



RECEIVED
By Lisa Anderson at 2:11 pm, Nov 17, 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:

Hollingshead For Castle Rock

Registered Agent: Ryan Hollingshead

Phone Number: 303-579-2710

Email Address: ryanh_61@hotmail.com

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

Name of Committee's Bank: FirstBank

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

REPORTING PERIOD - Beginning Date: 11/14/20 Ending Date: 11/17/20

Table with 2 columns: Description and Amount. Rows include BEGINNING BALANCE (\$148.98), Contributions (+), Contributions In Kind (+), Loans (+), Expenditures/Expenditures In-Kind (-), and ENDING BALANCE (\$0).

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: Ryan Hollingshead

Registered Agent's Signature: [Signature] Date: 11/17/20

If Applicable

Candidate Name: Ryan Hollingshead

Candidates Signature: [Signature] Date: 11/17/20

Detailed Report of EXPENDITURES

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

Name of Committee: Hollingshead For Castle Rock

<u>Date Expended:</u> 11/16/20 _____ Amount: 148.98 \$ _____	<u>Douglas Elbert (DE) Task Force</u> PAYABLE TO: _____ Address: <u>1638 Park Street</u> _____ City/State/Zip: <u>Castle Rock, CO 80109</u> _____ Purpose/Description: <u>Donation</u> _____ _____
<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~

Thank you for your donation!

Help & Hope Center <info@helpandhopecenter.org>

Mon 11/16/2020 9:38 PM

To: RYANH_61@HOTMAIL.COM <RYANH_61@HOTMAIL.COM>

Ryan Hollingshead

Thank you very much! We have received your donation.

You will receive a donation receipt via the email address you provided.

If you have questions regarding your donation, please call Trish Courtney at (303) 688-1114.

Your donation details are below.

Authorization Code **206489:Y**

Transaction Date **11/16/2020**

Account Number **4*****5433**

Amount **148.98**

DE Task Force

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