MUNICIPAL CAMPAIGN FINANCIAL DISCLOSURE

Faul m Helaten
Full name of candidate
HC 35 BOX 268 Scotled WY
Address
COUNCIL
Name of office
1. Total contributions

1. Total contributions (Form "A" total)	\$	0
2. Total campaign expenses (Form "B" total)	\$	0
3. Balance at the end of the reporting period	4	O

Date Date

Signature of Candidate