Contributions & Expenditures Report

FILING OFFICE: COUNTY CLERK
Office Use Only

(PLEASE COMPLETE REQUIRED SECTIONS)

	LARAMIE COUNTY CLERK
1.	Reporting Period: Statement covers period of (mm/dd/yyyy) to (mm/dd/yyyy) CHEYENNE. WY AUG 25 P 12: 0 (mm/dd/yyyy)
2.	Type of Report (Please select one option.): Primary Contributions & Expenditures: Aug 11, 2020 General Contributions & Expenditures: Oct 27, 2020 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: Name: Name: Office Sought: Offi
5.	Contributions: Did you have contributions or expenditures to report for this filing period? Yes No
	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) B. 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. Adduction
	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)

Name	Address (City, State, Zip)	Date	Amount
JC MAMMO IMM	800 W2n1 145 8301	06-30-2	\$ 75.00
Ji Mario Siprille	SAME	06-3-12	\$ 70.00
JC HAMID SIMS		06-39-20	\$ 70.00
JU HAMALO POSTAL	SAME	06-30-20	\$ 50.00
JUMANALO SIANS		67-10-20	\$ 70.00
JC HAMALO MAGAE	SAME	07_04_20	\$ 300.00
Je fifting Davie	1 SAME	07-15-20	\$ 50.00
Je HAMIS POSTAL	SIME	67-20-20	\$ 20,0)
Jut/kning Story	Shine	67-20-20	\$ 70.00
JUMANNO IMM	SMR	07-30-20	\$ 75.00
JC MAMME GAS	SAME	66-30-20	\$ 50,00
JC HAMACO GIS	SLMU	07-15-30	\$ 500
			\$
			\$
			\$
			\$
		·	\$
			\$
			\$
			\$
			\$
			\$
			\$ 950,00

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
HALES SLOAM	CHESISAN	08-17-20	\$ 100.00
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$ 100.50

Contributions – Political Action Committees

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

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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	·	\$
		\$
		\$
do not know, nor can I ascertain, the origin of the ab	ove anonymou	s contributions.
Signature of Candidate, Chairman or Tr	easurer easurer	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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Total Expenditures:		\$