

Rec.
7-15-2016
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COMMITTEE REPORT OF CONTRIBUTIONS AND EXPENDITURES

A Committee Registration form must be filed with the Town Clerk prior to taking any contributions for a candidate or an issue, or making any expenditures on behalf of a candidate or an issue. Formation of a Committee requires that a separate bank account be opened in the name of the Committee, and that all contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

Name of Committee: The Committee to Protect Rep. Government
Name of Registered Agent: David Helly
Phone Number of Registered Agent: 720 248 7331
Email Address of Registered Agent: CastleRock80104@gmail.com
Committee Type: ISSUES
Name of Committee's Bank: Castle Rock Bank

- Regularly Scheduled Filing.**
- Amended Filing.** This amends previous report filed on _____
- Termination Report.** (Termination Reports **MUST** Have a Zero Balance)

Reporting Period - Beginning Date:	<u>7/5/16</u>	Ending Date:	<u>7/15/16</u>
Beginning Balance			<u>5251.45</u>
Contributions			<u>250.00</u>
Expenditures			<u>28.00</u>
Ending Balance			<u>5473.45</u>

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: David Helly
Registered Agent's Signature: [Signature] Date: 7/15/16

If Applicable
Candidate Name: _____
Candidates Signature: _____ Date: _____

Detailed Report of Contributions

Name of Committee: Protect Rep Government

<p>Date Accepted: <u>7/6/14</u></p> <p>Amount: <u>250⁰⁰</u></p>	<p>Name (Last, First): <u>Tedesco DJ</u></p> <p>Address: <u>501 Wilcox St.</u></p> <p>City/State/Zip: <u>Castle Rock, Co. 80104</u></p>
<p>Date Accepted: _____</p> <p>Amount: _____</p>	<p>Name (Last, First): _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
<p>Date Accepted: _____</p> <p>Amount: _____</p>	<p>Name (Last, First): _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
<p>Date Accepted: _____</p> <p>Amount: _____</p>	<p>Name (Last, First): _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
<p>Date Accepted: _____</p> <p>Amount: _____</p>	<p>Name (Last, First): _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>

Detailed Report of Expenditures

Name of Committee: Committee to Protect Rep Government

<u>Date Incurred</u> <u>7/15/6</u> Amount: <u>28⁰⁰</u>	Name (Last, First): <u>D.C. Clerk & Recorder</u> Address: _____ City/State/Zip: _____ Purpose of Expenditure: <u>LIST.</u>
<u>Date Incurred</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____
<u>Date Incurred</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____
<u>Date Incurred</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____