

Clerk, Elections Division at 385-468-8683.

SHERRIE SWENSEN

Salt Lake County Clerk

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2019 Financial Disclosure Report For a Metro Township Candidate

| Name of Candidate or Officeholder | Metro T | ownship | District Number |
|--|---|-------------------------------|--------------------------|
| Chrystal Butterfield | Kearns | | Council # <u>3</u> |
| Street Address and Apartment Number | City | State | Zip Code |
| p and a second s | , | | |
| | | | |
| Cell Phone Number Alt | ernate Phone Number | | Email Address |
| | | | |
| | | | |
| | Type of Report (Check the appropriate box) | | |
| Reports: | | | |
| ☐ August 6 for contributions and (seven days before the Primary El | | | Ballot) |
| ☐ September 12 (final report for Election) | candidates who will not be o | n the ballot for the | General |
| ☑ October 29 for contributions a (seven days before the General E | nd expenditures through Oct ection for candidates on the | ober 24 General Election b | pallot) |
| ☐ December 5 (final report for candidates who were on the General Election ballot) | | | lot) |
| ☐ Is this report an amendment? Yes (If yes, date of report) | | | |
| ☐ Dissolution Report – <i>The campabalance is zero</i> . | aign is no longer active or rece | iving contributions a | and the campaign account |
| | Report Verification | 1 | |
| ı, <u>Chrystal Butterfield</u> Print Name of Candidate or Officeholder | | | |
| affirm that this Financial Disclosure Report is true, accurate and correct to the best of my knowledge. | | | |
| Signature of Candidate or Officeholder Date | | | |
| For more information or additional form www.clerk.slco.org or contact the Salt I | | e Use Only RE | CEIVED RECeived IC |

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COUNTY CLERK

| Page | of |
|---------------------|---------------------|
| Candidate or Office | eholder's Last Name |
| Date of Report | |

Summary Page

Instructions: If your campaign has \$500 or less in contributions and expenditures, you need only complete the Summary Page. If your campaign has more than \$500 in contributions and expenditures, you will need to itemize your contributions on pages 3 and 4.

| | | Column A Total this Period | Column B Year to Date | |
|---|--|----------------------------|--------------------------|------------------|
| C | ONTRIBUTIONS RECEIVED | | | |
| 1 | TOTAL CONTRIBUTIONS RECEIVED | 0 | 196.90 | |
| E | XPENDITURES MADE | | | |
| 2 | TOTAL EXPENDITURES MADE | 0 | 196.90 | |
| 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) | 0 | | |
| 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 | | |

Utah Code 10-3-208

- (4) Each campaign finance statement under Subsection (3)(b) or (c) shall:
 - (a) except as provided in Subsection (4)(b):
 - (i) report all of the candidate's itemized and total:
 - (A) contributions, including in-kind and other nonmonetary contributions, received up to and including five days before the campaign finance statement is due, excluding a contribution previously reported; and
 - (B) expenditures made up to and including five days before the campaign finance statement is due, excluding an expenditure previously reported; and
 - (ii) identify:
 - (A) for each contribution that exceeds the reporting limit, the amount of the contribution and the name of the donor, if known;
 - (B) the aggregate total of all contributions that individually do not exceed the reporting limit; and
 - (C) for each expenditure, the amount of the expenditure and the name of the recipient of the expenditure; or
 - (b) report the total amount of all contributions and expenditures if the candidate receives \$500 or less in contributions and spends \$500 or less on the candidate's campaign.
 - (c) Within 30 days after receiving a contribution that is cash or a negotiable instrument, exceeds the reporting limit, and is from a donor whose name is unknown, a candidate shall disburse the amount of the contribution to:
 - (i) the treasurer of the state or a political subdivision for deposit into the state's or political subdivision's general fund; or
 - (ii) an organization that is exempt from federal income taxation under Section 501(c)(3), Internal Revenue Code.

| | 1 |
|---------------------|---------------------|
| Page | of |
| Candidate or Office | eholder's Last Name |
| Date of Report | |

Itemized Contributions Received

Attach additional pages or your own spreadsheet if needed

| Received | Name of Contributor Address | Amount |
|---|-----------------------------|--------|
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| | | |
| | | |
| SUBTOTAL FOR TH | IIS PAGE | 0 |
| TOTALCONTRIBUTIONS RECEIVED (Sum of subtotals from all Itemized Contributions Received pages) | | |

Itemized Expenditures Made

| Page | of |
|---------------------|---------------------|
| Candidate or Office | eholder's Last Name |
| Date of Report | |

0

0

Attach additional pages or your own spreadsheet if needed Date of Purpose Name of Recipient **Amount Expenditure**

TOTAL EXPENDITURES MADE (Sum of subtotals from all Itemized Expenditures Made pages)

SUBTOTAL FOR THIS PAGE