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DEC 05 2019

BLUFFDALE CITY
2:40pm W.D.



BLUFFDALE

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

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

Type of Report

(Check the appropriate box)

REPORT – Primary

- NEW** - No later than seven days before the date of the Municipal Primary Election – (HB283, 2016)
August 6, 2019
- Eliminated at Primary Election** - No later than 30 days after the date of the Municipal Primary Election
September 12, 2019

REPORT – Not Eliminated at Primary

- No later than seven days before the date of a Municipal General Election –
October 29, 2019
- No later than 30 days after the date of the Municipal General Election –
December 5, 2019

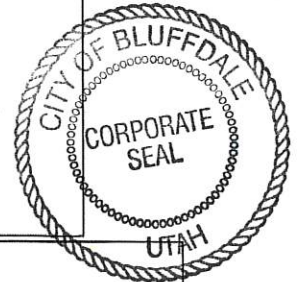
Report Verification

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

5 Dec 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 12-5-19
 Time Received 2:40pm
 Received by Windy Deppe

Schedule B
Itemized Expenditures

Amount of Expenditure Exceeding \$50.00	Name of Recipient
376.78	Alpha graphics
SUBTOTAL FOR THIS PAGE	
\$ 376.78	
TOTAL EXPENDITURES	
\$ 376.78	

Attach additional pages if needed

Summary Page

(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	\$	\$ 0.00	\$ -276.78	\$ 0
+ CONTRIBUTIONS RECEIVED					
TOTAL CONTRIBUTIONS – (Schedule A):	\$	\$	\$ 100.00	\$ 0	\$ 100.
+ AGGREGATE TOTAL					
Aggregate total of all contributions that individually do not exceed \$50:	\$	\$	\$ 100.00	\$ 0	\$ 0
= TOTAL CONTRIBUTIONS	\$ 0	\$	\$ 100.00	\$ 0	\$ 100.
- EXPENDITURES MADE					
TOTAL EXPENDITURES – (Schedule B):	\$ 0	\$	\$ 376.78	\$ 0	\$ 376.78
BALANCE SUMMARY					
Balance at Close of Reporting Period:	\$ 0	\$	\$ -276.78	\$ -276.78	\$ -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.

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



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 _____