



**FINANCIAL CAMPAIGN REPORT
FOR LOCAL SCHOOL BOARD CANDIDATES**

(Utah State Code 20A-11)

Name of Candidate	Darryl Alder	Provo	UT	84601
Street Address		City	State	Zip Code
School Board District		Area Code & Phone Number		Area Code & Fax Number
		801.592.9749		none

LOCAL SCHOOL BOARD CANDIDATE

Type of Report
(Check the appropriate box)

<p>INTERIM REPORTS</p> <p><input type="checkbox"/> 30 Days after withdraw or elimination</p> <p><input type="checkbox"/> Seven days preceding the Primary Election <small>(report expenditures 10 days prior to the date of election) Required of ALL candidates - even if not in a primary</small></p> <p><input checked="" type="checkbox"/> August 31 <small>(Required of ALL Candidates)</small></p> <p><input type="checkbox"/> Seven days preceding the General Election <small>(report expenditures 10 days prior to the date of election)</small></p>	<p>YEAR-END SUMMARY REPORT</p> <p><input type="checkbox"/> January 10 of every year <small>(Required by all candidates & officeholders until campaign account(s) are closed)</small></p> <p>FINAL REPORT</p> <p><input type="checkbox"/> Final Report (Required by all candidates and officeholders as soon as the close of campaign accounts)</p> <p>Is this report an amendment?</p> <p><input type="checkbox"/> Yes, Date of Report _____</p> <p><input type="checkbox"/> No</p>
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Report Verification

I, Darryl Alder
Print name of Candidate

affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.

[Signature]
Signature of Candidate

2 Sep 08
Date

To File this Form
Mail or deliver to
Utah County Clerk's Office
100 East Center St., Rm 3100
Provo, Utah 84606
Fax (801) 851-8122
For More Information
Contact the Election's Office
(801) 851-8127

For Office Use Only

Date received
SEP 2 AM 9:14

Web
 Log

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

SUMMARY PAGE

(Complete this page after filing out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total
CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED <small>(See Schedule A)</small>	0	0
EXPENDITURES MADE			
2	TOTAL EXPENDITURES MADE <small>(See Schedule B)</small>	0	25
BALANCE SUMMARY			
3	Balance at Beginning of Reporting Period	0	← Refer to Line 7 on your last report
4	Total Contributions Received <small>(From Line 1 Column A)</small>	0	
5	Subtotal <small>(Add lines 3 and 4)</small>	0	
6	Total Expenditures Made <small>(From Line 2 Column A)</small>	25	
7	Balance at Close of Reporting Period <small>(Subtract Line 6 from Line 5)</small>	0	

SCHEDULE A

ITEMIZED CONTRIBUTION RECEIVED

(Attach additional pages if needed)

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

Date	Name of Contributor	Mailing Address & Zip Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal for this page \$ _____

Total Contributions Received (Sum of subtotals from all Schedule A pages) \$ _____

SCHEDULE B

ITEMIZED EXPENDITURES MADE

(Attach additional pages if needed)

Page	of
Candidate or Officerholder's Last Name	
Date of Report	

Date	Name of Contributor	Mailing Address & Zip Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal for this page \$ _____

Total Expenditures Received (Sum of subtotals from all Schedule B pages) \$ _____