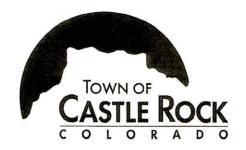
Rec. 7-21-16



COMMITTEE REPORT OF CONTRIBUTIONS AND EXPENDITURES

A Committee Registration form must be filed with the Town Clerk <u>prior to taking</u> 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 <u>all</u> contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

Name of Committee: The Committee to Prozect Rep. Gavernuert		
Name of Registered Agent: Lave thely		
Phone Number of Registered Agent: 720 248 7331		
Email Address of Registered Agent: CASTLE ROCK SOIDH C GMCLIL - Lun		
Committee Type:		
Name of Committee's Bank: Casile Rock Bank		
Regularly Scheduled Filing.		
☐ Amended Filing. This amends previous report filed on		
☐ <u>Termination Report</u> . (Termination Reports MUST Have a Zero Balance)		
Reporting Period - Beginning Date: 7 16 2016 Ending Date: 7 22 2016		
Beginning Balance 5473,45		
Contributions 500 co		
Expenditures Z 8 W		
Ending Balance 4945, 45		
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's Name:		
Registered Agent's Signature: Date: 7 21 16		
If Applicable		
Candidate Name:		
Candidates Signature: Date:		

Detailed Report of Contributions

Name of Committee: Committee to Protect Rep. Government

Accepted:	Name (Last, First): ZUROPP Romald	
7/18/14	Address: 19031 Ryal Archerosla,	
Amount:	City/State/Zip: Mowoner, Co. 80132	
5000		
Date Accepted:	Name (Last, First): Moorey, Parrell Address: 2142 Millian lee 55.	
7/18/14		
Amount:	City/State/Zip: Dewor, Co. 80216	
2100		
Date Accepted:	Name (Last, First): Evans Phyllis	
7/2/14	Address: Po Box 507	
Amount:	City/State/Zip: Krowa, Co. 8017	
250 ^w		
Date Accepted:	Name (Last, First): SDM FAM (or P	
76	Address: 512 Wilcox ST	
Amount:	City/State/Zip: CASTE Pock, 6. 80104	
1000m		
Date Accepted:	Name (Last, First):	
	Address:	
Amount:	City/State/Zip:	

Detailed Report of Expenditures

Name of Committee: Committee to Protect Rep. Gov.

Date Incurred	Name (Last, First): DC Clerk
7/22/4	Address:
Amount:	City/State/Zip:
2800	Purpose of Expenditure:
Date Incurred	Name (Last, First):
	Address:
Amount:	City/State/Zip:
	Purpose of Expenditure:
Date Incurred	
Date meured	Name (Last, First):
	Address:
Amount:	City/State/Zip:
	Purpose of Expenditure:
Date Incurred	Name (Last, First):
	Address:
Amount:	City/State/Zip:
	Purpose of Expenditure:
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