Møroni City

Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds For city candidates that have not spent or received any campaign funds

Nan	fe of Candidate or Officeholder		Politica	l Párte	بالمراجع المراجع		
Paul Gordon Green		Republican					
Chris	et Address and Apartment Number		City	go one	State	Zip Code	
aue	106 North Ducksprings Drive	Rox 607	Moroni	. /	Ad .	84646	
045	ce Seeking District Number		le & Phone Number	ar	Aros C	ode & Fax Number	
	aity Council	_	37-340		, nope o	ODE CT EX HUMBON	
	ing coonen	, (()	57 510				
					<u> </u>		
S)		Type of R					
=xpenditure	INTERIM REPORTS:		☐ Yes	•			
7	Seven days before Primary Election, (Aug	ust 8, 2017)	П м.	is this report	an amendment?		
₹.	(Required by each candidate who will partie	cipate in the primar	LJ No				
ع	For trose eliminated in the primary, thirty d	ays after the primar	y (September 14,	2017).			
യ്യ	X Sever days before a General Election, (Oc	tobor 21 2017)			•		
Q	(Required by all candidates)	(October 51, 2017)					
î							
	☐ ☐ 30 days after a Generaf Election, (Decemb (Required by all candidates)	er 7, 2 017)					
ð	(Noguliou by all callulates)						
<u>S</u>			*				
ontributions		4 3 8 8 8		·····	· Service · · · · · · · · · · · · · · · · · · ·		
≓	Report Verification						
\supset	I fall	Pul Gar	chan Esec	2.4			
≌	Print	Name of Candidate	or Officeholder				
	affirm that I have <u>received not</u>	o contributio	ne and inc	urrad ná a		_	
	for political pur				xberrairate	<u>s</u> .	
$\widetilde{\mathbf{S}}$	a pointed pur	poses daring	uns reportin		2 4 6		
<i>-</i>	Talk			20	OCT-1	7	
	Signature of Candidate o	r Officeholder			Date		
			•				
	To File this Form			E. 000	** ***		
	Mail or deliver original copy to			For Offic	e Use O nly	7	
	Carol Haskins, Moroni City Recorder/Clerk		☐ Entered	l			
1	80 South 200 West		Copied		•		
	PO BOX 870 Moroni UT 84646-0870						
	14010III O 1 04040-00/0						
	For More Information				27 OCA	2017	
	Please contact:					,	
	Carol Haskins, Moroni City Recorder/Clerk						
- 1	435-436- 83 59	I l			l		

Date Received

Page	of	
<i>f</i>		
(1	
Candidate or Officeholder's Last Name		
Green		
Date of Report		
20 oct.17		

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

		Column A Total this Period	Column B Year-to-Date Total
C	ONTRIBUTIONS RECEIVED		
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	0	0
E	XPENDITURES MADE		
2	TOTAL EXPENDITURES MADE (See Schedule B)	0	Ø
В	ALANCE SUMMARY		
3	Balance at Beginning of Reporting Period	0	Refer to Line 7 on your last report
4	Total Contributions Received (From Line 1 Column A)	Ø	
5	Subtotal (Add Lines 3and 4)	0	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	0	

Schedule A

Itemized Contributions Received

Page	of /	
Candidate or Officeholder's Last Name		
Date of Report		
20 Oct-17		

Attach additional pages if needed **Amount of** Date **Complete Mailing Address Name of Contributor** Contribution Received SUBTOTAL FOR THIS PAGE TOTAL CONTRIBUTIONS RECEIVED (Sum of subtotals from all Schedule A pages)

Schedule B

Itemized Expenditures Made

Page	ı of		
1	/		
Candidate or Officeholder's Last Name			
Gree	Green		
Date of Report			
20-0ct-17			

Attach additional pages if needed Date of **Amount of Purpose** Name of Recipient **Expenditure Expenditure** SUBTOTAL FOR THIS PAGE

TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)