

Financial Campaign Report for County Offices and Local School Board Candidates

Phone Number H35 - 994 - 0 08	Name of Candidate		***************************************	
Phone Number H35 - 994 - 0 08	Mark A. Anderson			
Phone Number 435 - 974 - 0 088 Email! Mark the applicable report O 30 Days after elimination Seven days preceding the General Election Candidates on the General Ballot must report combinions and opportulementale 10 days prior to the decision. O 30 Days after the General Election I, Printed Name of Candidate affirm that this Report of Contributions and correct to the best of my knowledge. Affirmation Affirmation Date II 2022 Office Use Only	Address	City	State	Zip Code
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Schedule A - Itemized Contributions Received Attach additional pages as needed

Date	Name of Contributor	Address and Zip Code	Amount
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Date of Repo		Total Contributions Received S	<u> </u>
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Schedule B - Itemized Expenditures Made Attach additional pages as needed

Date	Provider/Vendor	Purpose	Amount

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Dental Control			

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Summary PageNote: Complete this page after filling out Schedule A and Schedule B

Balance at Beginning of Reporting Period	
A O	
Contributions Received This Period	Contributions Received Year-to-Date
В	C O
Expenditures Made This Period	Expenditures Made Year-to-Date
D O	E O
Subtotal Before Expenditures (Box A + Box B)	
F O	
Balance at Close of Reporting Period (Box F - Box D)	
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