Moroni 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

	To only candidates that have not	openit or reco	ivea e	arry campa	aigir ranas	
Name	e of Candidate or Officeholder		Political		_	
<	Justin Morrey		Ref	sublica	in	
Stree	Het Address and Apartment Number To Wath Ducksprings Drive	City	oni		State	Zip Code 84646
Office	e Seeking District Number	Area Code & Phone	Numbe	r	Area Cod	le & Fax Number
40	ear council member	435-8	51-0	1519		
-						
လွ	Type of Report (Check the appropriate box)					
ഇ	INTERIM REPORTS:		Yes			
	Seven days before Primary Election, (August 8, 2017 (Required by each candidate who will participate in the		No	Is this report	an amendment?	
Ĕ	For those eliminated in the primary, thirty days after the	ne primary (Septemb	er 14, 2	2017).		
=xpenditures	X Seven days before a General Election, (October 31, 2 (Required by all candidates)	017)				
Х П	30 days after a General Election, (December 7, 2017) (Required by all candidates))				c
S						
ō	Report	Verification	 n			
Report Verification I, Montel Print Name of Candidate or Officeholder affirm that I have received no contributions and incurred no expenditures for political purposes during this reporting period.						
) Juo	affirm that I have <u>received no contributions and incurred no expenditures</u> for political purposes during this reporting period.					
))	Signature of Candidate or Officeholder 10-27-17 Date					
	U					
	To File this Form			E OCC -	- II OI	
	Mail or deliver original copy to		J	for Offic	e Use Only	
	Carol Haskins, Moroni City Recorder/Clerk 80 South 200 West PO BOX 870		Entered Copied			
	Moroni UT 84646-0870					
	For More Information Please contact:				27 OCT	2017
	Carol Haskins, Moroni City Recorder/Clerk 435-436-8359					

Date Received

Page	of 3	
Candidate or Officeholder's Last Name		
Date of Report	- 17	

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

		Column A	Column B]	
		Total this Period	Year-to-Date Total		
C	ONTRIBUTIONS RECEIVED				
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	40' æ	\$ D . oc		
E	XPENDITURES MADE				
2	TOTAL EXPENDITURES MADE (See Schedule B)	40.00	\$ O .		
B	BALANCE SUMMARY				
3	Balance at Beginning of Reporting Period	\$0. oc.	Refer to Line 7 on	your last report	
4	Total Contributions Received (From Line 1 Column A)	\$0. ∞			
5	Subtotal (Add Lines 3and 4)	\$0. <u>sc</u>			
6	Total Expenditures Made (From Line 2 Column A)	\$ O. ®			
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	\$0. <u>oc</u>			

Schedule A

Itemized Contributions Received

Page 2	of →	
Candidate or Officeholder's Last Name		
Date of Report	17	

Attach additional pages if needed						
Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution			
		·				
SUBTOTAL	† O. ≥=					
TOTAL CON	\$0.00					

Schedule B

Itemized Expenditures Made

Page 3	of 3
Candidate or Office	holder's Last Name
Date of Report	17

Attach additional pages if needed **Amount of** Date of Purpose Name of Recipient **Expenditure Expenditure** SUBTOTAL FOR THIS PAGE TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)