

Salt Lake County Clerk
2001 South State Street, Suite #S1-200
Salt Lake City, Utah 84114-4575
Phone# 385-468-7400 Fax# 385-468-7401

2020 Financial Disclosure Report For a Candidate

Name of Candidate or Officeholder	Office		Political Party
Name of Candidate of Cincollate	Local School	Board	
Frish OWT		State	Zip Code
Street Address and Apartment Number	City		
Office Sought District Number	Phone Number	Fax#	Email Address
Local School by			
Ty (Che	pe of Report ck the appropriate box)		
INTERIM REPORTS: (Required only	YEAR-END REP January 31 of e	ORT:	by all
during election years)	open campaign co	mmittees)	
April 5	FINAL / DISSOLUTION REPORT:		
☐ Seven days before a primary election	☐ Final / Dissolution Report — The campaign is no longer active or receiving contributions and the		
	longer active of campaign acc	ount balance is zero	nions and the
☐ September 15	Is this report an am		
☐ Seven days before a general election	☐ Yes (If yes, da		
	□ No		
Repo	ort Verification		
Krist	ort Verification TSWEAT		
	f Candidate or Office		
	ure	Report	
		my knowledge.	
		AP. 5,20	20
	der	Date	

For more information or additional forms, visit slco.org/clerk or contact the Salt Lake County Clerk, Elections Division at 385-468-4600

For Office Use Only Entered Copied

Date Received

Page Candidate or Officeholder's Last Name

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

		Column A Total this Period	Column B Aggregate Total
1	CONTRIBUTIONS RECEIVED		
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	10	
E	EXPENDITURES MADE		
2	TOTAL EXPENDITURES MADE (See Schedule B)	50.00	
6	ALANCE SUMMARY		
3	Balance at Beginning of Reporting Period	10	Refer to Line 7 on your last repo
4	Total Contributions Received (From Line 1 Column A)	10	
5	Subtotal (Add Lines 3and 4)	10	
6	Total Expenditures Made (From Line 2 Column A)	50.00	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	50.00	

Schedule A Itemized Contributions Received

Page	of 2
	eholder's Last Name
Swett Date of Report	
Apris.	2020

ttach addition	nal pages if needed	Complete Mailing	Occupation/Employer	Amount
Date	Name of Contributor	Complete Mailing Address	Occupationicine	*
GCGIACA				
TOTAL F	OR THIS PAGE			
II CONIT	DIDITIONIC DECENTE			
IL CONT	RIBUTIONS RECEIVE	(Sum of subtotals from all So	chedule A pages)	1

Schedule B Itemized Expenditures Made

Page	1 %
3	I last Name
	ceholder's Last Name
SWAT	
Date of Report	
Ap. G.	2020
. 1	

tach additional pa Date of Expenditure	ges if needed Name of Recipient	Purpose	Amount of Expenditure
NAME OF THE OWNER OF THE PARTY	51 county	filingfee	50,00
OTAL FOR	THIS PAGE		50,00
AL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)			10.00