

CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information)

Name of candidate, committee or corporation D. Brian Casselman
 Office sought or ballot question City Council District Fountain Green Municipality
 Type of report X Candidate report Period of time covered by report:
 _____ Campaign committee report
 _____ Association or corporation report from 6/6/19 to 8/5/19
 _____ Final report

CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ 0 TOTAL CASH-ON-HAND \$ 0
 IN-KIND + \$ 0
 TOTAL AMOUNT RECEIVED = \$ 0

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
TOTAL		

CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Project title or description _____

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. D. Brian Casselman 8-5-19
 Signature Date
 Printed Name D. Brian Casselman Telephone 385-515-0134 Email (if available) dbccfuel@gmail.com
 Address P.O. Box 33 Fountain Green, UT 84632

Submitted 8/16/2019

Report Office Name For Office Use Only:

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 Delwayne Omer		Political Party Republcan	
Street Address and Apartment Number 186 W 500 N	City Fountain Green	State Utah	Zip Code 84632
Office Seeking City Council man	District Number	Area Code & Phone Number 801 360-9163	Area Code & Fax Number

No Contributions & Expenditures

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 primar)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

Is this report an amendment?

For those eliminated in the primary, thirty days after the primary (September 12, 2017).

Seven days before a General Election, (November 29, 2019)
(Required by all candidates)

30 days after a General Election, (December 5, 2019)
(Required by all candidates)

Report Verification

I, Delwayne Omer
Print Name of Candidate or Officeholder

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

Delwayne Omer
Signature of Candidate or Officeholder

8/3/2019
Date

To File this Form
Mail or deliver to

For More Information
Please contact our office at

For Office Use Only

<input type="checkbox"/> Entered _____ <input type="checkbox"/> Copied _____	<p style="font-size: 2em;">8/5/2019</p>
---	--

Date Received

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>Stuart Alan Smith</i>		Political Party	
Street Address and Apartment Number <i>285 S. 500 W.</i>	City <i>Fountain Green</i>	State <i>UT</i>	Zip Code <i>84632</i>
Office Seeking <i>City Council</i>	District Number	Area Code & Phone Number <i>801-558-7455</i>	Area Code & Fax Number

No Contributions & Expenditures

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

Seven days before Primary Election, (August 7, 2019)
(Required by each candidate who will participate in the primary)

For those eliminated in the primary, thirty days after the primary (September 12, 2017).

Seven days before a General Election, (November 29, 2019)
(Required by all candidates)

30 days after a General Election, (December 5, 2019)
(Required by all candidates)

Yes

No

Is this report an amendment?

Report Verification

I, *Stuart A. Smith*
Print Name of Candidate or Officeholder

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

Stuart A. Smith
Signature of Candidate or Officeholder

03 Aug 2019
Date

To File this Form

Mail or deliver to

For More Information

Please contact our office at

For Office Use Only

Entered _____
 Copied _____

8/5/2019

Date Received

Canada's Environmental Protection Act
 Loi sur la protection de l'environnement

Section 101 - Offences

1. Name of the person charged: _____

2. Name of the corporation: _____

3. Name of the facility: _____

4. Date of offence: _____

5. Location of offence: _____

6. Description of offence: _____

Section 102 - Offences

1. Name of the person charged: _____

2. Name of the corporation: _____

3. Name of the facility: _____

4. Date of offence: _____

5. Location of offence: _____

6. Description of offence: _____

7. Name of the person who issued the order: _____

8. Date of order: _____

9. Location of order: _____

10. Description of order: _____

Section 103 - Offences

1. Name of the person charged: _____

2. Name of the corporation: _____

3. Name of the facility: _____

4. Date of offence: _____

5. Location of offence: _____

6. Description of offence: _____

7. Name of the person who issued the order: _____

8. Date of order: _____

9. Location of order: _____

10. Description of order: _____

Section 104 - Offences

1. Name of the person charged: _____

2. Name of the corporation: _____

3. Name of the facility: _____

4. Date of offence: _____

5. Location of offence: _____

6. Description of offence: _____

7. Name of the person who issued the order: _____

8. Date of order: _____

9. Location of order: _____

10. Description of order: _____

Section 105 - Offences

1. Name of the person charged: _____

2. Name of the corporation: _____

3. Name of the facility: _____

4. Date of offence: _____

5. Location of offence: _____

6. Description of offence: _____

7. Name of the person who issued the order: _____

8. Date of order: _____

9. Location of order: _____

10. Description of order: _____

Not to be used for reporting

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>Stuart Hansen</i>		Political Party	
Street Address and Apartment Number <i>57 N. 500W</i>		City <i>Fountain Green</i>	State <i>UT</i>
		Zip Code <i>84632</i>	
Office Seeking <i>City Council</i>	District Number	Area Code & Phone Number <i>435-464-0134</i>	Area Code & Fax Number

No Contributions & Expenditures

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

<input checked="" 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 checked="" type="checkbox"/> No
--	--

Is this report an amendment?

For those eliminated in the primary, thirty days after the primary (September 12, 2017).

Seven days before a General Election, (November 29, 2019)
(Required by all candidates)

30 days after a General Election, (December 5, 2019)
(Required by all candidates)

Report Verification

I, *Stuart Hansen*
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]* *8-6-19*
Signature of Candidate or Officeholder Date

To File this Form
Mail or deliver to

For More Information
Please contact our office at

For Office Use Only

Entered _____
 Copied _____

8/6/2019

Date Received

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>Shelith E Jacobson</i>		Political Party	
Street Address and Apartment Number <i>486 S. 100 E. PO 393</i>		City <i>FT GREEN</i>	State <i>UT</i>
		Zip Code <i>84632</i>	
Office Seeking <i>Councilman</i>	District Number	Area Code & Phone Number <i>435-851-1792</i>	Area Code & Fax Number

No Contributions & Expenditures

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 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.

Shelith E Jacobson *7/31/19*
Signature of Candidate or Officeholder Date

To File this Form
Mail or deliver to

For More Information
Please contact our office at

For Office Use Only

Entered _____

Copied _____

7/31/2019

Date Received

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>Jerime Ivory</i>		Political Party <i>Republican</i>	
Street Address and Apartment Number <i>710 W 100 N</i>	City <i>Ft. Green</i>	State <i>ut</i>	Zip Code <i>84632</i>
Office Seeking <i>Councilman</i>	District Number	Area Code & Phone Number <i>435-445-3250</i>	Area Code & Fax Number

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

- Seven days before Primary Election, (August 7, 2019)
(Required by each candidate who will participate in the primar
- For those eliminated in the primary, thirty days after the primary (September 12, 2017).
- Seven days before a General Election, (November 29, 2019)
(Required by all candidates)
- 30 days after a General Election, (December 5, 2019)
(Required by all candidates)

- Yes
- No

Is this report an amendment?

No Contributions & Expenditures

Report Verification

I, *Jerime Ivory*
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

08/06/19
Date

To File this Form

Mail or deliver to

For More Information

Please contact our office at

For Office Use Only

- Entered _____
- Copied _____

8/6/2019

Date Received

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 Julio Cesar Tapia		Political Party	
Street Address and Apartment Number 195 South 500 West	City Fountain Green	State UT	Zip Code 84632
Office Seeking City Counsel	District Number	Area Code & Phone Number	Area Code & Fax Number

No Contributions & Expenditures

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

<input checked="" 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?

For those eliminated in the primary, thirty days after the primary (September 12, 2017).

Seven days before a General Election, (November 29, 2019)
(Required by all candidates)

30 days after a General Election, (December 5, 2019)
(Required by all candidates)

Report Verification

I, Julio Cesar Tapia
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>Julio Tapia</u> Signature of Candidate or Officeholder	<u>Aug 6 2019</u> Date
--	---------------------------

To File this Form
Mail or deliver to

For More Information
Please contact our office at

For Office Use Only

<input type="checkbox"/> Entered _____ <input type="checkbox"/> Copied _____	<div style="font-size: 24px; font-weight: bold;">8/6/2019</div> Date Received
---	--