



SHERRIE SWENSEN
Salt Lake County Clerk
 2001 South State Street, Suite #S1100
 Salt Lake City, Utah 84190-1051
 Fax# 468-3473

**Financial Disclosure Report
 For a Candidate**

Name of Candidate or Officeholder		Office	Political Party		
Street Address and Apartment Number		City	State	Zip Code	
Office Sought	District Number	Phone Number	Fax #	Email Address	

Type of Report

(Check the appropriate box)

INTERIM REPORTS: (Required only during candidate election years)

- April 5
- Seven days before a primary election
- September 15
- Seven days before a general election

YEAR-END REPORT:

- January 31 of each year (Required by all open campaign committees)

FINAL REPORT:

- Final Report (Required by all candidates and officeholders as soon as they close campaign accounts along with a statement of dissolution)

Is this report an amendment?

- Yes (If yes, date of report) _____
- No

Report Verification

I, _____
 Print Name of Candidate or Officeholder

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

 Signature of Candidate or Officeholder Date


For more information or additional forms, visit www.clerk.slco.org or contact the Salt Lake County Clerk, Elections Division at 468-3427.

For Office Use Only	Date Received
Entered _____	
Copied _____	

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

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Candidate or Officeholder's Last Name	
Date of Report	

Schedule A

Itemized Contributions Received

Attach additional pages if needed

Date Received	Name of Contributor	Complete Mailing Address	Occupation/Employer	Amount \$
SUBTOTAL FOR THIS PAGE				
TOTAL CONTRIBUTIONS RECEIVED (Sum of subtotals from all Schedule A pages)				

