

Mount Pleasant City MUNICIPAL CAMPAIGN FINANCIAL DISCLOSURE

Name of Candidate or Officeholder				
243 S. 300 E	mi.	PleasarT 62-3142	UT.	84647
Street Address and Apartment Number		City	State	e Zip Code
Mayor 435	5- 40	62-3142		
Office Seeking A	Area Code (& Phone Number		
	e of Re	-		
REPORTS:				
Seven days before Primary Election, (August 3, 2021) (Required by each candidate who will participate in the	*			
For those eliminated in the primary, thirty days after the	he primary	(September 9, 2021).		
Seven days before a General Election, (October 26, 2	2021)			
(Required by all candidates)		Yes	to their research are	
30 days after a General Election, (December 2, 2021 (Required by all candidates)	1)	No No	Is this report an	amendment
(A campaign finance statement is considered filed if it is re in the Municipal recorder's office by 5 p.m. on the day it is				
Report	Verif	ication		
I, Jeff B	MC	brald		
Print Name of	Candidate	or Officeholder	_	
affirm that this Report of				
is true, accurate and corr	rect to th	ie best of my kno	wledge.	
Lelle B Mall			9-10-21	
Signature of Candidate or Officeholde	er		Date	-
To File this Form Mail or deliver original copy to:	,]		ce Use Only	
Jeanne Tejada, City Recorder	11 1:	intered		

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

		Column A Total this Period	Column B Year-to-Date Total
С	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 your last report
4	Total Contributions Received (From Line 1 Column A)		
5	Subtotal (Add Lines 3and 4)	_	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	0	

Page	of
Candidate or Offi	ceholder's Last Name

Page	of
- W	
Candidate or Offic	eholder's Last Name

Schedule A

Itemized Contributions Received

(Attach additional pages if needed)

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution
		,	
		,	
		,	
SUBTOTAL	FOR THIS PAGE		
TOTAL CON	TRIBUTIONS RECEIVED (S	um of subtotals from all Schedule A pages)	0

Schedule B

Itemized	Expenditures	Mad	e
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(Attach additional pages if needed)

Page	of
Candidate or Offi	ceholder's Last Name

Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
		п	
*	*		
	×		
SUBTOTAL FO	OR THIS PAGE		
TOTAL Expend	ditures Made (Sum of subtotals from	all Schedule B pages)	0