Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

Date

FILING OFFICE: COUNTY CLERK Office Use Only

LARAMIE COUNTY CLERK CHEYENNE, WY

1. Reporting Period: Statement covers period of 64.14.20 to (mm/dd/yyyy) (mm/dd/yyyy)	2020 AUG 11 P 3: 59
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)	Special Election Amendment
3. Are you terminating the committee with this report? (Note: A committee must have retired all debts before terminating. WS 2. Yes No	2-25-106(b)(iii))
4. Candidate or Committee Information: Name: OPP Office Sought: Residential Address: 2908 (Street Address) (City, State, Zip) Office Sought: (City, State, Zip)	Mayor - 307630409
5. Contributions: Did you have contributions or expenditures to report for this filing period If yes, please complete A-C below.	od? Yes No
 Contributions Personal contributions by candidate (including immediate familia) Contributions from individuals (p 3) Contributions from PACs (p 4) Contributions from political parties (p 4) Anonymous contributions (p 5) In-kind contributions (p 5) Loans (p 6) 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) Signature: I certify that I have examined this statement and, to the best of my correct and complete. 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Committee Chairman Signature Committee Treasurer Signature	Candidate 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
			\$
			\$
	₹.		\$
			\$
			\$
			\$
			\$
a		1)	\$
	3		\$
			\$
	4		\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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
John	+Bece	5 Cherence	128	\$ 1,000.
Catha	nne Pur	al Charme	74.8	\$ 250.
Williamal	do Mac.	4 posto ou Change	shire 8th	°\$ 250.
Flund	avry Me	uli Cheyent	~ 83	\$ 200. —
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17				\$
9	-	1		\$
				\$
12				\$
<u>,</u>				\$
				\$
H <u>arrier and a second a second and a second </u>				\$
				\$
				\$ 1,700.

Contributions – Political Action Committees

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
			\$
			\$
	₹ 0		\$
e 385	e l		\$
			\$
	· 50		\$
			\$
			\$
	1		\$
			\$
	1		\$

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
		\$
		\$
		\$
		\$
		\$
	181	\$
		\$
		\$
		\$
		\$
I do not know, nor can I ascertain, the origin of the	above anonymous	contributions.
Signature of Candidate, Chairman o	r 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
PAP	RIMINE	4509 Distroy	sights -	715.20	\$ 882.16
		Charante			\$
		82009			\$
					\$
					\$
					\$
					\$
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Total Expenditures:

\$ 882.16