

CAMPAIGN FINANCIAL DISCLOSURE

To: Bart Smith, Interlaken Clerk/Auditor

* = Required

Full Name of Candidate*: _____ Gregory Harrigan _____

Street Address: _____ 274 W Interlaken Dr _____

City: _____ Midway _____, UT 84049 _____

Name of Office*: Mayor _____ Municipality: _____ Interlaken

Phone: _____ 435 714 0909 _____ Political Party (if applicable): _____ NA _____

REPORTS	TOTALS
1. Itemized total of all campaign <u>contributions</u> * (from Table "A" on page 2)	\$0
2. Itemized total of all campaign <u>expenditures</u> * (from Table "B" on page 2)	\$0
3. Balance at the end of the reporting period* (Difference between lines 1 & 2)	\$0

_____ (initial) I acknowledge that all contributions received have been deposited in a separate campaign account and have not been mingled with a personal or business account.*

_____ (initial) I acknowledge that any anonymous donations exceeding \$50 will be disbursed to the UT State Treasurer or a tax-exempt organization as outlined in Utah Code 17-16-6.5.*

I do hereby certify that, to the best of my knowledge, all receipts and expenditures have been reported for the following designated period (select only one)*:

Note: Financial Disclosures are due by 5:00pm on the due date

☐ 28 Day Report – Filing Due date: October 7, 2025

☐ General Election Report – Filing Due date: October 28, 2025

☒ Post General Report – Filing Due date: December 4, 2025

☐ Candidate Withdrawal/Disqualification/Elimination Report – Due date varies, within 30 days of exit

Signed*: _____
Candidate Signature

Date*: _____ 12/2/25 _____

*** Email completed form & page 2 tables to admin@interlakenut.gov ***

CAMPAIGN FINANCIAL DISCLOSURE

To: Bart Smith, Interlaken Clerk/Auditor

* = Required

Full Name of Candidate*: Erin Marie Merryweather

Street Address: 307 W. Interlaken Dr.

City: Midway, UT 84 049

Name of Office*: City Council Municipality: Interlaken

Phone: 801-836-2389 Political Party (if applicable): _____

REPORTS	TOTALS
1. Itemized total of all campaign contributions* (from Table "A" on page 2)	\$ <u>0</u>
2. Itemized total of all campaign expenditures* (from Table "B" on page 2)	\$ <u>0</u>
3. Balance at the end of the reporting period* (Difference between lines 1 & 2)	\$ <u>0</u>

EM (initial) I acknowledge that all contributions received have been deposited in a separate campaign account and have not been mingled with a personal or business account.*

EM (initial) I acknowledge that any anonymous donations exceeding \$50 will be disbursed to the UT State Treasurer or a tax-exempt organization as outlined in Utah Code 17-16-6.5.*

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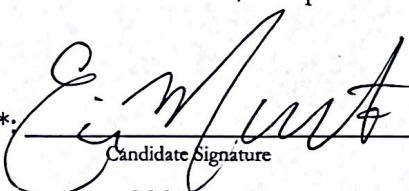
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☐ Candidate Withdrawal/Disqualification/Elimination Report – Due date varies, within 30 days of exit

Signed*: 
Candidate Signature

Date*: 12/4/25

*** Email completed form & page 2 tables to admin@interlakenut.gov ***

CAMPAIGN FINANCIAL DISCLOSURE

To: Bart Smith, Interlaken Clerk/Auditor

* = Required

Full Name of Candidate*: Susan Marie O'Nan

Street Address: 333 Jungfrau Hill Rd.

City: Midway, UT 84 049

Name of Office*: Treasurer Municipality: Interlaken Town

Phone: 435-671-1570 Political Party (if applicable): _____

REPORTS	TOTALS
1. Itemized total of all campaign contributions* (from Table "A" on page 2)	\$ <u>Ø</u>
2. Itemized total of all campaign expenditures* (from Table "B" on page 2)	\$ <u>Ø</u>
3. Balance at the end of the reporting period* (Difference between lines 1 & 2)	\$ <u>Ø</u>

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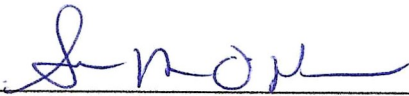
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Signed*: 
Candidate Signature

Date*: 12-4-2025

*** Email completed form & page 2 tables to admin@interlakenut.gov ***

CAMPAIGN FINANCIAL DISCLOSURE

To: Bart Smith, Interlaken Clerk/Auditor

* = Required

Full Name of Candidate*: Matthew Hermann

Street Address: 230 Edelweiss Ln

City: Midway, UT 84 049

Name of Office*: Town Council Member Municipality: Interlaken

Phone: 801-636-6629 Political Party (if applicable): _____

REPORTS	TOTALS
1. Itemized total of all campaign <u>contributions</u> * (from Table "A" on page 2)	\$ <u>0⁰⁰</u>
2. Itemized total of all campaign <u>expenditures</u> * (from Table "B" on page 2)	\$ <u>0⁰⁰</u>
3. Balance at the end of the reporting period* (Difference between lines 1 & 2)	\$ <u>0⁰⁰</u>

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I do hereby certify that, to the best of my knowledge, all receipts and expenditures have been reported for the following designated period (select only one)*:

Note: Financial Disclosures are due by 5:00pm on the due date

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Signed*: Matthew Hermann
Candidate Signature

Date*: 12/4/25

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ITEMIZED CONTRIBUTION REPORT – TABLE “A”

Date of Donation	Name of Contributor	Amount	In-Kind / Tangible items (if applicable)
TOTAL:		0.00	

If additional space is needed, use additional sheets and list information in the above format and file with this report.

ITEMIZED EXPENDITURE REPORT – TABLE “B”

Date of expenditure	Person or Organization to whom expenditure was made	Amount	Expenditure Purpose (optional)
TOTAL:		0.00	

If additional space is needed, use additional sheets and list information in the above format and file with this report.