CAMPAIGN FINANCIAL REPORT

8/6 3:38 ✓ ND

To: Nancy Dean, City Recorder of Clearfield City

For: Jaden Rosencrans (*Full Name of Candidate*) | 260 W 1700 S #6 (*Street*) | Clearfield, Utah 84015 (*City, State Zip*)

Name of Office: City Council
Name of Office (Mayor or City Countil)

1. Total contributions greater than $500.00 (*Total from Form A)*	$	-
2. Aggregate total of contributions of $500.00 or less	$	40.00
3. Total campaign expenses *(Total from Form B)*	$	(40.00)
4. Balance at the end of the reporting period	$	-

I do solemnly swear that the information contained herein is true and accurate and reflects a complete record of my campaign contributions and expenditures for this reporting period.

Candidate Signature

8-6-19
Date Signed

ITEMIZED CONTRIBUTION REPORT (*Form A*)

Date Received	Name of Contributor	Mailing Address and Zip Code	Amount of Contribution
		TOTAL (*Form A*)	$ -

ITEMIZED EXPENDITURE REPORT (*Form B*)

Date of Expenditure	ɔn or Organization To Whom Expenditure was made	Mailing Address and Zip Code	Amount of Expenditure
6/30/2019	Maverick	Hill Field Road, Layton, 84041	20.00
7/25/2019	Maverick	Antelope Drive, Clearfield, 84015	20.00
		TOTAL (*Form B*)	$ 40.00

CAMPAIGN FINANCIAL REPORT

VND
9/12/19
4:06pm

To: Nancy Dean, City Recorder of Clearfield City

For: Jaden Rosencrans (Full Name of Candidate) | 260 W 1200 S #6 (Street) | Clearfield, Utah 84015 (City, State Zip)

Name of Office: City Council
Name of Office (Mayor or City Countil)

1. Total contributions greater than $500.00 (*Total from Form A*) ..... $ -
2. Aggregate total of contributions of $500.00 or less ..... $ 0.00
3. Total campaign expenses *(Total from Form B)* ..... $ 0.00
4. Balance at the end of the reporting period ..... $ 0.00

I do solemnly swear that the information contained herein is true and accurate and reflects a complete record of my campaign contributions and expenditures for this reporting period.

Candidate Signature

9-12-19
Date Signed

ITEMIZED CONTRIBUTION REPORT (*Form A*)

Date Received	Name of Contributor	Mailing Address and Zip Code	Amount of Contribution
		TOTAL (*Form A*)	$ -

ITEMIZED EXPENDITURE REPORT (*Form B*)

Date of Expenditure	Person or Organization To Whom Expenditure was made	Mailing Address and Zip Code	Amount of Expenditure
		TOTAL (*Form B*)	$ -