# **Contributions & Expenditures Report**

(PLEASE COMPLETE **REQUIRED** SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only

Laramie County Clerk Cheyenne, WY 2022 Nov 01 am 9:06

| 1. Reporting Period:   |  | 2022 Nov 01 am 9:06                     |
|--|--|---|
| Statement covers period of   | 09/01/2022 to 11/01/2022<br>mm/dd/yyyy) (mm/dd/yyyy)   |   |
| 2. Type of Report (Please select one of  | ption.):   |   |
| General Contributions & I Contributions & Expendit   | 100 100 100 100 100 100 100 100 100 100  | Special Election Amendment              |
| 3. Are you terminating the committ   |  | 2.25.1064.\(\text{cii}\)                |
| (Note: A committee must have reti  | red all debts before terminating. WS 2.  No  | 2-23-106(b)(iii))                       |
| 4. Candidate or Committee Informa  |  |   |
| Name: Meg Varhalmi   |  | D1 School Board At-Large                |
| Cheyenne, V  | et Address)  | r: 307-635-1205                         |
| 5. Contributions:  |  |   |
| Did you have contributions or ex   | penditures to report for this filing period  | od? X Yes No                            |
| If yes, please complete A  | -C below.  |   |
| <ol> <li>Contributions from indiv</li> <li>Contributions from PAC</li> <li>Contributions from politi</li> <li>Anonymous contribution</li> <li>In-kind contributions (p :</li> <li>Loans (p 6)</li> <li>Un-itemized contribution</li> </ol> | s (p 4) ical parties (p 4) is (p 5) is – defined as less than \$100 (p 6) its Filing Period (sum of A1-A8) | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 6. Signature:  |  |   |
| correct and complete.  | this statement and, to the best of my  |   |
|  |  | Meg Varhalmi                            |
| Committee Chairman Signature   | Committee Treasurer Signature  | Candidate Signature<br>10/24/2022       |
| 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 |
|------|----------------------------|------|--------|
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |

### 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 |
|------|----------------------------|------|--------|
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |
|      |                            |      | \$     |

## **Contributions** – Political Action Committees

| Name<br>(Identify by Full Name) | Address<br>(City, State, Zip) | Date | Amount |
|---------------------------------|-------------------------------|------|--------|
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |
|                                 |                               |      | \$     |

# **Contributions –** Political Party Central Committees

| Name                  |     | Address (City, State, Zip) | Date         | Amount   |
|-----------------------|-----|----------------------------|--------------|----------|
| Laramie County Democi | ats |                            | October 2022 | \$200.00 |
|                       |     | Cheyenne, WY 82001         |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |
|                       |     |                            |              | \$       |

### 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 abo | ove anonymous o | ontributions. |
| Signature of Candidate, Chairman or Tro                   | easurer         | <br>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 |
|------|----------------------------|-------------|--------------|
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |
|      |                            |             | \$           |

### Contributions – Loans

| Name | Date | Amount |
|------|------|--------|
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      |      | \$     |
|      | _    | \$     |
|      |      | \$     |

#### **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 |
|-------------|------|--------|
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |
|             |      | \$     |

# **Expenditures/Obligations**

| Payee        | Address (City, State, Zip) | Purpose               | Date       | Amount    |
|--------------|----------------------------|-----------------------|------------|-----------|
| Office Depot | AL                         | Paper and printer ink | 10/12/2022 | \$ 140.94 |
|              | Cheyenne, WY 82009         |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |
|              |                            |                       |            | \$        |

| Total Expenditures: | \$ <u>140.94</u> |
|---------------------|------------------|