FILING PERIOD From: 8-5-25 To: 9-10-25

NAME OF CANDIDATE Tommy Williams

NAME OF OFFICE City Council

Total Cash and In-Kind Contributions $ 0-

Total Cash Expenditures $ 0-

Date 9-10-25 Signed [signature]

OREM
FAMILY CITY USA

CASH CONTRIBUTIONS		
Date	**Name of Donor**	**Amount**
	NA	0
	TOTAL	

IN-KIND CONTRIBUTIONS		
Date	**Name of Donor**	**Estimated Amount**
	NA	0
	TOTAL	

CASH EXPENDITURES			
Date	**Name of Recipient**	**Political Purpose**	**Amount**
	NA	NA	0
		TOTAL	0