



RECEIVED

By Lisa Anderson at 9:23 am, Oct 18, 2022

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Re-Elect Caryn Johnson Town Council District 5

Registered Agent: Caryn Johnson

Phone Number: 303-328-7940

Email Address: carynj7@outlook.com

Committee Type: [X] Candidate Committee [] Issue Committee

Name of Committee's Bank: N/A

[X] Regularly Scheduled Filing

[] Amended Filing. This amends previous report filed on

[] Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 10/3/22 Ending Date: 10/15/22

Table with 2 columns: Description and Amount. Rows include BEGINNING BALANCE (\$0.00), Contributions (+) (\$N/A), Contributions In Kind (+) (\$N/A), Loans (+) (\$N/A), Expenditures/Expenditures In-Kind (-) (\$0.00), and ENDING BALANCE (\$0.00).

Totals must match attached detailed reports.

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: Caryn Johnson

Registered Agent's Signature: [Signature] Date: 10/17/22

If Applicable

Candidate Name: Caryn Johnson

Candidates Signature: [Signature] Date: 10/17/22

Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: Re-Elect Caryn Johnson Town Council District 5

<u>Date Accepted:</u> _____	NAME (First, Last): _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Accepted:</u> _____	NAME (First, Last): _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Accepted:</u> \$ _____	NAME (First, Last): _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Accepted:</u> _____	NAME (First, Last): _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Accepted:</u> _____	NAME (First, Last): _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Accepted:</u> _____	NAME (First, Last): _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	

Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: Re-Elect Caryn Johnson Town Council District 5

<u>Date Expended:</u> _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____	
Amount: \$ _____		
<u>Date Expended:</u> _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____	
Amount: \$ _____		
<u>Date Expended:</u> _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____	
Amount: \$ _____		
<u>Date Expended:</u> _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____	
Amount: \$ _____		

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

Detailed Report of CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: Re-Elect Caryn Johnson Town Council District 5

<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____	
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____	
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____	
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____	

Detailed Report of LOANS

Name of Committee: Re-Elect Caryn Johnson Town Council District 5

<u>Date Received:</u> _____	FROM: _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Received:</u> _____	FROM: _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Received:</u> _____	FROM: _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Received:</u> _____	FROM: _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	
<u>Date Received:</u> _____	FROM: _____	
Amount: \$ _____	Address: _____	
	City/State/Zip: _____	