# **Contributions & Expenditures Report**

(PLEASE COMPLETE **REQUIRED** SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only
LARAMIE COUNTY CLERK
CHEYENNE, WY

07 00 A 10: 110

Date	Date	Date	
Committee Chairman Signature	Committee Treasurer Signature	Candidate Signature 10-26-2027	
6. Signature:  I certify that I have examined this correct and complete.	s statement and, to the best of	my knowledge and belief, it is true,	
A. Contributions	andidate (including immediate farials (p 3) p 4) parties (p 4) p 5)  defined as less than \$100 (p 6)  Filing Period (sum of A1-A8)	smily) (p 2) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
<ol> <li>Contributions:         Did you have contributions or expenses         If yes, please complete A-C is     </li> </ol>		eriod? Yes No	
4. Candidate or Committee Information Name: Kebecca Rud Residential Address: 381 Can (Street Address: 400 (City, State)	Office Sought:_  Office Sought:_  Phone Num	Coroner ober: 307-414-0824	
3. Are you terminating the committee of (Note: A committee must have retired  Yes	1,000	S 22-25-106(b)(iii))	
		Special Election Amendment	<b>-</b> 1,
Statement covers period of 5	/17/22 <del>2-2-2</del> to 10-28-22 /dd/yyyy) (mm/dd/yyyy)	2072 OCT 28 A 10: 40	

## **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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	VA		\$
			\$
		_	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

## **Contributions – Political Action Committees**

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
× 11 1	NO		\$
	(M)		\$
			\$
			\$
			\$
			\$
			\$

# **Contributions – Political Party Central Committees**

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

### 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
		\$
		\$
		\$
NA		\$
(1)		\$
		\$
		\$
		\$
		\$
		\$
o not know, nor can I ascertain, the origin of the	above anonymou	s contributions

#### 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.)

Date

Signature of Candidate, Chairman or Treasurer

Name	Address (City, State, Zip)	Description	Amount/Value
			\$
			\$
			\$
	IA		\$
			\$
			\$
			\$
			\$
			\$
			\$

### Contributions - Loans

Name	Date	Amount
		\$
		\$
		\$
		\$
NA		\$
		\$
		\$
		\$
		\$
		\$
		\$

### 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
		\$
		\$
		\$
		\$
772		\$
(1)		\$
		\$
		\$
		\$
		\$
		\$

# **Expenditures/Obligations**

Payee	Address (City, State, Zip)	Purpose	Date	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
	A			\$
	No			\$
**************************************	/Y/			\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total Expenditures:

