

# Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only

LARAMIE COUNTY CLERK  
CHEYENNE, WY

2018 NOV 19 P 4:46

**1. Reporting Period:**

Statement covers period of Aug 31, 2018 to Nov 16, 2018  
(mm/dd/yyyy) (mm/dd/yyyy)

**2. Type of Report (Please select one option.):**

- Primary Contributions & Expenditures: Aug 31, 2018  
 General Contributions & Expenditures: Nov 16, 2018  
 Contributions & Expenditures: Dec 31, \_\_\_\_\_ (odd-year)  
 Special Election  
 Amendment

**3. Are you terminating the committee with this report?**

(Note: A committee must have retired all debts before terminating. WS 22-25-106(b)(iii))

Yes  No

**4. Candidate or Committee Information:**

Name: Bertel Budd Office Sought: Dist. No. 1 School Board  
 Residential Address: 369.5 Dover Rd Phone Number: 307 286 0586  
(Street Address)  
Cheyenne, WY 82001  
(City, State, Zip)

**5. Contributions:**

Did you have contributions or expenditures to report for this filing period?  Yes  No

If yes, please complete A-C below.

**A. Contributions**

- |   |             |
|---|-------------|
| 1. Personal contributions by candidate (including immediate family) (p 2) | \$ <u>0</u> |
| 2. Contributions from individuals (p 3)                                   | \$ <u>0</u> |
| 3. Contributions from PACs (p 4)  | \$ <u>0</u> |
| 4. Contributions from political parties (p 4)                             | \$ <u>0</u> |
| 5. Anonymous contributions (p 5)  | \$ <u>0</u> |
| 6. In-kind contributions (p 5)  | \$ <u>0</u> |
| 7. Loans (p 6)  | \$ <u>0</u> |
| 8. Un-itemized contributions – defined as less than \$25 (p 6)            | \$ <u>0</u> |

**B. Total Contributions for this Filing Period (sum of A1-A8)**

\$ 0

**C. Total Expenditures for this Filing Period (p 7)**

\$ 0

**6. Signature:**

I certify that I have examined this statement and, to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Committee Chairman Signature

\_\_\_\_\_  
Committee Treasurer Signature

Bertel Budd  
Candidate Signature

11/19/18  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

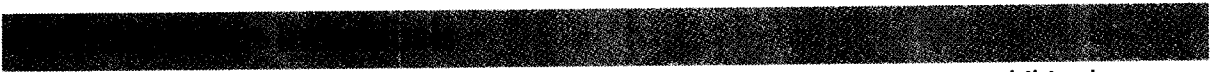
# Itemization of Contributions

(Use Additional Sheets as Necessary)



(Including candidate's immediate family)

Name	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$
			\$
			\$
			\$
			\$



(Contributions from corporations, unions, partnerships, and associations are prohibited.  
Contributions from sole proprietorships are legal, but must be identified as such.)

Name	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$
			\$



Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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Name	Address (City, State, Zip)	Date	Amount
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			\$
			\$

(Anonymous contributions are those contributions whose origins cannot be determined, i.e., "pass the hat" contributions. An anonymous contribution does not mean a contributor may donate to the candidate or PAC with the understanding the contributor's name will not be reported.)

Event	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**I do not know, nor can I ascertain, the origin of the above anonymous contributions.**

\_\_\_\_\_  
*Signature of Candidate, Chairman or Treasurer*

\_\_\_\_\_  
*Date*

(In-Kind contributions are goods and services in place of cash. For example, someone purchases stamps for a mailing and donates the stamps; this is an in-kind contribution.)

Name	Address (City, State, Zip)	Description	Amount/Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



Name	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$



(Contributions under \$25.00. For example, you have a chili dinner. Tickets are \$10.00 each and you sell 500 tickets. You may report these in aggregate here by reporting \$5,000.00)

Description	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$



Payee	Address (City, State, Zip)	Purpose	Date	Amount
				\$
				\$
				\$
				\$
				\$
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**Total Expenditures** \$