CAMPAIGN FINANCIAL DISCLOSURE

To: Joey D Granger, Wasatch County Clerk/Auditor * = Required Full Name of Candidate*: Street Address: _, UT 84 aheil Name of Office*: District: 1 De tanar 1 Phone: 435 Political Party (if applicable): TOTALS REPORTS 1. Itemized total of all campaign contributions* (from Table "A" on page 2) Itemized total of all campaign expenditures* 1300 (from Table "B" on page 2) 3. Balance at the end of the reporting period* (Difference between lines 1 & 2) Tinitial) 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 expenditures have been reported for the following designated period (select only one)*: Note: Financial Disclosures are due by 11:59pm on the due date Partisan Convention Report: Covering Beginning of Candidacy to 12 days before party convention** Filing Due date: 7 days before party convention. Convention Date: ___ OR **Due date still applies to all partisan candidates regardless of convention participation 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: September 30, 2024 General Report: Covering Sep 26 to Oct 24, 2024 - Filing Due date: October 29, 2024 Year End Report: Covering Oct 25 to Dec 31, 2024 - Filing Due date: January 10, 2025 ☐ Candidate Withdrawal/Disqualification/Elimination Report – Due date varies, within 30 days of exit Signed*: Candidate *** Email completed form & page 2 tables to elections@wasatch.utah.gov ***

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

Date of Donation	Name of Contributor	Amount	In-Kind / Tangible items (if applicable)
91124	Jami Healett	1000	
10/1/29	Jami Healett	300	
	TOTAL:		

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)
90/05/74	WSINSS CAPOS	1000 Eg	
10/1/24	Old Will Funkun Donation	30000	
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Marketon and the second se	TOTAL:	13000	

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