

## MUNICIPAL CAMPAIGN FINANCIAL DISCLOSURE

Debra Marigoni  
Full name of Candidate

5245 S. 5100 W  
Street Address

City Council  
Name of Office

- |    |   |             |
|----|---|-------------|
| 1. | Total contributions<br>(Form "A" total)     | \$ <u>0</u> |
| 2. | Total campaign expenses<br>(Form "B" total) | \$ <u>0</u> |
| 3. | Balance at the end of the reporting period  | \$ <u>0</u> |

12-3-25  
Date

Debra Marigoni  
Signature of Candidate



## Total Campaign Expenses (FORM "B")

Date	Description of Expense	Amount
N/A		
		TOTAL \$
		0