Contributions & Expenditures Report

(PLEASE COMPLETE **REQUIRED** SECTIONS)

FILING OFFICE: COUNTY CLERK
Office Use Only

LARAMIE COUNTY CLERK
CHEYENNE, WY

2022 OCT 27 A 11:07

1. Reporting Period:

Statement covers period of 05/27/2022 (mm/dd/yyyy) **to** 10/28/2022 (mm/dd/yyyy)

2. Type of Report *(Please select one option.)*:

- [ ] Primary Contributions & Expenditures: **Aug 9, 2022**
- [x] General Contributions & Expenditures: **November 1, 2022**
- [ ] Contributions & Expenditures: **Dec 31,_____** ***(odd-year)***
- [ ] Special Election
- [ ] Amendment

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: Ed Wright **Office Sought:** LCCC Trustee

Residential Address: 825 Evergreen ST *(Street Address)* **Phone Number:** 307 214 3464

Cheyenne, WY 82009 *(City, State, Zip)*

5. Contributions:

Did you have contributions or expenditures to report for this filing period? [ ] Yes [x] No

If yes, please complete A-C below.

A. Contributions

1. Personal contributions by candidate (including immediate family) (p 2) $ Ø
2. Contributions from individuals (p 3) $ Ø
3. Contributions from PACs (p 4) $ Ø
4. Contributions from political parties (p 4) $ Ø
5. Anonymous contributions (p 5) $ Ø
6. In-kind contributions (p 5) $ Ø
7. Loans (p 6) $ Ø
8. Un-itemized contributions – defined as less than $100 (p 6) $ Ø

B. Total Contributions for this Filing Period (sum of A1-A8) $ Ø

C. Total Expenditures for this Filing Period (p 7) $ Ø

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.

Committee Chairman Signature _____ *Date* _____

Committee Treasurer Signature _____ *Date* _____

Edward Wright
Candidate Signature
10/28/2022
Date

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
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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)

Description	Date	Amount
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Expenditures/Obligations

Payee	Address (City, State, Zip)	Purpose	Date	Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Total Expenditures: $