#### FILING OFFICE: COUNTY CLERK **Contributions & Expenditures Report** Office Use Only (PLEASE COMPLETE REQUIRED SECTIONS) 1. Reporting Period: Statement covers period of 5 - 19 - 2020 to 8 - 11 - 2020 (mm/dd/yyyy) (mm/dd/yyyy)2. Type of Report (Please select one option.): Special Election Primary Contributions & Expenditures: Aug 11, 2020 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: Office Sought: City Counc. L Phone Number: 307-631-1656 Name: Mile Lung Residential Address: 3525 Birch PL. (hyrine wy \$2001 5. Contributions: Did you have contributions or expenditures to report for this filing period? Yes 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 (p5) 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) 84.47 C. Total Expenditures for this Filing Period (p 7) 6. Signature: I certify that I have examined this statement and, to the best of my knowledge and belief, it is true, correct and complete.

Committee Treasurer Signature

Date

Committee Chairman Signature

Date

Revised 6/2019

### **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
Mike Lun+	3525 Birch PL.	5-19-2020	\$ 7947
Mike Lung	3525 Birch PL	8-4-2020	\$ 8832
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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
Tony Jacoby	Address (City, State, Zip)  Chymne w/ 82001	5-19-2020	\$ 10000
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# **Expenditures/Obligations**

Payee	Address (City, State, Zip)	Purpose	Date	Amount
Traiders 4.tal Room ccc			8-4-2000	\$ 88'32
).4.tal Room CLC	Chyrnne Wy 82001 VANCERES CA.	Business Exids	6-8-2026	\$ 794
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Total Expenditures:	s 167 79
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