PUBLIC FUNDS MONTHLY REPORT OF: _____

FOR THE MONTH OF: _____

REPORT MUST BE FILED BY THE 10TH DAY OF THE MONTH FOLLOWING THE REPORT DATE WITH:

Department of Financial Institutions
PO BOX 146800
Salt Lake City, UT 84114-6800
FAX: (801) 538-8894

TOTAL AMOUNT OF PUBLIC FUNDS HELD:

Report the total amount of funds which are owned, held or administered by the State of Utah or any of its boards, commissions, institutions, departments, divisions, agencies, or other similar instrumentality's or any county, city, school district, political subdivision or other body. If any of the figures reported are estimates, please indicate by marking an "X" in the space provided and retain and have available for review for a period of one year all documentation necessary to support the method employed in making such estimates.

INSURED DEPOSITS (in thousands)	UNINSURED DEPOSITS* (in thousands)	RECIPROCAL DEPOSITS (in thousands)	REPURCHASE AGREEMENTS (Non-Qualifying) (in thousands)	TOTAL DEPOSITS (in thousands)	REPURCHASE AGREEMENTS (Qualifying for Exclusion) (in thousands)
estimate?	estimate?	estimate?	estimate?	estimate?	estimate?

*If at any time the established MAXIMUM PUBLIC FUNDS ALLOTMENT (uninsured deposits plus non-qualifying repurchase agreements) is exceeded by a depository institution, a detailed listing of all public funds accounts must accompany this report.

COLLATERALIZATION REQUIRED ? (mark "X"): YES ☐ NO ☐

If collateral security has been pledged, please attach a separate list of the securities pledged showing the name, issue date, par value, date and amount of the most recent market value, maturity date, interest rate and the total par and market value of all securities pledged.

I ATTEST THAT THIS REPORT IS CORRECT:

Signature of Officer (V.P or Above)	Title	Date
Name of Officer (Please Print)	Email Address	Phone