



RECEIVED

By Lisa Anderson at 11:08 am, Oct 30, 2020

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Gary Godfrey

Registered Agent: Gary Godfrey

Phone Number: 720.454.5700

Email Address: glinward@gmail.com

Committee Type: [X] Candidate Committee [] Issue Committee

Name of Committee's Bank: FirstTier Bank of Castle Rock

[X] Regularly Scheduled Filing

[] Amended Filing. This amends previous report filed on _____

[] Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 10/19/2020 Ending Date: 10/25/2020

Table with 3 columns: Description, Amount, and Notes. Rows include BEGINNING BALANCE, Contributions (+), Contributions In Kind (+), Loans (+), Expenditures/Expenditures In-Kind (-), and ENDING BALANCE. A note on the right states '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: Gary Godfrey

Registered Agent's Signature: [Signature] Date: 10/29/2020

If Applicable

Candidate Name: Gary Godfrey

Candidates Signature: [Signature] Date: 10/29/2020

Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: Gary 4 Castle Rock

<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 CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: Gary 4 Castle Rock

<u>Date Accepted:</u> 10/19/2020 Estimated Value: \$ 200.00	FROM: <u>Sean Hakes</u> Address: <u>1231 Bonnyton Place</u> City/State/Zip: <u>Castle Rock, CO 80104</u> Nature of Contribution: <u>Website Placement Ad</u>
<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 LOANS

Name of Committee: Gary 4 Castle Rock

<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: _____