

# Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK  
Office Use Only

LARAMIE COUNTY CLERK  
CHEYENNE, WY

2022 NOV -1 P 1:12

## 1. Reporting Period:

Statement covers period of 8/10/2022 to 11/8/2022  
(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

N/A JP

## 4. Candidate or Committee Information:

Name: Janine Thompson Office Sought: LCCC Board of Trustees  
Residential Address: 229 Doubletree Phone Number: 307-214-9769  
(Street Address) (City, State, Zip) Cheyenne, WY 82009

## 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) | \$ <u>0</u> |
| 2. Contributions from individuals (p 3)                                   | \$ <u>0</u> |
| 3. Contributions from PACs (p 4)  | \$ <u>0</u> |
| 4. Contributions from political parties (p 4)                             | \$ <u>0</u> |
| 5. Anonymous contributions (p 5)  | \$ <u>0</u> |
| 6. In-kind contributions (p 5)  | \$ <u>0</u> |
| 7. Loans (p 6)  | \$ <u>0</u> |
| 8. Un-itemized contributions – defined as less than \$100 (p 6)           | \$ <u>0</u> |

B. Total Contributions for this Filing Period (sum of A1-A8) \$ 0

C. Total Expenditures for this Filing Period (p 7) \$ 0

## 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

Janine Thompson  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

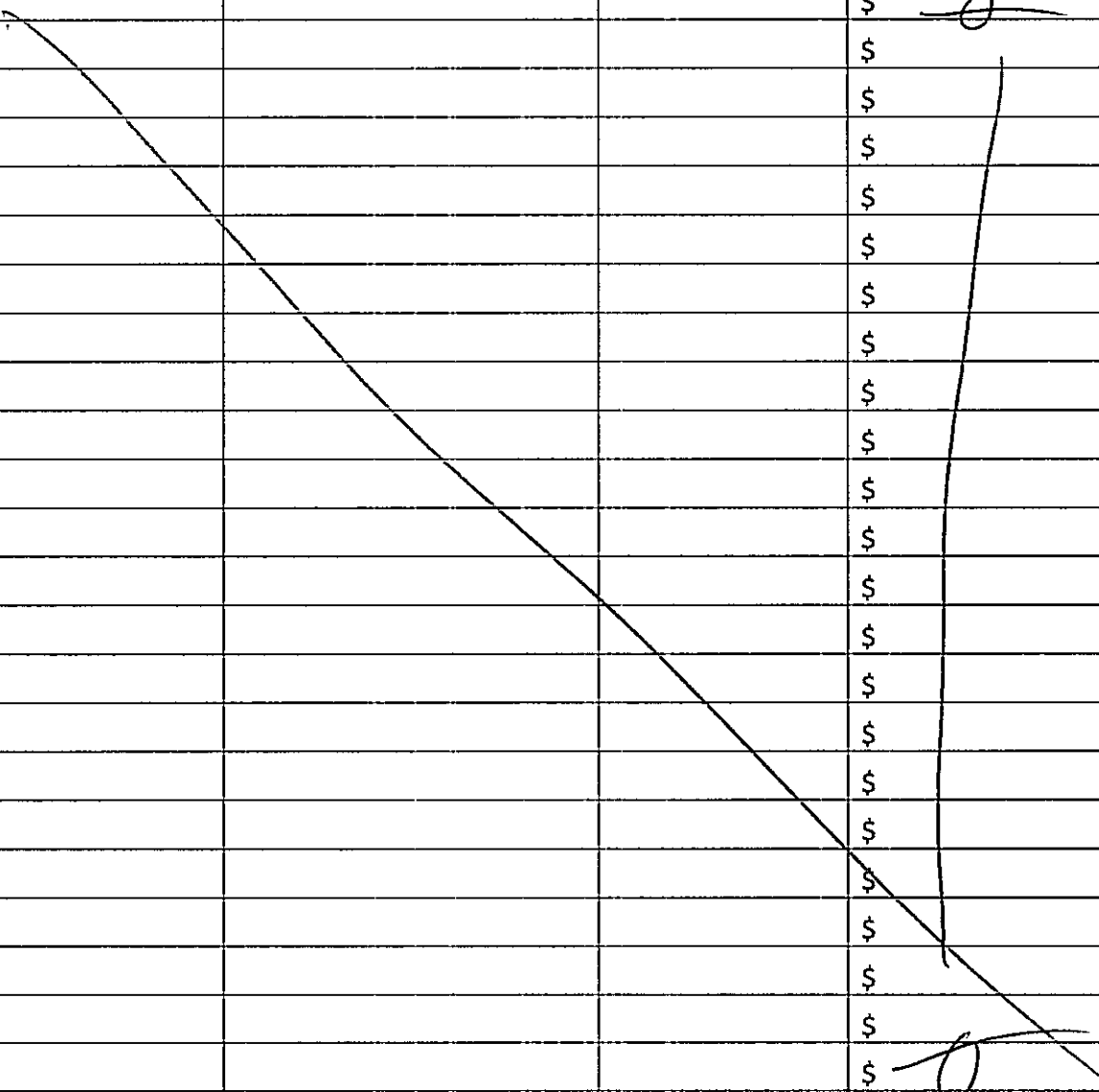
11/1/2022  
Date

# 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
			\$ 0
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**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
			\$ 0
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**Contributions – Political Action Committees**

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
			\$ 0
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**Contributions – Political Party Central Committees**

Name	Address (City, State, Zip)	Date	Amount
			\$ 0
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I do not know, nor can I ascertain, the origin of the above anonymous contributions.

*Janine Thompson*  
Signature of Candidate, Chairman of Treasurer

11/1/22  
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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



**Expenditures/Obligations**

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

Total Expenditures: \$ 0