# **Contributions & Expenditures Report**

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK
Office Use Only

LARAMIE COUNTY CLERK CHEYENNE. WY

1.	Reporting Period:  Statement covers period of 8-10-2022 to 8-26-2022 (mm/dd/yyyy) (mm/dd/yyyy)
2.	Type of Report (Please select one option.):  Primary Contributions & Expenditures: Aug 9, 2022  General Contributions & Expenditures: November 1, 2022  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: Committee to Elect Debra Lee Office Sought: County Clerk  Residential Address: PD Box 4297 Phone Number: 307-365.0500  (Street Address) (City, State, Zip)
5.	Contributions:  Did you have contributions or expenditures to report for this filing period?  If yes, please complete A-C below.  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.  Committee Chairman Signature  Committee Treasurer Signature  Date  Date  Committee Treasurer Signature  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
			\$
			\$
			\$
		/	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
,			\$
			\$

### 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
			\$
			\$
	N N		\$
(-			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

### 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.

Sianature o	f 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
Gabriel Whitternore	Cheyenne, WY \$2001	Website Development	\$ 1,000.00
		Services	\$
			\$
-			\$
·	/		\$
*			\$
			\$
			\$
			\$
			\$

## Contributions - Loans

Name	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
1		\$

### **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:	\$	