

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

For city candidates that have not spent or received any campaign funds

Name of Candidate or Officeholder Shelith E Jacobson		Political Party	
Street Address and Apartment Number PO Box 393	City Fountain Green	State Ut	Zip Code 84632
Office Seeking city council	District Number	Area Code & Phone Number	Area Code & Fax Number

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

- | | |
|---|---|
| <input type="checkbox"/> Seven days before Primary Election, (August 7, 2019)
(Required by each candidate who will participate in the primary) | <input type="checkbox"/> Yes
<input type="checkbox"/> No
Is this report an amendment? |
| <input type="checkbox"/> For those eliminated in the primary, thirty days after the primary (September 12, 2017). | |
| <input type="checkbox"/> Seven days before a General Election, (November 29, 2019)
(Required by all candidates) | |
| <input checked="" type="checkbox"/> 30 days after a General Election, (December 5, 2019)
(Required by all candidates) | |

Report Verification

I, Shelith E Jacobson
Print Name of Candidate or Officeholder

affirm that I have **received no contributions and incurred no expenditures**
for political purposes during this reporting period.

<u>Shelith E Jacobson</u>	<u>3 Dec 2019</u>
Signature of Candidate or Officeholder	Date

No Contributions & Expenditures

To File this Form
Mail or deliver to

For More Information
Please contact our office at

For Office Use Only

- Entered _____
- Copied _____

Date Received

Candidate Statement of Non-Receipt of Contributions and

Non-Expenditure of Funds

For any candidate that has not held a caucus or primary election

Name of Candidate		Date of Filing	
Address		City	
State		County	
Precinct		Office	

Type of Report

I have received contributions and have not reported them.

I have received contributions and have reported them.

I have not received contributions and have not reported them.

I have not received contributions and have reported them.

Report Verification

I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Two Other Pages

Page 1 of 2

Page 2 of 2

File with the Clerk

File with the Clerk

NO CONTRIBUTIONS OR EXPENDITURES

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

For city candidates that have not spent or received any campaign funds

Name of Candidate or Officeholder <i>Julio Cesar Tapa</i>		Political Party	
Street Address and Apartment Number <i>105 South 500 West</i>	City <i>Ft. Green</i>	State <i>Ut</i>	Zip Code <i>84632</i>
Office Seeking	District Number	Area Code & Phone Number	Area Code & Fax Number

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

- | | |
|--|--|
| <input type="checkbox"/> Seven days before Primary Election, (August 7, 2019)
(Required by each candidate who will participate in the primary)

<input type="checkbox"/> For those eliminated in the primary, thirty days after the primary (September 12, 2017).

<input type="checkbox"/> Seven days before a General Election, (November 29, 2019)
(Required by all candidates)

<input checked="" type="checkbox"/> 30 days after a General Election, (December 5, 2019)
(Required by all candidates) | <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
Is this report an amendment? |
|--|--|

Report Verification

I, ~~Julio Cesar Tapa~~ *Julio Tapa*
Print Name of Candidate or Officeholder

affirm that I have **received no contributions and incurred no expenditures**
 for political purposes during this reporting period.

[Signature]
Signature of Candidate or Officeholder 12-2-19
Date

No Contributions & Expenditures

To File this Form
Mail or deliver to

For More Information
Please contact our office at

For Office Use Only

- Entered _____
- Copied _____

Date Received