

Town of Mt. Crested Butte
Town Clerk's Office
PO Box 5800
911 Gothic Road
Mt. Crested Butte, CO 81225
toconnell@mtcb.colorado.gov
970-349-6632 ext 103



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: _____

Address of Candidate: _____

City, State, and Zip Code: _____

Office Being Sought: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date _____ Ending Date _____

Scheduled Filing Deadlines, Check One: Oct. 15 Nov. 1 Dec. 5

Total Amount of Non-Itemized Expenditures (\$19.99 or less): \$ _____ All Other

Expenditures Exceeding \$19.99 Shall Be Itemized And Listed Below.

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____ 5. City, State, Zip: _____ 6. Purpose of Expense: _____

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2. <u>Amount</u> \$	4. Address: _____ 5. City, State, Zip: _____ 6. Purpose of Expense: _____

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2. <u>Amount</u> \$	4. Address: _____ 5. City, State, Zip: _____ 6. Purpose of Expense:

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: _____ Date: _____