

CAMPAIGN FINANCIAL REPORT

To: Lisa Titensor, Clinton City Recorder

For: Zackery M. Hatch
Full Name of Candidate

3062 West 2500 North
Street Address

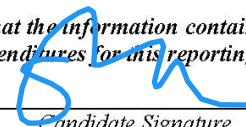
Clinton City UT 84015
City State Zip

Name of Office: City Council
(Mayor or City Council)

(If total contributions and/or total expenditures are less than \$500, record those totals in items 2 & 3. Otherwise, itemize your contributions and expenditures and record them in items 1 & 3.)

- | | |
|--|-------------------|
| 1. Total contributions greater than \$500.00 (Total from Form A) | \$ <u>\$0</u> |
| 2. Aggregate total of contributions of \$500.00 or less | \$ <u>\$0</u> |
| 3. Total campaign expenses (Total from Form B) | \$ <u>\$37.14</u> |
| 4. Balance at the end of the reporting period | \$ <u>\$37.14</u> |

I do solemnly swear that the information contained herein is true and accurate and reflects a complete record of my campaign contributions and expenditures for this reporting period.



Candidate Signature

10/06/2025

Date Signed

ITEMIZED CONTRIBUTION REPORT (Form "A")

Date Received	Name of Contributor	Mailing Address & Zip Code (Optional)	Amount of Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ITEMIZED EXPENDITURE REPORT (FORM "B")

Date of Expenditure	Person or Organization To Whom Expenditure was made	Mailing Address & Zip Code (Optional)	Amount of Expenditure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total (Form B) \$ _____

(If additional space is needed, use blank paper and list information in the above format and file with this report)

84015

Date of Exspense	Expenditure Made To	Address (optional)	\$ Expenditure	Purpose
08/18/2025	Good Party		10	Education
08/21/2025	Fund hero		8.57	Donations
09/18/2025	Good Party		10	Education
09/21/2025	Fund hero		8.57	Donations
			37.14	