

Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

Name	of Candidate	Political Party			
	BRILL TENS	$\leq \mathcal{E}_{A}$			
Street	Address and Apartment Number	City	State	Zip Cod	
	155 W 2005	GUNNISON	24	8463	
Office	Seeking	Area Code & Phone Number	Area Code & Fa	x Number	
San	pete County Commissioner	435-528-7345			
)		Type of Report (Check the appropriate box)		415.4	
	INTERIM REPORTS:				
	☐ Monday, October 22, 201	2 (3 days before convention).			
-	Monday, November 5, 2012 (Final report)				
	Monday, November 5, 20	012 (Final report)		2010	
.	Monday, November 5, 20	012 (Final report)			
	Monday, November 5, 20	Report Verification			
.	Monday, November 5, 20				
	I,	Report Verification		<u>es</u>	
	affirm that I have receive for politice	Report Verification TEnses Print Name of Candidate or Officeholder ved no contributions and incurre		<u>es</u>	
	affirm that I have receive for politice	Report Verification TENSE Print Name of Candidate or Officeholder ved no contributions and incurre cal purposes during this reporting p	eriod. 29 <i>90</i> / <i>3013</i>	es 2—	

For More Information Please contact our office at (435)835-2131 sneill@sanpetecounty-ut.gov

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Entered	
	Date Received