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OCT 23 2019

Town of Castle Rock  
Town Clerks Office

### 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: WAYNE FOR TOWN COUNCIL

Name of Registered Agent: WAYNE HARLOS

Phone Number of Registered Agent: 303-229-3435

Email Address of Registered Agent: WAYNE@HARLOSREALESTATETEAM.COM

Committee Type: CANDIDATE

Name of Committee's Bank: GUARANTEE BANK AND 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: 3/28/2019 Ending Date: 10/1/2019

Beginning Balance	<u>\$15.56</u>
Contributions	<u>                    </u>
Expenditures	<u>15.56</u>
Ending Balance	<u>0</u>

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: WAYNE HARLOS

Registered Agent's Signature: *Wayne Harlos* Date: 10-15-19

If Applicable

Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Detailed Report of Expenditures

Name of Committee: Wayne For Town Council

<u>Date Incurred</u> 7-1-19  Amount: <u>16.56</u>	Payable to: <u>    </u> Guaranty Bank _____  Address: _____  City/State/Zip: _____  Purpose of Expenditure: <u>    </u> Bank Fees _____  _____
<u>Date Incurred</u>   Amount:   	Payable to: _____  Address: _____  City/State/Zip: _____  Purpose of Expenditure: _____  _____
<u>Date Incurred</u>   Amount:   	Payable to: _____  Address: _____  City/State/Zip: _____  Purpose of Expenditure: _____  _____
<u>Date Incurred</u>   Amount:   	Payable to: _____  Address: _____  City/State/Zip: _____  Purpose of Expenditure: _____  _____