## **CAMPAIGN FINANCIAL DISCLOSURE**

To: Joey D Granger, Wasatch County Clerk/Auditor \* = Required

Full Name of Candidate*: Spencer J Park	
Street Address: 1413 Park Meadow Lane	
City: Wallsburg , UT 840	082
Name of Office*: County Council Dist	erict: Seat G
Phone: 435-671-8077 Political Party (if applicable	e): <u>Republican</u>
REPORTS	TOTALS
Itemized total of all campaign <u>contributions</u> *  (from Table "A" on page 2)	\$ 0.00
2. Itemized total of all campaign expenditures* (from Table "B" on page 2)	\$ 0.00
3. Balance at the end of the reporting period* (Difference between lines 1 & 2)	\$ 0.00
SJP (initial) I acknowledge that all contributions received have been and have not been mingled with a personal or business account.*  SJP (initial) I acknowledge that any anonymous donations exceeding Treasurer or a tax-exempt organization as outlined in Utah Code 17-16-6. I do hereby certify that, to the best of my knowledge, all receipts are the following designated period (select only one)*:	ng \$50 will be disbursed to the UT State .5.*
Note: Financial Disclosures are due by 11:59pm on the due date  Partisan Convention Report: Covering Beginning of Candidacy to  Filing Due date: 7 days before party convention. Convention  **Due date still applies to all partisan candidates regardless of convention part  Unaffiliated Report: Covering Beginning of Candidacy to Mar 18, 2	Date:icipation
Primary Report: Covering Day after previous report end to Jun 13,	2024 – Filing due date: June 18, 2024
X Sept 30 Report: Covering Jun 14 to Sep 25, 2024 – Filing Due date	: September 30, 2024
X General Report: Covering Sep 26 to Oct 24, 2024 – Filing Due date	
X Year End Report: Covering Oct 25 to Dec 31, 2024 – Filing Due da	
☐ Candidate Withdrawal/Disqualification/Elimination Report – <b>Due d</b>	ate varies, within 30 days of exit
Sam Joan	
Signed*: Date*:	10/11/24
Caricicate distraction	

# \*\*\* Email completed form & page 2 tables to <u>elections@wasatch.utah.gov</u> \*\*\* ITEMIZED <u>CONTRIBUTION</u> REPORT – TABLE "A"

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

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

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