# **Contributions & Expenditures Report**

(PLEASE COMPLETE REQUIRED SECTIONS)

Date

FILING OFFICE: COUNTY CLERK
Office Use Only

LARAMIE COUNTY CLERK CHEYENNE. WY

1. Reporting Period:	2020 001 2 1 12:31
Statement covers period of 11.20 to 10.26.20 (mm/dd/yyyy) (mm/dd/yyyy)	_
2. Type of Report (Please select one option.):  Primary Contributions & Expenditures: Aug 11, 2020 General Contributions & Expenditures: Oct 27, 2020 Contributions & Expenditures: Dec 31, (odd-year)  3. Are you terminating the committee with this report?  (Note: A committee must have retired all debts before terminating. WS 2	Special Election Amendment  2-25-106(b)(iii))
4. Candidate or Committee Information:  Name: Mywl Plu S Office Sought:  Residential Address: DIDE Street Address)  (Street Address)  (City, State, Zip)	City Comalwad 1 er: 3076406420
<ul> <li>Did you have contributions or expenditures to report for this filing period yes, please complete A-C below.</li> <li>A. Contributions <ol> <li>Personal contributions by candidate (including immediate familiary)</li> <li>Contributions from individuals (p 3)</li> <li>Contributions from PACs (p 4)</li> <li>Contributions from political parties (p 4)</li> <li>Anonymous contributions (p 5)</li> <li>In-kind contributions (p 5)</li> <li>Loans (p 6)</li> <li>Un-itemized contributions – defined as less than \$100 (p 6)</li> </ol> </li> <li>B. Total Contributions for this Filing Period (sum of A1-A8)</li> <li>C. Total Expenditures for this Filing Period (p 7)</li> </ul>	
6. Signature:  I certify that I have examined this statement and, to the best of m correct and complete.	y knowledge and belief, it is true,
Committee Chairman Signature Committee Treasurer Signature	Candidate Signature

Date

Date

#### **Itemization of Contributions**

(Use Additional Sheets as Necessary)

### Contributions - Personal Contributions by Candidate

(Including candidate's immediate family)

Name	Address (City, State, Zip)	Date	Amount
			\$
			\$
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#### Contributions - Individuals

(Contributions from corporations, unions, partnerships, and associations are prohibited. Contributions from sole proprietorships are legal, but must be identified as such.)

Name	Address (City, State, Zip)	Date	Amount
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### Contributions – Political Action Committees

Address (City, State, Zip)	Date **	Amount
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## **Contributions – Political Party Central Committees**

Name	Address (City, State, Zip)	Date	Amount
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			\$
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			\$
			\$

## Contributions - Loans

Name	Date	Amount
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X/		\$
		\$
		\$
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		\$
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#### **Contributions** – Unitemized Contributions

(Contributions under \$100.00. For example, you have a chili dinner. Tickets are \$10.00 each and you sell 500 tickets. You may report these in aggregate here by reporting \$5,000.00)

Description	Date	Amount
		\$
		\$
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## **Expenditures/Obligations**

Payee	Address (City, State, Zip)	Purpose	Date	Amount
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