



FINANCIAL CAMPAIGN REPORT

Campaign Financial Disclosure Per Title 1 Chapter 7 of Washington County Code of Ordinances

Full name of Candidate DAVID WHITENEAD
Street Address 400 CLAUDE DR
City, State, Zip SANTA CLARA VT 84765
Email dwhitenead@sisna.com Phone (435) 669-3062
Candidate for Office Of TREASURER

	Total LAST Report +	Total THIS Report =	Cumulative Report
Total contributions of donors who gave more than \$50.00 (from form "A")	<u>0</u>	<u>640.20</u>	<u>640.20</u>
Aggregate total of contributions of \$50.00 or less	<u>0</u>	<u>0</u>	<u>0</u>
Total campaign expenses (from form "B")	<u>0</u>	<u>640.20</u>	<u>640.20</u>
Balance at the end of this reporting period	<u>0</u>	<u>0</u>	<u>0</u>

I do hereby certify that, to the best of my knowledge, all receipts and expenditures have been reported for the period

Beginning 1/2/24

Ending 6-18-24

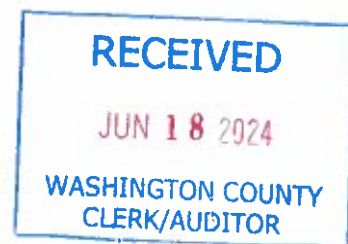
and that there are no bills or obligations outstanding and unpaid except as set forth in this report.

Signature

DJ Whitenead

Date

6-18-24





FINANCIAL CAMPAIGN REPORT

Campaign Financial Disclosure Per Title 1 Chapter 7 of Washington County Code of Ordinances

Full Name of Candidate DAVID WILTHEAD

Candidate for Office Of TREASURER

	Total LAST Report +	Total THIS Report =	Cumulative Report
Total contributions of donors who gave more than \$50.00 (from form "A")	640.20	\$ 0-	\$ 640.20-
Total campaign expenses (from form "B")	640.20	\$ 0-	\$ 640.20-
Balance at the end of this reporting period	\$ 0-	\$ 0-	\$ 0-

I do hereby certify that, to the best of my knowledge, all receipts and expenditures have been reported for the period

Start Date 6/18/24

End Date 10/21/24

and that there are no bills or obligations outstanding and unpaid except as set forth in this report.

David Wilthead
Candidate Signature

10/21/24
Date

Committee Secretary Signature (if different)

Date

Office Use Only

10/21/2024
Date Received

[Signature]
Clerk/Auditor Signature (verifying inspection)

10/24/2024
Date



Itemized Expenditure Report (Form "B")

Full Name of Candidate

DAVID WHITEHEAD

Candidate for Office Of

TREASURER

Date	Person or Organization Paid	Purpose of Expenditure	Amount
TOTAL EXPENDITURES			\$ -



Itemized Contribution Report (Form "A")

Full Name of Candidate

DAVID WHITEHEAD

Candidate for Office Of

TREASURER

Date	Name of Donor	Mailing Address and Zip Code	Amount	In Kind? Y/N
TOTAL CONTRIBUTIONS			\$ <u>0.00</u>	<u>0</u>



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Full Name of Candidate

DAVID WHITEHEAD

Candidate for Office Of

TREASURER

	Total LAST Report +	Total THIS Report =	Cumulative Report
Total contributions of donors who gave more than \$50.00 (from form "A")	640.20	\$ ~~0~~ -	\$ 640.20
Total campaign expenses (from form "B")	640.20	\$ ~~0~~ -	\$ 640.20
Balance at the end of this reporting period	\$ ~~0~~ -	\$ ~~0~~ -	\$ ~~0~~ -

I do hereby certify that, to the best of my knowledge, all receipts and expenditures have been reported for the period

Start Date 10-21-24

End Date 1-6-25

and that there are no bills or obligations outstanding and unpaid except as set forth in this report.

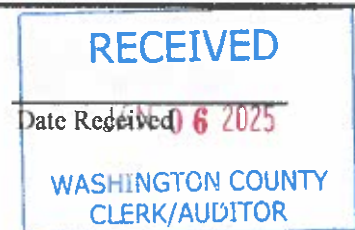
[Signature]
Candidate Signature

1-6-25
Date

Committee Secretary Signature (if different)

Date

Office Use Only



[Signature]
Clerk/Auditor Signature (verifying inspection)

1/6/25
Date

Itemized Contribution Report (Form "A")



Itemized Expenditure Report (Form "B")

Full Name of Candidate

DAVID WHITEHEAD

Candidate for Office Of

TREASURER

Date	Person or Organization Paid	Purpose of Expenditure	Amount
TOTAL EXPENDITURES			\$ 