

### Town of Laketown Municipal Elections Campaign Finance Statement Report of Contributions and Expenditures

(Utah Code Section 10-3-208)

| All Primary Election Candidates- no later than 7 days before the date of the Municipal Primary Election. DUE August 5, 2025, by 5:00 p.m.  Candidates Eliminated in Primary- no later than 30 days after the date of the Municipal Primary Election. DUE September 11, 2025, by 5:00 p.m.  Candidates not Eliminated in Primary- 28 days prior to General Election.  DUE October 7, 2025, by 5:00 p.m.  General Election Report - no later than 7 days before the Municipal General Election.  DUE October 28, 2025, by 5:00 p.m.  All General Election Candidates- no later than 30 days after the Municipal General Election. DUE December 4, 2025, by 5:00 p.m. |
|--|
|  |
| Report Verification  |
| 1, Delora L. Wight Print Name of Candidate   |
| affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.   |
| Signature Delocal: Wight Date 10/6/2025  Address 14 E. Center 5th Laketown, UT 84038   |
| Address 14 E. Center Sto Laketown, UT 84038  |
| Email dwight 369@gmail. com Phone Number 435-757-6951  |
| Office Seeking: Mayor (4-yr) Council Member (4-yr) Council Member (2-yr)   |
|  |
| To File this Form  |

To File this Form Mail or deliver to:

Laketown City Clerk PO Box 118 10 North 200 East Laketown, Utah 84038

clerk@hketownutah.com

More Information Contact the Laketown Clerk (435) 946-9000 For Office Use Only

Date Received 10 7 2 2 Time Received 8:00 A

Time Received P
Received by



### Schedule A Itemized Contributions Received

| Name of Donor                | Amount of<br>Contribution<br>Exceeding \$50.00 |
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| SUBTOTAL FOR THIS PAGE       | \$ ()  |
| TOTAL CONTRIBUTIONS RECEIVED | \$ 0   |



## Schedule B Itemized Expenditures

|                           | 0 |
|---------------------------|---|
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| SUBTOTAL FOR THIS PAGE \$ |   |
| TOTAL EXPENDITURES \$     |   |

Attach additional pages if needed



# Schedule C In-Kind and Other Nonmonetary Contributions Received

| Name of Donor (must be provided) | Contribution                | \$ Amount of<br>Contribution |
|----------------------------------|-----------------------------|------------------------------|
|                                  |                             |                              |
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|                                  |                             |                              |
|                                  | FOTAL IN KIND CONTRIBUTIONS | \$ <i>O</i>                  |

Attach additional pages if needed



### Summary Page

(Complete this page after filling out Schedules A, B & C)

|  |   | Column A Total thru August 24 | Column B Total Remaining | Column C<br>Total thru<br>October 19   | Column D Total thru November-9 | Column E Total Remaining | Column F<br>Campaign<br>Total |
|--|---|-------------------------------|--------------------------|--|--------------------------------|--------------------------|-------------------------------|
|  | <b>Balance</b> at<br>Beginning of<br>Reporting Period:                | \$                            | \$                       | 0×1 25   | D=c 4                          | \$                       | \$                            |
| +  | CONTRIBUTIO   | NS RECEIVE                    | D                        |  |                                |                          |                               |
| С  | TOTAL ONTRIBUTIONS - (Schedule A):                                    | \$                            | \$                       | \$   | \$                             | \$                       | \$                            |
| +  | AGGREGATE TO  | OTAL                          |                          |  |                                |                          |                               |
| all  | Aggregate total of contributions that ndividually do not exceed \$50: | \$                            | \$                       | \$   | \$                             | \$                       | \$                            |
| STATE OF THE PARTY | TOTAL<br>CONTRIBUTI<br>ONS  | \$                            | \$                       | \$   | \$                             | \$                       | \$                            |
| FRENCH   | EXPENDITURE   | S MADE                        |                          |  |                                |                          |                               |
|  | TOTAL EXPENDITURES – (Schedule B):                                    | \$                            | \$                       | \$   | \$                             | \$                       | \$                            |
|  | BALANCE SUM   | MARY                          |                          | Annual 1990 - 19 | To a second                    |                          |                               |
|  | alance at Close of<br>Reporting Period:                               | \$                            | \$                       | \$   | \$                             | \$                       | \$                            |

#### Attach Schedule C

Report the total amount of all campaign contributions and expenditures if you received \$500 or less in campaign contributions and spent \$500 or less on your campaign.

| Total Campaign Contributions \$500 or less: | \$<br>0 |  |
|---|---------|--|
| Total Campaign Expenditures \$500 or less:  | \$<br>0 |  |

In the event a candidate has no contributions or expenditures during a reporting period, a financial statement which states there were no contributions received or expenditures made <u>must still be filed</u>.