

Town of Mead
441 Third Street
PO Box 626
Mead, CO 80542
970-535-4477

Space Below For Office Use Only



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

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

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: _____ Zip Code: _____

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

Reporting Period: Beginning Date _____ Ending Date _____

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ _____

Expenditures exceeding \$19.99 shall be itemized and listed below.

| Date Expended | Amount | Name of Recipient | | Address |
|---------------|--------|-------------------|-----|-------------------|
| | \$ | | | |
| City | | State | Zip | Comment / Purpose |
| | | | | |

| Date Expended | Amount | Name of Recipient | | Address |
|---------------|--------|-------------------|-----|-------------------|
| | \$ | | | |
| City | | State | Zip | Comment / Purpose |
| | | | | |

| Date Expended | Amount | Name of Recipient | | Address |
|---------------|--------|-------------------|-----|-------------------|
| | \$ | | | |
| City | | State | Zip | Comment / Purpose |
| | | | | |

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

Candidate Signature: _____ Date: _____