



RECEIVED
By Lisa Anderson at 11:11 am, Nov 13, 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: Candidate Committee Issue Committee

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

- Regularly Scheduled Filing
Amended Filing. This amends previous report filed on
Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 10/26/2020 Ending Date: 11/13/2020

Table with 3 columns: Description, Amount, and Notes. Rows include BEGINNING BALANCE, Contributions (+), Contributions In Kind (+), Loans (+), Expenditures/Expenditures In-Kind (-), and ENDING BALANCE.

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: 11/13/2020

If Applicable

Candidate Name: Gary Godfrey

Candidates Signature: [Signature] Date: 11/13/2020

## Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: Gary 4 Castle Rock

Date Accepted: _____	NAME (First, Last): _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
Date Accepted: _____	NAME (First, Last): _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
Date Accepted: \$ _____	NAME (First, Last): _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
Date Accepted: _____	NAME (First, Last): _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
Date Accepted: _____	NAME (First, Last): _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
Date Accepted: _____	NAME (First, Last): _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____

## 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

Date Expended: <u>10/13/2020</u> Amount: \$ <u>97.73</u>	PAYABLE TO: <u>Gary Godfrey</u> Address: <u>2294 Castlegate Dr N #237</u> City/State/Zip: <u>Castle Rock, CO 80108</u> Purpose/Description: <u>Payment balance refund for personal contributions</u>
Date Expended: _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____
Date Expended: _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____
Date Expended: _____ 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> _____ 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: _____ _____
<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> _____	FROM: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____