



RECEIVED
By Lisa Anderson at 3:50 pm, Oct 28, 2022

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled due date with receipts for expenses over \$100.

COMMITTEE NAME:

Registered Agent: _____

Phone Number: _____

Email Address: _____

Committee Type: Candidate Committee Issue Committee

Name of Committee's Bank: _____

- Regularly Scheduled Filing DUE OCT 28
Amended Filing. This amends previous report filed on
Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: Ending Date:

Table with 2 columns: Description and Amount. Rows include BEGINNING BALANCE (\$ 1293.73), Contributions (+), Contributions In-Kind (+), Loans (+), Total Contributions, Expenditures/Expenditures In-Kind (-), and ENDING BALANCE.

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: _____

Registered Agent's Signature: Kevin Bracken Date: _____

If Applicable

Candidate Name: _____

Candidates Signature: _____ Date: _____

Detailed Report of CONTRIBUTIONS IN-KIND

Record value of Services or Items donated to the Campaign

Record the Expenses associated with Contributions In-Kind under Expenditures.

Name of Committee: _____

<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 EXPENDITURES

Record expenses associated with In-Kind Contributions

Record money spent by the Candidate or Individual as Expenditure or Reimbursement

Record bank and electronic payment fees, etc.

Name of Committee: _____

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

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

Detailed Report of LOANS

Name of Committee: _____

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



Minuteman Press of Castle Rock
1263 Park St. Suite B
Castle Rock, CO 80109
Phone: 303-688-5692
Web: www.castlerock-co.minutemanpress.com
E-mail: castlerock@minutemanpress.com

INVOICE

Invoice Number 14700
Invoice Date 10/17/2022

Bill to: Kevin Bracken for Town Council
Kevin Bracken
Castle Rock, CO 80104

Phone: 303-800-1834
Mobile Phone: 720-201-3052
Email: kevin.bracken@vizientinc.com

Ship to: Kevin Bracken for Town Council
Kevin Bracken
Castle Rock, CO 80104

Phone: 303-800-1834
Mobile Phone: 720-201-3052
Email: kevin.bracken@vizientinc.com

Thank you for your business!

Did you know we print checks as well?

500 6.125"x11" flyers (Job 26434)

Invoice Subtotal:
Tax:
Invoice Total:
Balance Due:

**Click or Scan the Green
to Pay Online**

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1263 PARK ST
CASTLE ROCK, CO 80109
(303)688-5692

SALE

Store: 0519

Batch #: 005 REF#: 00000002
10/18/22 RRN: 229118403914
Trans ID: 462291654781427 12:11:18
APPR CODE: 254444
VISA
*****8162 Chip
/

AMOUNT \$237.53

APPROVED

VISA DEBIT
AID: A0000000031010
TVR: 80 80 00 80 00
TSI: 68 00

CUSTOMER COPY

Salesperson: Barb Olsen
Terms: 50% Deposit, COD

Please pay from this invoice. No statements will be sent. You can call us at 303.688.5692 to pay or pay online by clicking the Green button above.

2.0000% interest per month on past-due invoices.