Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only

LARAMIE COUNTY CLERK CHEYENNE, WY

2020 CCT 21 P 2: 24

1.	Reporting Period:
	Statement covers period of 08 14 2020 to 03-2020
	(mm/dd/yyyy) (mm/dd/yyyy)
•	
۷.	Type of Report (Please select <u>one</u> option.):
	Primary Contributions & Expenditures: Aug 11, 2020 Special Election
	General Contributions & Expenditures: Oct 27, 2020 Amendment
	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 22-25-106(b)(iii))
	Yes No
4	Candidate or Committee Information:
4.	Name: IOM SEGRAVE Office Sought: Cheural Office Sought:
	Residential Address: Of Doubletvel Number: 307-421 4/961
	Cheyral US 82009
	((Gity, State) Zip)
5.	Contributions:
	Did you have contributions or expenditures to report for this filing period? Yes No
	If yes, please complete A-C below.
	A. Contributions
	1. Personal contributions by candidate (including immediate family) (p 2)
	 2. Contributions from individuals (p 3) 3. Contributions from PACs (p 4) \$
	4. Contributions from political parties (p 4)
	5. Anonymous contributions (p 5)
	6. In-kind contributions (p 5)
	7. Loans (p 6)
	8. Un-itemized contributions – defined as less than \$100 (p6) \$ B. Total Contributions for this Filing Period (sum of A1-A8) \$
	C. Total Expenditures for this Filing Period (p 7)
_	
6.	Signature:
	I certify that have examined this statement and, to the best of my knowledge and belief, it is true,
	correct and complete.
	from Lynn /19m Lynn /om Lucil
	Committee Chairman Signature Committee Treasurer Signature Candidate Signature
	10-21-20 10-21-20
	Date 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
TOM SEGRAVE	Cherense W/82009	09-01-20	\$ 44500
			\$
10H SEGRAVE	Cheyeure W, 0209	09-22-20	\$ 1575-00
	0		\$
			\$
			\$
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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
NH			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Action Committees

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
NH			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Party Central Committees

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

Contributions - Anonymous

(Anonymous contributions are those contributions whose origins cannot be determined, i.e., "pass the hat" contributions. An anonymous contribution does not mean a contributor may donate to the candidate or PAC with the understanding the contributor's name will not be reported.)

Event	Date	Amount
NH		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
I do not know, nor can I ascertain, the origin	of the above anonymous	s contributions.
Signature of Candidate, Chai	rman or Treasurer	Date

Contributions - In-Kind

(In-Kind contributions are goods and services in place of cash. For example, someone purchases stamps for a mailing and donates the stamps; this is an in-kind contribution.)

Name	Address (City, State, Zip)	Description	Amount/Value
NIA			\$
			\$
S			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions - Loans

Name	Date	Amount
n)H		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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
NH		\$
3 - 2		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Expenditures/Obligations

Payee 1	Address (City, State, Zip)	Purpose	Date	Amount 00
HP/JMed H	Idahofalls ID	Mux paper	09-01-20	\$ 445-
1				\$ 01
PPS MediA	Idehofalls In	NUDER DEPL	09-22-20	\$ 1575
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8				\$
10				\$
(\$
9				\$
3.				\$

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Total Expenditures:	\$2,020