CAMPAIGN FINANCIAL REPORT

| То |
|--|
| of Hentsville |
| (City Recorder / Town Clerk) (Municipality) |
| For |
| Full name of candidate |
| Street Address 170 N. 6500 E. |
| City Huntsrille , Utah Zip Code 84317 |
| Name of office Cover cilmember (District) |
| Contributions 1a. Aggregate total of contributions under \$500.00 \$ OR 1b. Itemized total of contributions totaling \$500.00 or more |
| Expenditures 2a. Aggregate total of campaign expenditures under \$500.00 \$ OR |
| 2b. Itemized total of campaign expenditures |
| 3. Balance at the end of the reporting period |
| Date 12/1/25 Signed Jeff Leenery |
| / / / (Candidate) |

NOTE: If a candidate receives \$500 or less <u>and</u> spends \$500 or less, he or she can report the *total* amount of all contributions and expenditures.

NOTE: Utah election code 10-3-208 states that all municipalities shall adopt an ordinance establishing campaign finance disclosure requirements for candidates running for city or town office. You should check with your city recorder or town clerk for the disclosure requirements which pertain to your municipality.

ITEMIZED CONTRIBUTION REPORT (Form "A")

| Date Received | Name of Contributor | Amount of Contribution | In-Kind (if applicable) |
|------------------|--|------------------------|-------------------------|
| 12/1/25 | NA | 0 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | The state of the s | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(If additional space is needed, use blank paper and list information like the above format and then attach to report.)

ITEMIZED EXPENDITURE REPORT (Form "B")

| Date of | Person or Organization | Amount of | F |
|-------------------|------------------------------|-------------|--------------------------------|
| Expenditure | To Whom Expenditure was made | Expenditure | Expenditure Purpose (optional) |
| 12/1/25 | VÁ | D | |
| | | | |
| | | | |
| | | | |
| | | 1 | |
| | | | |
| | | | |
| 300 Tab - 40 - 40 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |