

## CAMPAIGN FINANCIAL DISCLOSURE REPORTS JOHN 32 447 7: 12

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Section I						
Name of Candidate or Political Con	mmittee and Chairperson  An Ch Branch	For Senate	Office Sought (if candidate)	District (if any)		
	Crine Rd.	City and Zip Midvale 83645	Home Phone 208355-242 k	Work Phone		
Name of Political Treasurer	anch					
Mailing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone		
Section II TYPE OF REPORT						
Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.  This report is for the period from/ / / 0 4 through /2 /3 / / C4						
☐ 7 Day Pre-Primary	y Report □ 7	Day Pre-General Report	☐ Quarterly (April 30) (only filed by ballot mea	sure committees)		
☐ 30 Day Post-Prima	ary Report 🔲 30	Day Post-General Report		<b>,</b>		
☐ October 10 Pre-General Report Annual Report			☐ Quarterly (July 30) (only filed by ballot mea	sure committees)		
Is this Report ar	amendment?	□ No Is this a	Termination Report?	l Yes □ No		
Section III	STATEMENT OF N	O CONTRIBUTIONS OR E	EXPENDITURES			
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV  I hereby certify that I have received no contributions and have made no expenditures during this reporting period from / / /						
Section IV	****	CHAMADY				
To reach your Calendar Year to Date figure: Add this report's Column I COLUMN I COLUMN II figures to the Column II figures of your previous report (except on line 6).  COLUMN II Calendar Year to Date						
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