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By landerson at 11:17 am, Jun 27, 2019



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: NO 4 GROCERY TAX

Name of Registered Agent: LAURA S. TEAL

Phone Number of Registered Agent: 303-819-5940

Email Address of Registered Agent: LAURA@TEALCR.COM

Committee Type: ISSUE

Name of Committee's Bank: WELLS FARGO

Regularly Scheduled Filing.

Amended Filing. This amends previous report filed on _____

Termination Report. (Termination Reports **MUST** Have a Zero Balance)

Reporting Period - Beginning Date: 03/28/2019 Ending Date: 06/26/2019

Beginning Balance	<u>\$152.17</u>
Contributions	<u>\$0</u>
Expenditures	<u>\$0</u>
Ending Balance	<u>\$152.17</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: LAURA S. TEAL

Registered Agent's Signature: *Laura S. Teal* Date: 6/27/18

If Applicable

Candidate Name: _____

Candidates Signature: _____ Date: _____

Detailed Report of Contributions

Name of Committee: NO 4 GROCERY TAX

<u>Date Accepted:</u> <u>N/A</u> Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ _____
<u>Date Accepted:</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ _____
<u>Date Accepted:</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ _____
<u>Date Accepted:</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ _____
<u>Date Accepted:</u> _____ Amount: _____	Name (Last, First): _____ Address: _____ City/State/Zip: _____ _____

Detailed Report of Expenditures

Name of Committee: NO 4 GROCERY TAX

<u>Date Incurred</u> <u>N/A</u> Amount: _____	Payable to: _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____ _____
<u>Date Incurred</u> _____ Amount: _____	Payable to: _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____ _____
<u>Date Incurred</u> _____ Amount: _____	Payable to: _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____ _____
<u>Date Incurred</u> _____ Amount: _____	Payable to: _____ Address: _____ City/State/Zip: _____ Purpose of Expenditure: _____ _____

Detailed Report of CONTRIBUTIONS IN KIND

Name of Committee: NO 4 GROCERY TAX

<u>Date Accepted:</u> <u>N/A</u> Estimated Value: _____	Received from: _____ Address: _____ City/State/Zip: _____ Nature of Contribution : _____ _____
<u>Date Accepted:</u> _____ Estimated Value:: _____	Received from: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: _____	Received from: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: _____	Received from: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

Detailed Report of LOANS

Name of Committee: _____ NO 4 GROCERY TAX _____

<u>Date Accepted:</u> _____ N/A Amount: _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan _____ _____
<u>Date Accepted:</u> _____ Amount _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan: _____ _____
<u>Date Accepted:</u> _____ Amount: _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan: _____ _____
<u>Date Accepted:</u> _____ Amount _____	FROM: _____ Address: _____ City/State/Zip: _____ Purpose of Loan : _____ _____