Report of Contributions and Expenditures



For Local School Board Candidates and Officeholders (Utah Code Section 20A-11)

treet Address and Anartment Number	City	State Zip Coo	
Office Seeking Precinct Number	Area Code & Phone Number	Area Code & Fax Numb	
ocal School Board Canyon 7	801-244-332	6	
Type of (Check the ap			
INTERIM REPORTS:	FINAL REPOR		
September 15 (Required by all candidates opposed at General Election)	Final Report (Required by all candidates and officeholders as soon as the close campaign accounts)		
Seven days before a General Election (Required by all candidates)			
YEAR-END REPORT:	Parent	nis report an amendment?	
January 5 of odd numbered years (Required by all candidates and officeholders)	⊠ No		

affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge. Aud Mc Catty 1-2-20/2

Report Verification

To File this Form

Mail or deliver to SHERRIE SWENSEN Salt Lake County Clerk 2001 South State Street, S1100 Salt Lake City, UT 84190-1051 Fax 801-468-3473

For More Information

Contact the Elections Division of the Salt Lake County Clerk's Office at 468-3427

For	Office	Use	Only
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RECEIVED SALT LAKE

JAN 13 2012

COUNTY CLERK ELECTION DIVISION

Date Received

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

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

		Column A Total this Period	Column B Year-to-Date Total
С	ONTRIBUTIONS RECEIVED		
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)		
E	XPENDITURES MADE		
2	TOTAL EXPENDITURES MADE (See Schedule B)		
В	ALANCE SUMMARY		
3	Balance at Beginning of Reporting Period	\$ 99.76	Refer to Line 7 on
4	Total Contributions Received (From Line 1 Column A)	Ø	
5	Subtotal (Add Lines 3and 4)	Ø	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	\$ 99.76	

Schedule A

Itemized Contributions Received

Page	of
Candidate or Of	ficeholder's Last Name
Date of Report	

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution
JBTOTAL F	OR THIS PAGE		0
TAL CONT	RIBUTIONS RECEIVED (C.	ım of subtotals from all Schedule A pages)	7

Page	of
Candidate or Office	holder's Last Name
Date of Report	

Schedule B

Itemized Expenditures Made

Attach additional	pages	if	needed
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Attach additional pag Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
			•
SUBTOTAL FO	R THIS PAGE		A)
TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)			