



2014 FINANCIAL CAMPAIGN REPORT FOR COUNTY & LOCAL SCHOOL BOARD CANDIDATES

(Utah County Code 2-5 & Utah State Code 17-16-6.5)

Name of Candidate or Officeholder RICK B. AINGE		Political Party	
Street Address and Apartment Number 239 N. 460 W.	City SALEM	State UT	Zip Code 84653
Office Seeking NEBO SCHOOL BOARD N-4	Area Code & Phone Number 801-423-1220	Area Code & Fax Number 801-794-2323	

Type of Report
(Check the appropriate box)

INTERIM REPORTS

30 Days after withdraw or elimination

Seven days preceding the Primary Election
(Candidates on the primary ballot need to report expenditures 10 days prior to the date of election)

30 Days after the Primary Election
(if eliminated at the Primary)

Seven days preceding the General Election
(report expenditures 10 days prior to the date of election)

30 Days after the General Election

Is this report an amendment?
 Yes, Date of Report _____
 No

Report Verification

I, **RICK B. AINGE**
Print Name of Candidate

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

 6-17-14
Signature of Candidate 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

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COUNTY & LOCAL SCHOOL BOARD CANDIDATES

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Candidate or Officeholder's Last Name AINGS	
Date of Report 6-17-14	

SUMMARY PAGE

(NOTE: Complete this page after filling out Schedule A and Schedule B)

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

Page	3	of	4
Candidate or Officeholder's Last Name			
AINE			
Date of Report			
6-17-14			

SCHEDULE A

ITEMIZED CONTRIBUTIONS RECEIVED

(Attach additional pages if needed)

Date	Name of Contributor	Mailing Address & Zip Code	Amount

Subtotal for this page \$ 0

Total Contributions Received (Sum of subtotals from all Schedule A pages) \$ 0

SCHEDULE B

ITEMIZED EXPENDITURES MADE
(Attach additional pages if needed)

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Candidate or Officeholder's Last Name	
AINGE	
Date of Report	
6-17-14	

Date	Name of Contributor	Mailing Address & Zip Code	Amount
<i>[Handwritten diagonal line across the table]</i>			

Subtotal for this page \$ **0**

Total Expenditures Received (Sum of subtotals from all Schedule B pages) \$ **0**