Contributions & Expenditures Report

(PLEASE COMPLETE **REQUIRED** SECTIONS)

FILING OFFICE: COUNTY CLERK
Office Use Only
LARAMIE COUNTY CLERK
CHEYENNE, WY
2018 AUG 27 P 4: 11

1. **Reporting Period:**

   Statement covers period of 08/14/2018 (mm/dd/yyyy) **to** 08/31/2018 (mm/dd/yyyy)

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

   - [X] 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** [X] **No**

4. **Candidate or Committee Information:**

   Name: Jessica Sullivan **Office Sought:** City Council Ward 1
   Residential Address: 719 Broken Wheel Ct (Street Address) **Phone Number:** 480-272-0389
   Cheyenne WY 82007 (City, State, Zip)

5. **Contributions:**

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

   If yes, please complete A-C below.

   A. Contributions

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

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

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

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*	Jessica Sullivan *Candidate Signature*
Date	*Date*	8 27 2018 *Date*

Revised 8/2017

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
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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**
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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: $_____