



**RECEIVED**

By Lisa Anderson at 10:04 am, Jul 08, 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 CHARLES FLETCHER

Name of Registered Agent: CHARLES FLETCHER III

Phone Number of Registered Agent: 303-562-6376

Email Address of Registered Agent: CHARLES@CHARLESFORMAYOR.COM

Committee Type: CANDIDATE

Name of Committee's Bank: BELLCO

**Regularly Scheduled Filing.**

**Amended Filing.** This amends previous report filed on April 13, 2020

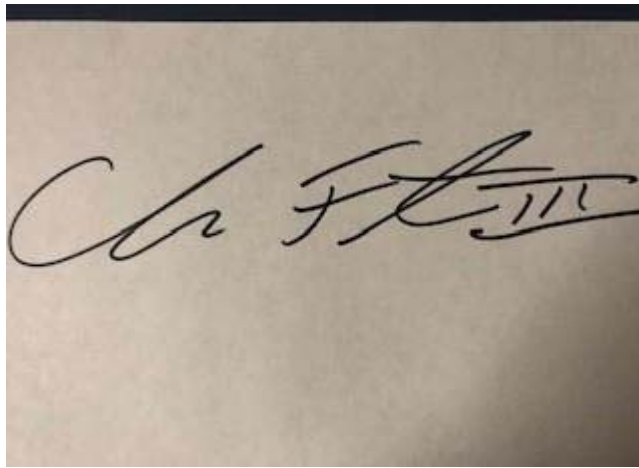
**Termination Report.** (Termination Reports **MUST** Have a Zero Balance)

**Reporting Period - Beginning Date:** 12/28/2019 **Ending Date:** 03/27/2020

Beginning Balance	<u>\$276.76</u>
Contributions	<u>                    </u>
Expenditures	<u>\$276.76</u>
Ending Balance	<u>\$0.00</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: CHARLES FLETCHER III



Registered Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If Applicable*

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

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

### Detailed Report of Contributions

Name of Committee: \_\_\_\_\_

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

<u>Date Accepted:</u> <hr/> Amount: <hr/>	Name (Last, First): _____ Address: _____ City/State/Zip: _____ <hr/>
<u>Date Accepted:</u> <hr/> Amount: <hr/>	Name (Last, First): _____ Address: _____ City/State/Zip: _____ <hr/>

### Detailed Report of Expenditures

**Name of Committee:** \_\_\_\_\_

<u>Date Incurred</u>  <u>Feb 2, 2020</u> Amount:  \$276.76	Payable to: Douglas Land Conservancy Address: 210 Front St City/State/Zip: Castle Rock, CO 80104 Purpose of Expenditure: Terminate Campaign Balance <hr/>
<u>Date Incurred</u> <hr/> Amount: <hr/>	Payable to: _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____ <hr/>

<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: _____ _____

## Detailed Report of CONTRIBUTIONS IN KIND

Name of Committee: \_\_\_\_\_

<u>Date Accepted:</u>  _____  Estimated Value:  _____	Received from: _____  Address: _____  City/State/Zip: _____  Nature of Contribution : _____  _____
<u>Date Accepted:</u>  _____  Estimated Value::  _____	Received from: _____  Address: _____  City/State/Zip: _____  Nature of Contribution: _____  _____
<u>Date Accepted:</u>  _____  Estimated Value:  _____	Received from: _____  Address: _____  City/State/Zip: _____  Nature of Contribution: _____  _____
<u>Date Accepted:</u>  _____  Estimated Value:  _____	Received from: _____  Address: _____  City/State/Zip: _____  Nature of Contribution: _____  _____

## Detailed Report of LOANS

Name of Committee: \_\_\_\_\_

<u>Date Accepted:</u> _____ Amount: _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan _____ _____
<u>Date Accepted:</u> _____ Amount _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan: _____ _____
<u>Date Accepted:</u> _____ Amount: _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan: _____ _____
<u>Date Accepted:</u> _____ Amount _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan : _____ _____