

Rec 11-4-16
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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: The Committee to Protect Rep. Government

Name of Registered Agent: Dave Healy

Phone Number of Registered Agent: 720 248 7331

Email Address of Registered Agent: CastleRock80104@gmail.com

Committee Type: ISSUES

Name of Committee's Bank: Castle Rock 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: 10/28/16 Ending Date: 11/4/16

Beginning Balance	<u>10392.32</u>
Contributions	_____
Expenditures	<u>8560.00</u>
Ending Balance	<u>1832.32</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: Dave Healy

Registered Agent's Signature: [Signature] Date: 11/4/16

If Applicable

Candidate Name: _____

Candidates Signature: _____ Date: _____

Detailed Report of Expenditures

Name of Committee: Committee to Protect Rep. Government

Date Expended: <u>11/8/14</u>	Name (Last, First): <u>Valentine, Renee</u>	<u>210 Wilcox</u>
	Address:	<u>Castle Rock</u>
	City:	<u>Co.</u>
	State:	<u>80104</u>
Amount: \$ <u>8560.00</u>	Zip:	<u>ATTORNEY Expense</u>
	Purpose of Expenditure:	
Date Expended:	Name (Last, First):	
	Address:	
	City:	
	State:	
Amount: \$ _____	Zip:	
	Purpose of Expenditure:	
Date Expended:	Name (Last, First):	
	Address:	
	City:	
	State:	
Amount: \$ _____	Zip:	
	Purpose of Expenditure:	
Date Expended:	Name (Last, First):	
	Address:	
	City:	
	State:	
Amount: \$ _____	Zip:	
	Purpose of Expenditure:	
Date Expended:	Name (Last, First):	
	Address:	
	City:	
	State:	
Amount: \$ _____	Zip:	
	Purpose of Expenditure:	