



RECEIVED
By Lisa Anderson at 8:11 pm, Oct 12, 2020

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Hollingshead for Castle Rock

Registered Agent: Ryan Hollingshead
Phone Number: 303-579-2710
Email Address: ryanh_61@hotmail.com
Committee Type: Candidate Committee
Name of Committee's Bank: FirstBank

- Regularly Scheduled Filing
Amended Filing
Termination Report

REPORTING PERIOD - Beginning Date: 9/28/20 Ending Date: 10/8/20

Table with 2 columns: Description and Amount. Rows include BEGINNING BALANCE, Contributions (+), Contributions In Kind (+), Loans (+), Expenditures/Expenditures In-Kind (-), and ENDING BALANCE.

Totals must match attached detailed reports.

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: Ryan Hollingshead

Registered Agent's Signature: [Signature] Date: 10-13-20

If Applicable

Candidate Name: Ryan Hollingshead

Candidates Signature: [Signature] Date: 10-13-20

Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: Hollingshead for Castle Rock

<u>Date Accepted:</u> 9/30/20 <hr/> Amount: 750.00 \$ <hr/>	Metro Housing Coalition NAME (First, Last): <hr/> 9033 E. Easter Place, Suite 200 Address: <hr/> Centennial, Colorado 80112 City/State/Zip: <hr/>
<u>Date Accepted:</u> <hr/> Amount: \$ <hr/>	NAME (First, Last): <hr/> Address: <hr/> City/State/Zip: <hr/>
<u>Date Accepted:</u> \$ <hr/> Amount: \$ <hr/>	NAME (First, Last): <hr/> Address: <hr/> City/State/Zip: <hr/>
<u>Date Accepted:</u> <hr/> Amount: \$ <hr/>	NAME (First, Last): <hr/> Address: <hr/> City/State/Zip: <hr/>
<u>Date Accepted:</u> <hr/> Amount: \$ <hr/>	NAME (First, Last): <hr/> Address: <hr/> City/State/Zip: <hr/>
<u>Date Accepted:</u> <hr/> Amount: \$ <hr/>	NAME (First, Last): <hr/> Address: <hr/> City/State/Zip: <hr/>

Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: Hollingshead for Castle Rock

<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: _____ _____

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

Detailed Report of CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: Hollingshead for Castle Rock

<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: Hollingshead for Castle Rock _____

<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: _____