

To: Lisa Titensor, Clinton City Recorder

1178 N 780 W

Street Address

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

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

Candidate Signature

10/28/2025

Date Signed _____

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

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)