CAMPAIGN FINANCIAL DISCLOSURE

	= Required			
Full Name of Candidate*: AMBER GIBBS	_			
Street Address: 180 S · 100 E ·	_			
City: HEBER , UT 84_032_				
Name of Office*: TREASURER/WASATCH (OUNTY District:				
Phone: <u>435-671-8085</u> Political Party (if applicable): <u>R</u> €	PUBLICAN			
REPORTS	TOTALS			
1. Itemized total of all campaign <u>contributions</u> * (from Table "A" on page 2)	\$			
2. Itemized total of all campaign expenditures* (from Table "B" on page 2)	\$			
3. Balance at the end of the reporting period* (Difference between lines 1 & 2)	\$ /			
(initial) I acknowledge that all contributions received have been deposited in a separate campaign account and have not been mingled with a personal or business account.* (initial) I acknowledge that any anonymous donations exceeding \$50 will be disbursed to the UT State Treasurer or a tax-exempt organization as outlined in Utah Code 17-16-6.5.*				
I do hereby certify that, to the best of my knowledge, all receipts and expendithe following designated period (select only one)*: Note: Financial Disclosures are due by 11:59pm on the due date	tures have been reported for			
Partisan Convention Report: Covering Beginning of Candidacy to 12 days before Party Convention. Convention Date:	ore party convention**			
Unaffiliated Report: Covering Beginning of Candidacy to Mar 18, 2024 – Filing due date: March 23, 2024				
☐ Primary Report: Covering Day after previous report end to Jun 13, 2024 – Filing due date: June 18, 2024				
☐ Sept 30 Report: Covering Jun 14 to Sep 25, 2024 – Filing Due date: Septemb	er 30, 2024			
General Report: Covering Sep 26 to Oct 24, 2024 – Filing Due date: October	r 29, 2024			
☐ Year End Report: Covering Oct 25 to Dec 31, 2024 – Filing Due date: Janua	ry 10, 2025			
☐ Candidate Withdrawal/Disqualification/Elimination Report – Due date varies ,	within 30 days of exit			
Signed*: Date*:				

ITEMIZED **CONTRIBUTION** REPORT – TABLE "A"

Date of Donation	Name of Contributor	Amount	In-Kind / Tangible items (if applicable)
	TOTAL:	0	

If additional space is needed, use additional sheets and list information in the above format and file with this report.

ITEMIZED **EXPENDITURE** REPORT – TABLE "B"

Date of expenditure	Person or Organization to whom expenditure was made	Amount	Expenditure Purpose (optional)
		,	
	TOTAL:	Ø	

If additional space is needed, use additional sheets and list information in the above format and file with this report.