

Salt Lake County Clerk

2001 South State Street, Suite #S1100 Salt Lake City, Utah 84114-4575 Phone# 385-468-8683 Fax# 385-468-7401

2016 Financial Disclosure Report For a Candidate

Name of Candidate or Officeholder	etist Lak	ecitu	Political Party
Tiffary Gourdbers	School Pa	oavd'	nla
Street Address and Apartment Number	City	State	Zip Code
Office Sought District Number	Phone Number	Fax#	Email Address
Sphool Board \		*****	YAL
Typ (Chec	oe of Report		THE STATE OF THE S
INTERIM REPORTS: (Required only during election years)	YEAR-END REF ☐ January 31 of e open campaign co	ach year (Required by	r all
☐ Aprīl 5	FINAL / DISSOL	UTION REPORT:	
☐ Seven days before a primary election ☐ September 15	longer active c	tion Report – The cam or receiving contributio ount balance is zero.	
Seven days before a general election	ls this report an am □ Yes (If yes, da		
	□ No		
	TOTAL STATE OF THE		
1, 1200	ort Verification	lbevoy nolder	
is true, accurate and c	Financial Disclosure orrect to the best of number of the best of number of Officeholder		

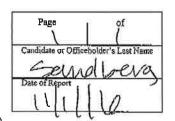
For more information or additional forms, visit www.clerk.slco.org or contact fhe Salt Lake County Clerk, Elections Division at 385-468-8683



NOV 0 1 2016

SALT LAKE **COUNTY CLERK**

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



		Column A Total this Period	Column B Aggregate Total
C	ONTRIBUTIONS RECEIVED		
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	0	541-79
E	XPENDITURES MADE		
2	TOTAL EXPENDITURES MADE (See Schedule B)	0	341-79
B,	ALANCE SUMMARY		
3	Balance at Beginning of Reporting Period	92-71.	Refer to Line 7 on your last re
4	Total Contributions Received (From Line 1 Column A)	0	
5	Subtotal (Add Lines 3and 4)	92.71	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	92.71	

Schedule A

Itemized Contributions Received

Page	l of
-1	cebolder's Last Name
Date of Report	lbevos
11/11	110

Date Received	Name of Contributor	Complete Mailing Address	Occupation/Employer	Amount \$
		N estilies		0

20				
SUBTOTA	L FOR THIS PAGE			

Schedule B

Itemized Expenditures Made

Page /	of
Cardidate or Office	holder's Last Name
Date of Report	-
11(1)	Ιρ

Attach additional pages if needed Date of Amount of Name of Recipient Purpose Expenditure Expenditure SUBTOTAL FOR THIS PAGE TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)