

CAMPAIGN FINANCIAL REPORT

To: Lisa Titensor, Clinton City Recorder

For: Adam B Larsen

Full Name of Candidate

3318 W 2150 N

Street Address

Clinton City

City

UT

State

84015

Zip

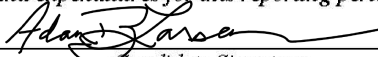
Name of Office: City Council

(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>0</u> |
| 4. Balance at the end of the reporting period | \$ <u>0</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

10/28/2025

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)

ITEMIZED CONTRIBUTION REPORT (Form "A") Continued

<u>DATE RECEIVED</u>	<u>NAME OF CONTRIBUTOR</u>	<u>ADDRESS (Optional)</u>	<u>\$ CONTRIBUTION</u>

ITEMIZED EXPENDITURE REPORT (Form "B") Continued

<u>DATE OF EXPENSE</u>	<u>EXPENDITURE MADE TO</u>	<u>ADDRESS (Optional)</u>	<u>\$ EXPENDITURE</u>