

Town of Timnath  
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Timnath, CO 80547  
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## REPORT OF CONTRIBUTIONS AND EXPENDITURES

<b>Full Name of Committee/Person:</b>	Vote For Bill/William Michael Jenkins
<small>As Shown On Registration</small>	
<b>Address of Committee/Person:</b>	5507 Sugar Loaf CT.
<b>City, State &amp; Zip Code:</b>	Timnath, CO 80547
<b>Committee Type:</b>	candidate
<b>Name and Address of Financial Institution</b>	1 <sup>ST</sup> Bank 1510 Main St., Windsor, CO 80550

### Type of Report

- Regularly Scheduled Filing.  60 days before election  15 days before election  Annual Report  
 30 days before election  30 days after Election

Amended Filing. This amends previous report filed on (date)   
Submit changes or new information ONLY

Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)

Reporting Period Covered:  Through   
Date Date

Declared Total Spending (if applicable) \$

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 1796.10
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1796.10
4	Total Monetary Expenditures (line 19)	\$ 1730.02
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 66.08

**The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.**

**Authorization** (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: William Michael Jenkins

Registered Agent's Signature: William Michael Jenkins Date: 2/2/24

**DETAILED SUMMARY**

Full Name of Committee/Person: Vote For Bill / William Michael Jenkins

Current Reporting Period: 1/4/2024 Through 2/2/2024

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 0
6	Itemized Contributions \$20 or More	\$ 1791.1
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 5.00
8	Loans Received	\$ N.A.
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ N.A.
10	Returned Expenditures (from recipient)	\$ N.A.
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1796.10
12	Total Non-Monetary Contributions	\$ 170.00
13	Total Contributions (Line 11 + line 12)	\$ 1966.1
14	Itemized Expenditures \$20 or More	\$ 1705.91
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <del>24.11</del> 24.11
16	Loan Repayments Made	\$ N.A.
17	Returned Contributions (To donor)	\$ N.A.
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ N.A.
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1730.02
20	Total Spending (Line 18 + line 19)	\$ 1730.02

**Itemized Expenditures Statement (\$20 or more)**

Full Name of Committee/Person: VOTE FOR BILL / WILLIAM MICHAEL JENKINS

PLEASE PRINT/TYPE

1. Date Expended <u>1/26/24</u>	4. Name: <u>UNITED STATES POSTAL SERVICE</u>
2. Amount <u>\$ 170.00</u>	5. Address: <u>4128 MAIN ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>TIMNATH, CO, 80547</u>
	7. Purpose of Expenditure: <u>P.O. BOX RENTAL</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>1/23/24</u>	4. Name: <u>DALECO PRINTING LLC</u>
2. Amount <u>\$ 1,151.80</u>	5. Address: <u>2230 WEST 1ST STREET, SUITE A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LOVELAND, CO 80537</u>
	7. Purpose of Expenditure: <u>YARD SIGNS - PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>1/18/24</u>	4. Name: <u>VISTAPRINT</u>
2. Amount <u>\$ 68,26</u>	5. Address: <u>275 WYMAN ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WALTHAM, MA 02451</u>
	7. Purpose of Expenditure: <u>QR CODE BUSINESS CARDS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>01/18/24</u>	4. Name: <u>CONSTANT CONTACT</u>
2. Amount <u>\$ 45.00</u>	5. Address: <u>1601 TRAPELO ROAD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WALTHAM, MA 02451</u>
	7. Purpose of Expenditure: <u>EMAIL SERVICES + DATA COLLECTION</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>1/12/24</u>	4. Name: <u>VISTAPRINT</u>
2. Amount <u>\$ 112.02</u>	5. Address: <u>275 WYMAN ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WALTHAM, MA 02451</u>
	7. Purpose of Expenditure: <u>QR CODE BUSINESS CARDS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

**Itemized Expenditures Statement (\$20 or more)**

**Full Name of Committee/Person:** VOTE FOR BILL / WILLIAM MICHAEL JENKINS

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>1/7/24</u>	4. Name: <u>DOMAIN.COM</u>
2. <u>Amount</u> \$ <u>45.00</u>	5. Address: <u>5335 GATE PKWY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>JACKSONVILLE, FL 32256</u>
	7. Purpose of Expenditure: <u>DOMAIN HOSTING SERVICES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/7/24</u>	4. Name: <u>DOMAIN.COM</u>
2. <u>Amount</u> \$ <u>33.00</u>	5. Address: <u>5335 GATE PKWY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>JACKSONVILLE, FL 32256</u>
	7. Purpose of Expenditure: <u>SSL CERTIFICATE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/26/24</u>	4. Name: <u>META FOR BUSINESS</u>
2. <u>Amount</u> \$ <u>10.00</u>	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>FACEBOOK ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/27/24</u>	4. Name: <u>META FOR BUSINESS</u>
2. <u>Amount</u> \$ <u>10.00</u>	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>FACEBOOK ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/28/24</u>	4. Name: <u>META FOR BUSINESS</u>
2. <u>Amount</u> \$ <u>10.00</u>	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>FACEBOOK ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

**Itemized Expenditures Statement (\$20 or more)**

**Full Name of Committee/Person:** VOTE FOR BILL / WILLIAM MICHAEL JENKINS

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>1/30/24</u>	4. Name: <u>META FOR BUSINESS</u>
2. <u>Amount</u> \$ <u>15.00</u>	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>FACEBOOK ADS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/30/24</u>	4. Name: <u>OFFICE DEPOT</u>
2. <u>Amount</u> \$ <u>20.83</u>	5. Address: <u>HARMONY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FT. COLLINS, CO</u>
	7. Purpose of Expenditure: <u>CLIP BOARDS + NAME TAGS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/31/24</u>	4. Name: <u>META FOR BUSINESS</u>
2. <u>Amount</u> \$ <u>15.00</u>	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>FACEBOOK ADS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$ _____	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$ _____	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

**Itemized Contributions Statement (\$20 or more)**

Full Name of Committee/Person: VOTE FOR BILL / William Michael Jenkins

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 1/4/24	4. Name (Last, First): <u>JENKINS, WILLIAM</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: <u>5507 SUGAR LOAF CT</u>
3. <u>Aggregate Amt. *</u> \$ <u>205.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 1/14/24	4. Name (Last, First): <u>LANDON, CHRISTINE</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>3945 CASHEN LANE</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE DONATION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 1/17/24	4. Name (Last, First): <u>DUFFY, CONOR</u>
2. <u>Contribution Amt.</u> \$ <u>95.70</u>	5. Address: <u>5351 EMMALINE LAKE CT</u>
3. <u>Aggregate Amt. *</u> \$ <u>95.70</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE DONATION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RANGE ANALYTICS</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>MANAGING DIRECTOR</u>

1. <u>Date Accepted</u> 1/18/24	4. Name (Last, First): <u>NANCARROW, CLIFFORD</u>
2. <u>Contribution Amt.</u> \$ <u>95.70</u>	5. Address: <u>6756 COVENANT CT</u>
3. <u>Aggregate Amt. *</u> \$ <u>95.70</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE DONATION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

**Itemized Contributions Statement (\$20 or more)**

Full Name of Committee/Person: VOTE FOR BILL/WILLIAM MICHAEL JENKINS

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 1/19/24	4. Name (Last, First): <u>Wilson, Jacque</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>5801 ISABELLA AVE</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online DONATION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 1/26/24	4. Name (Last, First): <u>SHANE, STEVE</u>
2. <u>Contribution Amt.</u> \$ 239.70	5. Address: <u>1500 PARK AVE, APT. 312</u>
3. <u>Aggregate Amt. *</u> \$ 239.70	6. City/State/Zip: <u>EMERYVILLE, CA 94606</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online DONATION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 2/1/24	4. Name (Last, First): <u>DIANE FUSARO</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>4229 MAIN ST.</u>
3. <u>Aggregate Amt. *</u> \$ 20.00	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 2/1/24	4. Name (Last, First): <u>CLARENE SITZMAN</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>401 CAMINO REAL</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>FT. COLLINS, CO 80524</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

**Itemized Contributions Statement (\$20 or more)**

Full Name of Committee/Person: VOTE FOR BILL/WILLIAM MICHAEL JENKINS

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>WRIGHT, JANICET RAYMOND</u>
2. <u>Contribution Amt.</u> \$ <u>40.00</u>	5. Address: <u>P.O. BOX 304</u>
3. <u>Aggregate Amt. *</u> \$ <u>40.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECKS</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> <u>2/1/24</u>	4. Name (Last, First): <u>CHAISTY, LYNN</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: <u>5821 RIVERBLOFF DR.</u>
3. <u>Aggregate Amt. *</u> \$ <u>200.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> <u>2/1/24</u>	4. Name (Last, First): <u>SCHUBERT, LESLIE</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>6998 WIGGINS CT</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> <u>2/1/24</u>	4. Name (Last, First): <u>WASSERMAN, MATT</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: <u>5250 2nd AVE.</u>
3. <u>Aggregate Amt. *</u> \$ <u>200.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE</u>
	8. Employer (if applicable, mandatory): <u>MPW STRATEGIES</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT</u>



**Itemized Contributions Statement (\$20 or more)**

Full Name of Committee/Person: VOTE FOR BILL/WILLIAM MICHAEL JENKINS

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 2/1/24	4. Name (Last, First): <u>GROSS, JAMES + SHIRLEY</u>
2. <u>Contribution Amt.</u> \$ <u>150.00</u>	5. Address: <u>6746 STONE POINT DR.</u>
3. <u>Aggregate Amt. *</u> \$ <u>150.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 2/2/24	4. Name (Last, First): <u>BARTELS, SCOTT</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>P.O. BOX 2040</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.00</u>	6. City/State/Zip: <u>JACKSON, WY 83001</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ONLINE</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

**Returned Contributions & Expenditures**

*VOTE FOR Bill / William Michael Jenkins*

**Returned Contributions**

*(Contributions accepted and then returned to donors)*

*N.A.*

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Purpose: _____

**Returned Expenditures**

*(Expenditures returned or refunded to the committee)*

*N.A.*

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment (Optional): _____

**Statement of Non-Monetary Contributions**

Full Name of Committee/Person: VOTE FOR Bill/William Michael Jenkins

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>2/11/24</u>	4. Name (Last, First): <u>KURTH, BRIAN</u> 5. Address: <u>4029 KERN ST.</u>
2. <u>Fair Market Value</u> <u>\$ 170.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u> 7. Description: <u>Food + BEVERAGES</u>
3. <u>Aggregate Amt.</u> <u>\$ 170.00</u>	8. Employer (if applicable, <u>mandatory</u> ): <u>REVERE SOFTWARE</u> 9. Occupation (if applicable, <u>mandatory</u> ): <u>TECHNOLOGY ENTREPRENEUR</u> 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____ 5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____ 7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u> ): _____ 9. Occupation (if applicable, <u>mandatory</u> ): _____ 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____ 5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____ 7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u> ): _____ 9. Occupation (if applicable, <u>mandatory</u> ): _____ 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *