

For More Information Contact the Recorder's Office (801) 254-2200 Fax (801) 253-3270 Email tbell@bluffdale.com

Bluffdale City Municipal Elections Campaign Finance Statement

Report of Contributions and Expenditures (Utah Code Section 10-3-208)

	(03333)			
lame of Candidate				
Derk P. Timothy				
Street Address	City	State	Zip Code	
212 W 15000S	Blofflale	UT	84065	
ffice Seeking	Area Code & Phone No		Area Code & Fax Number	
Mayor	801-455-60	004		
	Type of Rep (Check the appropria			
REPORT – Eliminated at	Primary	REPORT – Not	Eliminated at Primary	
□ No later than 30 days after the date of the Municipal Primary Election (Required by all candidates eliminated in the Primary)		Municipal Ger	Municipal General Election (Required by all candidates not eliminated in	
Yes Is the	his report an amendment?	Municipal Ger	30 days after the date of the neral Election all candidates not eliminated in	
	Report Verifi	cation		
l,	1, Derk P. Timothy Print Name of Candidate or Officeholder			
affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.				
To File this I Mail or delive Bluffdale City R 14350 South 220 Bluffdale, UT	r to: ecorder 00 West 84065	☑ Date Received	8:30 A.M.	

Summary Page

(Complete this page after filling out other schedules)

CONTRIBUTIONS RECEIVED		
TOTAL CONTRIBUTIONS RECEIVED \$50.00 AND ABOVE (See Schedule A)	4	
Attach In-Kind and Other Nonmonetary Contributions Received on Schedule C	\$	
TOTAL CONTRIBUTIONS RECEIVED: (See Schedule A)	d	

EXPENDITURES MADE		
TOTAL EXPENDITURES MADE: (See Schedule B)	9	

Schedule A

Itemized Contributions Received

ttach additional pag Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution \$50.00 +
		9	
-			
SUBTOTAL FO	R THIS PAGE		4
TOTAL CONTR	RIBUTIONS RECEIVED (Sum of subto	tals from all Schedule A pages)	Ø

Schedule B

Itemized Expenditures Made

Attach additional pages if needed

Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
7			
SUBTOTAL FO	OR THIS PAGE		Ø
	NDITURES MADE (Sum of subtota	als from all Schedule B pages)	P

Schedule C

In-Kind and Other Nonmonetary Contributions Received

Attach additional pages if needed

Date Received	Name of Recipient	Purpose	Amount of Contribution
ā.			
SUBTOTAL FO	OR THIS PAGE		9
TOTAL EXPEN	IDITURES MADE		\$