Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

Date

FILING OFFICE: COUNTY CLERK
Office Use Only

LARAMIE COUNTY CLERK CHEYENNE, WY

	2020 AUG 1 1 P 12: 47
1. Reporting Period:	2020 400 1 1
Statement covers period of05/29/2020 to08/11/2020_	_
(mm/dd/yyyy) (mm/dd/yyyy)	
2. Type of Report (Please select one option.):	
	Special Floation
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:	remis County Commissioner
	ramie County Commissioner
	er: 307-215-3142
(Street Address) Cheyenne, WY 82009	
(City, State, Zip)	
5. Contributions:	
Did you have contributions or expenditures to report for this filing per	riod? Yes No
If yes, please complete A-C below.	
A. Contributions	
Personal contributions by candidate (including immediate fair	nily) (p 2) \$ 0
2. Contributions from individuals (p 3)	\$ 0
3. Contributions from PACs (p 4)	\$ 0
4. Contributions from political parties (p 4)	\$ ⁰
5. Anonymous contributions (p 5)	\$ 0
6. In-kind contributions (p 5)	\$ 0
7. Loans (p 6)	\$ 0
8. Un-itemized contributions – defined as less than \$100 (p 6)	\$ 0
B. Total Contributions for this Filing Period (sum of A1-A8)	\$ 0
C. Total Expenditures for this Filing Period (p 7)	\$_0
6. Signature:	
Tourist at a Thomas and a district of the state of the st	
I certify that I have examined this statement and, to the best of me correct and complete.	iy knowledge and belief, it is true,
control and complete.	Jeff Dockter
Committee Chairman Signature Committee Treasurer Signature	Candidate Signature 08/11/2020

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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Action Committees

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

Contributions – Political Party Central Committees

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

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 anonymou	s contributions.
Signature of Candidate, Chairm	an 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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		-	\$
			\$
			\$

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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
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