

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
AARON DEXELORER	COUNTY COUNCIL	DEMOCRAT
Street Address and Apartment Number	City	Zip Code
Office Sought District Number	Phone Number Fax #	Email Address
COUNCIL (
	ype of Report heck the appropriate box)	E one)
INTERIM REPORTS: (Required only during election years)	YEAR-END REPORT: ☐ January 31 of each year (Required open campaign committees)	d by all
☐ April 5	FINAL / DISSOLUTION REPORT	:
☐ Seven days before a primary election	☐ Final / Dissolution Report – The of longer active or receiving contribution	
September 15	campaign account balance is zer	
✓ Seven days before a general election	Is this report an amendment? ☐ Yes (If yes, date of report)	J*1000
Jr. 521.	No Specific South Control of the Con	MeT a
I, HARCE	of Candidate or Officeholder Report my knowledge. 9/15/2020 Date	
For more information or additional form visit slco.org/clerk or contact the Salt La County Clerk, Elections Division at 385-468-4600	1 1	Date Received

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

	SORO SORO	Column A Total this Period	Column B Aggregate Total
CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	134.03	7984.22
E	XPENDITURES MADE	and the same	rq.
2	TOTAL EXPENDITURES MADE (See Schedule B)	le22.26	6936.11
В	ALANCE SUMMARY	a evra benjangSi. 18	TROPER MARS
3	Balance at Beginning of Reporting Period	1536.34	Refer to Line 7 or
4	Total Contributions Received (From Line 1 Column A)	134.03	
5	Subtotal (Add Lines 3and 4)	14ko.37	of sectors
6	Total Expenditures Made (From Line 2 Column A)	lezz.zle	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	1048.11	

Schedule A

Itemized Contributions Received

Pag	3	3°f	
Candidate or Officeholder's Last Name			
Date of I	Report	ter	
9	15	2020	

Attach additional pages if needed **Complete Mailing** Date **Amount** Name of Contributor Occupation/Employer Received Address \$ ADJUSTMOTREFUND PRINTFUL INC. 91.91 ASSUSTMENT REFUND 37.12 RECONCILIATION 10.00

SUBTOTAL FOR THIS PAGE

TOTAL CONTRIBUTIONS RECEIVED (Sum of subtotals from all Schedule A pages)

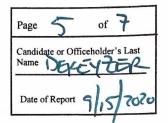
Schedule B

Itemized Expenditures Made

Page of 7
Candidate or Officeholder's Last Name
DEVEYTER
Date of Report

Attach additional p Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
4/25/20	GO DADDY	WEBSITE	19.99
4/21/20	BLIP	BILLBOARD ADS	100.00
6/27/20	FALEROK	FB ADS	250. °°
6/29/20	BLIP	BILBOARD ADS	100.00
7/2/20	FACEBOOK	FB ADS	71.31
7/3/70	ACTBLYE	DONATION SERVICING	2.18
7/4/20	BUP	BILLBOARD ADS	17.79
7/7/20	VANTIV	DONATION SERVICING	6.82
7/25/20	90 DADDY	WERSITE	19.99
8/3/20	FALEBOOK	FB ADS	13.69
8/11/20	JANTIV	DONATION SERVICING	0.50
8/25/20	GOIMADOY	WEBSITE	19.99
SUBTOTAL F	OR THIS PAGE		677.26
TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)			677.76

Summary Page Other Campaign Accounts



(Complete this page after filling out Itemized Contributions from Other Campaign
Accounts and Itemized Expenditures from Other Campaign Accounts.

Only candidates with other open campaign accounts
that are not County campaign accounts are required to complete these Summary Pages for Other Campaign Accounts).

		Column A Total this Period	Column B Year to Date
C	ONTRIBUTIONS RECEIVED		
1	TOTAL CONTRIBUTIONS RECEIVED FROM OTHER CAMPAIGN ACCOUNTS	0	0
E	XPENDITURES MADE		
2	TOTAL EXPENDITURES MADE FROM OTHER CAMPAIGN ACCOUNTS	0	0
В	ALANCE SUMMARY		
3	Balance at Beginning of Reporting Period	0	Refer to Line 7 on your las
4	Total Contributions Received (From Line 1 Column A)	0	
5 Subtotal (Add Lines 3and 4)		D	
6 Total Expenditures Made (From Line 2 Column A)		0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	0	

Itemized Contributions from Other Campaign Accounts

Pa	ge	of 7
Candidate or Officeholder's Last Name		
DEKETZEL		
Date of Report		
9	15	70%

Date Received	Name of Contributor	Complete Mailing Address	Occupation <u>AND</u> Employer	Amount
	NA			
		UBWED	SA ENOTTIE: ALS	NJ:
			OTHER CAMPAGN AC	1
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	FOR THIS PAGE			0
DTAL CON	ITRIBUTIONS RECEIVE	D (Sum of subtotals from all Item	nized Contributions from Other	0

Itemized Expenditures from Other Campaign Accounts

	Page of 7 Candidate or Officeholder's Last Name DEKETZER		
' [
	Date of Report	7020	

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

TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Itemized Expenditures from Other

Campaign Accounts pages)