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 OCT 24 2019
 BLUFFDALE CITY
 10:22 a.m. W.D.



City of Bluffdale Municipal Elections
 Campaign Finance Statement
Report of Contributions and Expenditures
 (Utah Code Section 10-3-208)

Name of Candidate <u>Ty T. Nielsen</u>		Email Address <u>ty@tynielsenbluffdale@gmail.com</u>	
Street Address <u>14989 So 2200 W</u>		City <u>Bluffdale</u>	State <u>UTAH</u>
Office Seeking <input type="checkbox"/> Council Member (2-yr) <input checked="" type="checkbox"/> Council Member (4-yr)		Area Code & Phone Number <u>801-440-9790</u>	
Zip Code <u>84065</u>			

Type of Report
 (Check the appropriate box)

<p>REPORT - Primary</p> <ul style="list-style-type: none"> NEW - No later than seven days before the date of the Municipal Primary Election - (HB263, 2016) August 6, 2019 Eliminated at Primary Election - No later than 30 days after the date of the Municipal Primary Election September 12, 2019 	<p>REPORT - Not Eliminated at Primary</p> <p><input checked="" type="checkbox"/> No later than seven days before the date of a Municipal General Election - October 29, 2019</p> <ul style="list-style-type: none"> No later than 30 days after the date of the Municipal General Election - December 5, 2019
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Report Verification

I, Ty T. Nielsen
 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

23 OCT 19
 Date



To File this Form
 Mail or deliver to:

Bluffdale City Recorder
 2222 West 14400 South
 Bluffdale, UT 84065-5248
wdeppe@bluffdale.com

For More Information
 Contact the Recorder's Office
 (801) 849-9407
 Fax (801) 446-5662

For Office Use Only

Date Received 10/24/19
 Time Received 10:22 a.m.
 Received by [Signature]

(Complete this page after filling out Schedules A, B & C)

	Column A Total thru August 6	Column B Total thru Sept. 12	Column C Total thru October 29	Column D Total thru December 5	Column E Campaign Total
Balance at Beginning of Reporting Period:	\$	\$	\$ 0.00	\$	\$
+ CONTRIBUTIONS RECEIVED					
TOTAL CONTRIBUTIONS – (Schedule A):	\$	\$	\$ 100.00	\$	\$
+ AGGREGATE TOTAL					
Aggregate total of all contributions that individually do not exceed \$50:	\$	\$	\$ 100.00	\$	\$
= TOTAL CONTRIBUTIONS	\$	\$	\$ 100.00	\$	\$
- EXPENDITURES MADE					
TOTAL EXPENDITURES – (Schedule B):	\$	\$	\$ 376.78	\$	\$
BALANCE SUMMARY					
Balance at Close of Reporting Period:	\$	\$	-276.78	\$	\$

Attach Schedule C

Report the total amount of all campaign contributions and expenditures if you received \$500 or less in campaign contributions and spent \$500 or less on your campaign.

Total Campaign Contributions \$500 or less:	\$ 100.00
Total Campaign Expenditures \$500 or less:	\$ 376.78

In the event a candidate has no contributions or expenditures during a reporting period, a financial statement which states there were no contributions received or expenditures made must still be filed.

GET NOTICED
GET BUSINESS.

INVOICE

1231 West 9000 South, Suite A
West Jordan, UT 84088
Phone 801.569.2679 / Fax 801.569.2900
US403@alphagraphics.com / US403.alphagraphics.com

PAID IN FULL

alphagraphics

Invoice Number: **93334**

Bill To:
Nielsen, Ty
Ty Nielsen
Phone: 801.440.9790
E-Mail: tynielsenbluffdale@gmail.com

Date: 9/26/19

P.O.:

Taken By: Jay
Sales Rep: SH
Account Type: COD
Wanted: 9/27/19
Ship Via: Will Call

Quantity	Description	Price
400	Digital Color- Text Weight Flyers, 5.5 x 8.5 White Gloss Gloss Text 80# , Digitally Printed on 2 sides, 4 Up	\$ 169.65
400	Digital Color- Cardstock Postcards, 5.5 x 8.5 White Smooth Hammermill Color Copy Cover 80# , Digitally Printed on 2 sides, 4 Up	\$ 182.15
Special Instructions: C.O.D.		Subtotal 351.80
		Tax 24.98
		Shipping 0.00
		Total 376.78
		Deposit (-) 376.78
		Amount Due \$0.00

PAYMENT TERMS: I understand all charged invoices are payable 30 days after invoice date and that a service fee of 1.5% per month will be added to all past due accounts. In the event payment is not made and account is referred to a collection agency, or if legal action is required I will pay collection and/or attorney's fees resulting from such action.
CHECK ACCEPTANCE POLICY: My signature indicates I understand and authorize AlphaGraphics to electronically debit my account on all dishonored checks plus a processing fee and any applicable taxes.
ALL DISPUTES must be addressed within 30 days of receipt of product. AlphaGraphics cannot research disputes on product older than 30 days.
CREDIT CARD ACCEPTANCE POLICY: Credit card payment may be accepted at the time of sale or within the first 30 days after release of merchandise. Credit card payments exempt from credit card payment without a processing fee.

Signature _____ Time _____
Print Name _____ Date _____