy
 and the
 State Board of
 Taxation
 and the
 State Board of
 Education
 and the
 State Board of
 Health Services
 and the
 State Board of
 Mental Health
 Services
 and the
 State Board of
 Social Services
 and the
 State Board of
 Workers' Compensation
 and the
 State Board of
 Disability Services
 and the
 State Board of
 Vocational
 Rehabilitation
 and the
 State Board of
 Child Welfare
 and the
 State Board of
 Juvenile Justice
 and the
 State Board of
 Probation and
 Parole
 and the
 State Board of
 Corrections
 and the
 State Board of
 Prisoners' Rights
 and the
 State Board of
 Prisoners' Health
 Services
 and the
 State Board of
 Prisoners' Education
 and the
 State Board of
 Prisoners' Work
 Programs
 and the
 State Board of
 Prisoners' Food
 Services
 and the
 State Board of
 Prisoners' Clothing
 Services
 and the
 State Board of
 Prisoners' Laundry
 Services
 and the
 State Board of
 Prisoners' Medical
 Services
 and the
 State Board of
 Prisoners' Dental
 Services
 and the
 State Board of
 Prisoners' Vision
 Services
 and the
 State Board of
 Prisoners' Hearing
 Services
 and the
 State Board of
 Prisoners' Speech
 Services
 and the
 State Board of
 Prisoners' Physical
 Therapy
 Services
 and the
 State Board of
 Prisoners' Occupational
 Therapy
 Services
 and the
 State Board of
 Prisoners' Recreational
 Services
 and the
 State Board of
 Prisoners' Religious
 Services
 and the
 State Board of
 Prisoners' Cultural
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 and the
 State Board of
 Prisoners' Art
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 and the
 State Board of
 Prisoners' Music
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 and the
 State Board of
 Prisoners' Theater
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 and the
 State Board of
 Prisoners' Film
 Services
 and the
 State Board of
 Prisoners' Television
 Services
 and the
 State Board of
 Prisoners' Radio
 Services
 and the
 State Board of
 Prisoners' Internet
 Services
 and the
 State Board of
 Prisoners' Mobile
 Phone Services
 and the
 State Board of
 Prisoners' Email
 Services
 and the
 State Board of
 Prisoners' Social
 Media Services
 and the
 State Board of
 Prisoners' Web
 Services
 and the
 State Board of
 Prisoners' Video
 Services
 and the
 State Board of
 Prisoners' Audio
 Services
 and the
 State Board of
 Prisoners' Image
 Services
 and the
 State Board of
 Prisoners' Document
 Services
 and the
 State Board of
 Prisoners' Database
 Services
 and the
 State Board of
 Prisoners' Network
 Services
 and the
 State Board of
 Prisoners' Security
 Services
 and the
 State Board of
 Prisoners' Compliance
 Services
 and the
 State Board of
 Prisoners' Risk
 Management
 Services
 and the
 State Board of
 Prisoners' Quality
 Improvement
 Services
 and the
 State Board of
 Prisoners' Customer
 Service
 and the
 State Board of
 Prisoners' Human
 Resources
 and the
 State Board of
 Prisoners' Information
 Technology
 and the
 State Board of
 Prisoners' Legal
 Services
 and the
 State Board of
 Prisoners' Public
 Relations
 and the
 State Board of
 Prisoners' Media
 Relations
 and the
 State Board of
 Prisoners' Community
 Relations
 and the
 State Board of
 Prisoners' Intergovernmental
 Relations
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 and the
 State Board of
 Prisoners' Intergenerational
 Relations

To File This Form
 Mail or Deliver to
 The County Clerk's Office
 120 East County St., P.O. Box
 1000, Salt Lake City, Utah 84111
 For more information
 Contact the County Clerk
 (801) 461-1111

STATE BOARD OF ELECTIONS

SCHEDULE A
ITEMIZED CONTRIBUTION RECEIVED
(Attach additional pages if needed)

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

Date	Name of Contributor	Mailing Address & Zip Code	Amount
------	---------------------	----------------------------	--------

Subtotal for this page \$ _____

Total Contributions Received (Sum of subtotals from all Schedule A pages) \$ _____



SCHEDULE B

ITEMIZED EXPENDITURES MADE

(Attach additional pages if needed)

Page <u> </u> of <u> </u>
Candidate or Officeholder's Last Name
Date of Report

Date	Name of Contributor	Mailing Address & Zip Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

	Subtotal for this page	\$ _____
Total Expenditures Received (Sum of subtotals from all Schedule B pages)		\$ _____

