

(Otal) Code Section 20A	(-11-1303)
Name of Candidate or Officeholder	TE
Street Address and Apartment Number	City State Zip Code
Office Seeking District Number Area Code	& Phone Number Area Code & Fax Number
Local School Board	5-835-5832 X
Type of Re (Check the appropri	eport iate box)
INTERIM REPORTS: Seven days preceding Primary Election June 15, 2010	
August 31, 2010 (Required by all school board candidates.)	
Seven days before a General Election Oct. 26, 2010 (Required by all candidates)	☐ Yes
YEAR-END REPORT:	Is this report an amendment?
January 10 of each year (Required by all school board candidates and officeholders who	A State of the second of discount disco
Report Veri	. ASTE
affirm that this Report of Contri is true, accurate and correct to Signature of Candidate or Officer	the best of my knowledge.
To File this Form	For Office Use Only
Mail or deliver original copy to Sanpete County Clerk's Office 160 North Main Room 202 PO Box 100 Manti, Utah 84642	Entered
For More Information Contact the Sanpete County Clerk's Office (435) 835-2131 Fax (435) 835-2135 sandycn@email.utcourts.gov 03/08	emailed 10/25/10 Date Received

Page	of
Candidate or Office	cholder's Last Name
Date of Report	
petro	2010

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

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

Page	of
Candidate or Officeh	11 1 T - + NT
Candidate of Officen	iolder's Last Name
Date of Report	older's Last Name

Schedule A

Itemized Contributions Received

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution	
	-0 -			
			=	
			1 2/2	
SUBTOTAL	FOR THIS PAGE		-7)	

Page	of
Candidate or Off	iceholder's Last Name
Date of Report	

Schedule B

Itemized Expenditures Made

Attach additional pages if needed **Amount of** Date of Name of Recipient Purpose **Expenditure Expenditure** 10-4-10 Keen Impremos 10-7-10 Petersm Straus picture for Flyn 10-(5-10 Sampete Mensenger newspaper at 10-20-10 Kopy Katz flyers SUBTOTAL FOR THIS PAGE

TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)



STATEMENT OF DISSOLUTION

for a

PERSONAL CAMPAIGN COMMITTEE

CANDIDATE INFORMATION

Name,	1	7 1		Office			District Number	
	lon (1 AS	TE	So. San	bete	School B	oard 1	
Street Address	s		City		State	Zip Code	Phone Number	
206 E	Ellnion	LSt.	Man	h L	IT	Set 10 4	7 435851-6	161

PERSONAL CAMPAIGN COMMITTEE SECRETARY

Name of Secretary	none	Phone Number		
Street Address	3	City	State	Zip Code

(Name of Candidate)

affirm that I have closed my campaign account, dissolved my campaign committee and that I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

Signature of Candidate

To File this Form

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For More Information

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03/08

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