Contributions & Expenditures Report (please complete required sections)	FILING OFFICE: COUNTY CLERK Office Use Only
1. Reporting Period: Statement covers period of <u>S-10-22</u> to <u>11-8-22</u> (mm/dd/yyyy) (mm/dd/yyyy)	22 - 1 - 1 - 1 28
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 2	2-25-106(b)(iii))
Yes 🔀 No	
4. Candidate or Committee Information: Name: (COMMETTLE TO LLET TROAT Office Sought: (C	COURTY COMMESSIONE
Name (DOOD 2 TS(+ TO) (4)(FT TO/s) THUNKE Sought ()	MORY COMMISSIONER
Residential Address: 8224 ARREN NOCOLO Phone Number	- 307-630-851D
(Euror Address)	
(1)+(4(ACT-40+ 820)) (Cip, Stare, 25)	
5. Contributions:	/
 Contributions. Did you have contributions or expenditures to report for this filing peri- 	od? Yes No
If yes, please complete A-C below.	
A. Contributions	
 Personal contributions by candidate (including inuncdiate family) 	ly) (p.2) \$
 Contributions from individuals (p 3) 	\$
Contributions from PACs (p 4)	S
4. Contributions from political parties (p 4)	S
Anonymous contributions (p 5)	\$
6. In-kind contributions (p 5)	S
7. Loans (p 6)	S
8. Un-itemized contributions – defined as less than \$100 (p.6)	S
B. Total Contributions for this Filing Period (sum of Al-A8)	3
C. Total Expenditures for this Filing Period (p 7)	3
6. Signature:	
I certify that I have examined this statement and, to the best of m	r knowledge and belief it is true
correct and complete.	
AHA AHA	(IIA , R
VI UMA THE	-III AAC
Committee Chairman Signature Committee Treasurer Signature	Canuidade Sanature
1/ Unie Date	// Date, 22

Revised 4/2021

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

Contributions – Political Party Central Committees

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

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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.)

Event	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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

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

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)

Date	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	Date

Expenditures/Obligations

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

Total Expenditures:

\$_____