## Hildale City Utah FINANCIAL CAMPAIGN REPORT

The financial, campaign law for \*NAME OF Municipality\* candidates is in the Utah Code 10-3-208(3)(b).

| <u>TO:</u>             | Hildale City Utah                             | Sirrene J. Barlow   |       |        |                            |          |                            |          |               |              |     |
|------------------------|---|---------------------|-------|--------|----------------------------|----------|----------------------------|----------|---------------|--------------|-----|
| Full Name              | of Candidate:                                 |                     | AR    | J      | Dutser                     | <u>ي</u> |                            |          |               |              |     |
| Street Add             | dress:  | 45                  | ٠ ل   |        | . Utal                     | A        | ve,                        |          |               |              |     |
| City:                  |   | A                   | (la   | Ne     | ·                          |          |                            | _ Utah,  | ZIP           | 8478         | 34  |
| Phone: Pu              | ıblic Contact                                 | 435-                | 105   |        | Q835                       | Н        | ome/Cell                   | 43       | 5-7           | 105-0        | 835 |
| Office:                |   | 435-8               | 14-   | 15     | 285                        |          |                            |          |               |              |     |
| This office            | e is exclusive to Hilda                       | le City.            |       |        |                            |          |                            |          |               |              |     |
|                        |   |                     |       |        |                            |          |                            |          |               |              |     |
|                        |   |                     |       |        | Totals from<br>Last Report | +        | Totals from<br>This report |          | ımula<br>port | tive         |     |
|                        | ontribution of donors<br>50.00 (from form "A" | 100 <del>00</del> 0 |       | \$_    | P                          | \$       | 0                          | \$       | €             | <del>)</del> |     |
| 2. Aggrega<br>or less. | ate toal of contrubuti                        | ons of \$50.00      |       | \$_    | 180.00                     | \$       | Q                          | \$       | 18            | 0.00         |     |
|                        | ampaign expenses<br>form "B" on page 3)       |                     |       | \$_    | 180.∞                      | \$       | <b>Q</b>                   | \$       | 180           | 0.00         |     |
| 4. Balance             | e at the end of this re                       | porting period      | \$    | 10     | 180.7                      | \$       | •                          | \$       | 180           | 7,00         |     |
| I do herek             | by certify that, to the                       | hest of my knowle   | dge a | all re | eceints and ex             | nendi    | tures have hee             | en renoi | rted fo       | or.          |     |
| the period             | d beginning:<br>there are no bills or ol      | June 30,            | 202   | 23     | •                          | and e    | nding:                     | E        | - 1           | 24,21        | 23  |
| Date:                  | 10-24-20                                      | 23                  |       | S      | iignature:                 |          | Jan                        | Son      |               | -            |     |
| Page 1                 |   |                     |       |        |                            |          | +                          |          |               |              |     |

## **ITEMIZED EXPENDITURE REPORT** (Form "B")

| Date    | Person or Organization Paid | Purpose of Expenditure | ount    |
|---------|-----------------------------|------------------------|---------|
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$<br>_ |
| not the | , Od.                       | for the to             | 80~     |
| 7       |                             | - Louisian             | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$<br>  |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$<br>  |
|         |                             | _                      | <br>    |
|         |                             |                        | \$      |
|         |                             |                        | \$<br>  |
|         |                             |                        | \$<br>  |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$      |
|         |                             |                        | \$<br>  |
|         |                             |                        | \$      |
|         |                             |                        | \$<br>  |
|         |                             |                        | \$      |
|         |                             |                        |         |
|         |                             |                        | \$<br>  |
|         |                             | _                      | \$      |
|         |                             | _                      | \$<br>  |
|         |                             | _                      | \$<br>1 |
|         |                             |                        | \$<br>0 |

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