

RECEIVED
By Lisa Anderson at 5:23 pm, Apr 10, 2020



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: Independent Bank

- Regularly Scheduled Filing**
- Amended Filing.** This amends previous report filed on _____
- Termination Report** (Termination Reports **MUST** Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 12/28/2020 Ending Date: 03/27/2020

BEGINNING BALANCE	\$ <u>638.31</u>
Contributions (+)	\$ _____
Contributions In Kind (+)	\$ _____
Loans (+)	\$ _____
Expenditures/Expenditures In-Kind (-)	\$ _____
ENDING BALANCE	\$ <u>638.31</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: Sarah K Redmond

Registered Agent's Signature: Date: 04/10/2020

If Applicable

Candidate Name: Kathy Redmond

Candidates Signature: Date: 04/10/2020

Detailed Report of CONTRIBUTIONS

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

Name of Committee: _____

<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> \$ _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____

Detailed Report of EXPENDITURES

(Include Value of Expenditure made from In-Kind Contributions or money spent by the Candidate)

Name of Committee: _____

<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____

Detailed Report of CONTRIBUTIONS IN KIND
(Value of an In-Kind Contribution is also recorded under Expenditures)

Name of Committee: _____

<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

Detailed Report of LOANS

Name of Committee: _____

<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____