

Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only

LARAMIE COUNTY CLERK
CHEYENNE, WY

2018 AUG 29 A 10:56

1. Reporting Period:

Statement covers period of 6-1-18 to 8-31-18
(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: Ken A. Esquivel Office Sought: City Council Ward III
Residential Address: 3121 Spruce Ct. Phone Number: (307) 630-6096
(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) | \$ <u>500.00</u> |
| 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) \$ 500.00

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

Date

Committee Treasurer Signature

Date

Ken A. Esquivel
Candidate Signature
8-31-18
Date

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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Action Committees

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
Cheyenne Professional Fire Fighters IAFF Local 1279	P.O. Box 674 Cheyenne, WY 82003-0674	8-27-18	\$ 500 ⁰⁰
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total Expenditures: \$ _____