

Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only

LARAMIE COUNTY CLERK
CHEYENNE, WY

2018 DEC -5 A 8:58

1. Reporting Period:

Statement covers period of 10/15/2018 to 11/05/18
(mm/dd/yyyy) (mm/dd/yyyy)

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

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

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: J. C. MAHALO Office Sought: LLC BOARD
Residential Address: 800 W 3rd Ave Phone Number: 307-221-2600
(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) | \$ _____ |
| 2. Contributions from individuals (p 3) | \$ _____ |
| 3. Contributions from PACs (p 4) | \$ _____ |
| 4. Contributions from political parties (p 4) | \$ _____ |
| 5. Anonymous contributions (p 5) | \$ _____ |
| 6. In-kind contributions (p 5) | \$ _____ |
| 7. Loans (p 6) | \$ _____ |
| 8. Un-itemized contributions – defined as less than \$25 (p 6) | \$ _____ |

B. Total Contributions for this Filing Period (sum of A1-A8) \$ _____

C. Total Expenditures for this Filing Period (p 7) \$ 500.00

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

Date

Committee Treasurer Signature

Date

[Signature]
Candidate Signature

Date

Itemization of Contributions

(Use Additional Sheets as Necessary)

Contributions -- Personal Contributions by Candidate

(Including candidate's immediate family)

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

Contributions – Individuals

(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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			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Action Committees

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

Contributions – Political Party Central Committees

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

Contributions – Anonymous

(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

Contributions – In-Kind

(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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Loans

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

Contributions – Unitemized Contributions

(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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Expenditures/Obligations

Payee	Address (City, State, Zip)	Purpose	Date	Amount
		CAMPING TACNALE	1/18	\$ 500.00
		AMP PASZADZKI		\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
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				\$
				\$
				\$
				\$
				\$
				\$

Total Expenditures: \$ 500.00