TOWN OF CASTLE ROCK COLORADO

RECEIVED
OCT 5 2018
BY: _____

COMMITTEE REPORT OF CONTRIBUTIONS AND EXPENDITURES

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.

NAME OF COMMITTEE: Committee To Elect Kathy Redmond

Registered Agent: Sarah K. Redmond

Phone Number: 720-841-0078

Email Address: kredmondbrown@gmail.com

Committee Type: ☒ Candidate Committee ☐ Issue Committee

Name of Committee's Bank: Guaranty Bank & Trust

☒ **Regularly Scheduled Filing**

☐ **Amended Filing.** This amends previous report filed on _____

☐ **Termination Report** (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: _____ **Ending Date:** October 5, 2018

BEGINNING BALANCE	$ 50.00
Contributions (+)	$ 600.00
Contributions In Kind (+)	$
Loans (+)	$
Expenditures/Expenditures In-Kind (-)	$
ENDING BALANCE	$ 650.00

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: Sarah K Redmond

Registered Agent's Signature: [signature] Date: 10/5/2018

If Applicable

Candidate Name: Sarah Katherine Redmond

Candidates Signature: [signature] Date: 10/5/2018

Detailed Report of CONTRIBUTIONS

(Includes funds spent by the Candidate for Expenditures – list as a Contribution and as an Expenditure)

Name of Committee: Committee To Elect Kathy Redmond

Date Accepted: 09/21/2018 Amount: $600.00	NAME (First, Last): George Teal Address: 931 Eaglestone Drive City/State/Zip: Castle Rock, CO 80104
Date Accepted: 09/22/2018 Amount: $50.00	NAME (First, Last): Sarah K Redmond Address: 4527 N. Foxtail Drive City/State/Zip: Castle Rock, CO 80109
Date Accepted: $ Amount: $	NAME (First, Last): Address: City/State/Zip:
Date Accepted: Amount: $	NAME (First, Last): Address: City/State/Zip:
Date Accepted: Amount: $	NAME (First, Last): Address: City/State/Zip:
Date Accepted: Amount: $	NAME (First, Last): Address: City/State/Zip: