Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK Office Use Only

ARAMIE COUNTY CLERK CHEYEMIS. WY

1.	Reporting Period: 2022 OCT 31 P 4: 52
	Statement covers period of S 29 2020 to 10 31 2020 (mm/dd/yyyy) (mm/dd/yyyy)
2.	Type of Report (Please select one option.):
	Primary Contributions & Expenditures: Aug 9, 2022 Special Election
	General Contributions & Expenditures: November 1, 2022 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.	Name: Kathy Emmons Office Sought: LCCC Board of Trustee Seedential Address: 4322 Huran Ave Phone Number: 307-631-1684 (Street Address) Checker WY 82001
5.	Contributions: Did you have contributions or expenditures to report for this filing period? Yes No
	Did you have continued to open and the conti
	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 (p 6) 8. Total Contributions for this Filing Period (sum of A1-A8) 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 Chairman Signature Committee Treasurer Signature Candidate Signature
	Date Date Date

Itemization of Contributions

(Use Additional Sheets as Necessary)

Contributions – Personal Contributions by Candidate

(Including candidate's immediate family)

* 'CesName', ()	Address (City, State, Zip).	Date*	Amount
NA			\$ 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
NA			\$ 6
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Contributions - Political Action Committees

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

Contributions - Political Party Central Committees

Name:	Address (City, State, Zip)	Date	Ar	Amount	
NIA			ş	1	
*			\$		
			\$		
		Miles Miles Miles Miles Market Ma	\$		
			\$		
		(646+16+16+16+16+16+16+16+16+16+16+16+16+16	\$		
			\$		
			\$		
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			\$		
			\$		

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.)

, , Évent	Date	Amount
NA		\$ \$
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I do not know, nor can,I ascertain, the origin of the above anonymous c	ontributions.
Kattly Smrth	10/31/22
Signature of Candidate, Chairman 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
	\$
	\$
	\$
	\$
	\$
	\$
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	\$
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	\$

Contributions – Loans

Name of the state	Date	Amount
NP		\$ \$
		\$
		\$
		<u> \$</u>
		\$
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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)

k VIA	Description	ar z	* 5 sh.	Date	Amount
AIU					\$ \$4
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Expenditures/Obligations

Payee	Address (City, State; Zip)	- Purpose	Date	Amount
NA				\$ 0
				\$
				\$
				\$
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Total Expenditures: X	Alian Arakat	, o to		0	
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