

Committee Report of Contributions & Expenditures

Please Print Form and Submit Original Signed form to the Town Clerk's Office following electronic submission.

A Committee Registration form must be filed with the Town Clerk prior to taking any contributions for a candidate or an issue, or making any expenditures on behalf of a candidate or an issue. Formation of a committee requires that a separate bank account be opened in the name of the Committee, and that all contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

TODAY'S DATE:*

COMMITTEE NAME: *

Registered Agent: *

Telephone Number: * **Email Address:**

Committee Type:* **Candidate Committee** **Issue Committee**

Committee's Bank:*

Type of Filing:* **Regularly Scheduled Filing** **Termination Report (MUST have a Zero balance)**
 Amended Report

Amends report filed on:

REPORTING PERIOD
Beginning Date:* **Ending Date:***

DO NOT ENTER "\$" SIGNS

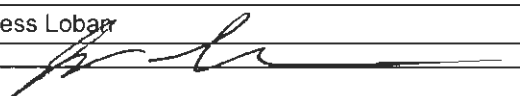
Beginning Balance:*	<input type="text" value="238"/>
Contributions:*	<input type="text" value="0"/>
Expenditures:*	<input type="text" value="0"/>
Ending Balance:*	<input type="text" value="238"/>

I hereby certify that, to the best of my knowledge and belief, all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent Name:*

Registered agent's signature: _____ Date: _____

If Applicable
Candidate Name:

Canidate's signature:  Date:

Detailed Report of CONTRIBUTIONS
(Fill out additional forms if needed - indicate "page 2" after Committee Name)
DO NOT ENTER "\$" SIGNS

Date Accepted (xx/xx/xxxx):	<input type="text"/>	Amount:	<input type="text"/>
Name (Last, First):	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>		
Zip:	<input type="text"/>		
Date Accepted (xx/xx/xxxx):	<input type="text"/>	Amount:	<input type="text"/>
Name (Last, First):	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>		
Zip:	<input type="text"/>		

Candidate's Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

Please print form and submit original signed form to the Town Clerk's Office following electronic submission.

This form is for the use by a candidate that has not accepted any contributions, or had any monies spent on his/her behalf, and has not spent any personal funds to promote his/her candidacy.

TODAY'S DATE (xx/xx/xxxx):*	<input type="text" value="11/4/2016"/>
CANDIDATE NAME: *	<input type="text" value="Jess Loban"/>
Address: *	<input type="text" value="2381 Thistle Ct."/>
City:*	<input type="text" value="Castle Rock"/>
State:*	<input type="text" value="CO"/>
Zip:*	<input type="text" value="80109"/>
REPORTING PERIOD:	
Beginning Date: (xx/xx/xxxx)*	<input type="text" value="10/24/2016"/>
Ending Date: (xx/xx/xxxx)*	<input type="text" value="10/30/2016"/>

CONTRIBUTIONS RECEIVED DURING THIS REPORTING PERIOD
\$0.0

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD
\$0.0

I affirm that neither I, nor any other person, received contributions on my behalf nor made any expenditures on my behalf during this reporting period.

Candidate signature: 

Date: 11/7/2016

NOTE: After hitting "Submit and Print", use Internet print function to print page, then MUST HIT "CONTINUE" to submit electronically.

Submit original signed form to Town Clerk after submitting electronically

* indicates required fields.