

Colorado Secretary of State
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RECEIVED:

OCT 07 2025

Office of the City Clerk
City of Castle Pines

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	<i>Rocky Fire Castle Pines</i>
As Shown On Registration	
Address of Committee/Person:	<i>550 E Castle Pines Parkway, BA-170</i>
City, State & Zip Code:	<i>Castle Pines, Colorado 80108</i>
Committee Type:	
Name and Address of Financial Institution	<i>SOUTH STATE BANK 550 E Castle Pines Parkway CASTLE PINES, COLORADO 80108</i>

SOS ID NUMBER (state and county committees):

Type of Report

- ☒ Regularly Scheduled Filing.
- ☐ 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)
- ☐ Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: *9/5/2025* Date Through *10/7/2025* Date

Declared Total Spending (if applicable) \$ *9,103.08*
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <i>6,853.35</i>
2	Total Monetary Contributions (line 11)	\$ <i>11,528.35</i>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <i>18,381.70</i>
4	Total Monetary Expenditures (line 19)	\$ <i>9,103.08</i>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <i>9,278.62</i>

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: *Roger David Hudson*

Candidates Signature: _____ Date: *10/7/2025*

DETAILED SUMMARY

Full Name of Committee/Person:

Ramon For CSMO P4003

Current Reporting Period:

9/5/2025

Through

10/7/2025

Funds on hand at the beginning of reporting period (Monetary Only)		\$ <i>6,853.35</i>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <i>4,675.00</i>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ <i>0</i>
8	Loans Received (Please list on Schedule "C")	\$ <i>0</i>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ <i>0</i>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ <i>0</i>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ <i>11,528.35</i>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <i>300.00</i> <i>4,675.00</i>
13	Total Contributions (Line 11 + line 12)	\$ <i>11,828.35</i>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <i>9,103.08</i>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <i>0</i>
16	Loan Repayments Made (Please list on Schedule "C")	\$ <i>0</i>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <i>0</i>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ <i>0</i>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ <i>9,103.08</i>
20	Total Spending (Line 18 + line 19)	\$ <i>9,103.08</i>

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

1

Full Name of Committee/Person: Ronan Fine Arts Fund

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>9/5/2025</u>	4. Name (Last, First): <u>Neal Minnecker</u>
2. Contribution Amt. \$ <u>416.41</u>	5. Address: <u>19907 E Tapo</u>
3. Aggregate Amt. * \$ <u>400.00</u>	6. City/State/Zip: <u>Monument, Colorado 80132</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Duke Strickland</u>
	9. Occupation (if applicable, mandatory): <u>Owner</u>

1. Date Accepted <u>9/13/2025</u>	4. Name (Last, First): <u>Lisa Feizell</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>3275 Sandrine Eagle Ln</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>Crested Rock, Colorado 80109</u>
☐ Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>Colorado Senate</u>
	9. Occupation (if applicable, mandatory): <u>SENATOR</u>

1. Date Accepted <u>9/19/2025</u>	4. Name (Last, First): <u>Laura Tate</u>
2. Contribution Amt. \$ <u>104.10</u>	5. Address: <u>931 Eaglestone</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>Crested Rock, Colorado 80109</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Laura Tate</u>
	9. Occupation (if applicable, mandatory): <u>Chief of Staff</u>

1. Date Accepted <u>9/23/2025</u>	4. Name (Last, First): <u>Wesley Lassie</u>
2. Contribution Amt. \$ <u>25.03</u>	5. Address: <u>6659 Crossroads</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>Crested Rock, Colorado 80109</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u></u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

2

Full Name of Committee/Person: Roger For Carter Pinos**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. Date Accepted <u>9/27/2025</u>	4. Name (Last, First): <u>Joe Tobay</u>
2. Contribution Amt. \$ <u>104.10</u>	5. Address: <u>40121 County Rd.</u>
3. Aggregate Amt. * \$ <u>100.—</u>	6. City/State/Zip: <u>Elizabeth, Colorado 8017</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Farm</u>
	9. Occupation (if applicable, mandatory): <u>Self</u>

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>MATTHEW GODDARD</u>
2. Contribution Amt. \$ <u>52.05</u>	5. Address: <u>2715 Wind Rose</u>
3. Aggregate Amt. * \$ <u>50.—</u>	6. City/State/Zip: <u>Fort Collins, Colorado 80526</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Townsend Management</u>
	9. Occupation (if applicable, mandatory): <u>Townsend Energy</u>

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>TRACY PAVILLAS</u>
2. Contribution Amt. \$ <u>416.41</u>	5. Address: <u>3230 Country Circle</u>
3. Aggregate Amt. * \$ <u>400.—</u>	6. City/State/Zip: <u>Castle Rock, Colorado 80108</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Executive</u>
	9. Occupation (if applicable, mandatory): <u>GAI</u>

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>TORI E. GODDARD</u>
2. Contribution Amt. \$ <u>416.41</u>	5. Address: <u>7061 Rim Ridge</u>
3. Aggregate Amt. * \$ <u>400.—</u>	6. City/State/Zip: <u>Aspen Lake, Colorado 80027</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Yuma Studios</u>
	9. Occupation (if applicable, mandatory): <u>A Personal Chef</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

3

Full Name of Committee/Person: Revere Fire Casino Funds**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Mike Painter</u>
2. Contribution Amt. \$ <u>104.10</u>	5. Address: <u>285 Centennial</u>
3. Aggregate Amt. * \$ <u>100.-</u>	6. City/State/Zip: <u>Louisville, Colorado 80025</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Maureen Boardman</u>
2. Contribution Amt. \$ <u>208.20</u>	5. Address: <u>1054 Cypress V.</u>
3. Aggregate Amt. * \$ <u>200.-</u>	6. City/State/Zip: <u>Castle Rock, Colorado 80108</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Wanda Fied</u>
2. Contribution Amt. \$ <u>104.10</u>	5. Address: <u>4365 CHATEAU Rd</u>
3. Aggregate Amt. * \$ <u>100.-</u>	6. City/State/Zip: <u>Castle Rock, Colorado 80105</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Real Estate</u>
	9. Occupation (if applicable, mandatory): <u>Agent</u>

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Ryan Godsil</u>
2. Contribution Amt. \$ <u>208.20</u>	5. Address: <u>193 Country Club</u>
3. Aggregate Amt. * \$ <u>200.-</u>	6. City/State/Zip: <u>Castle Rock Colorado 80108</u>
☐ Check box if Electioneering Communication	7. Description: <u>Wine</u>
	8. Employer (if applicable, mandatory): <u>Senior Director</u>
	9. Occupation (if applicable, mandatory): <u>Open</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

4

Full Name of Committee/Person: Renee For Castro Rivers**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Renee Harrin</u>
2. Contribution Amt. \$ <u>200.20</u>	5. Address: <u>392 STALWINE DR</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>Castle Rock, Colorado 80108</u>
☐ Check box if Electioneering Communication	7. Description: <u>WIRELESS</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Cynthia Klassen</u>
2. Contribution Amt. \$ <u>200.20</u>	5. Address: <u>610 Cliffgate Place</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>Castle Rock, Colorado 80108</u>
☐ Check box if Electioneering Communication	7. Description: <u>WIRELESS</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>George + Ron Livingston</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>6404 Country Club</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Castle Rock, Colorado 80108</u>
☐ Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9/30/2025</u>	4. Name (Last, First): <u>Laura Towner</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>20 Wilcox St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Castle Rock, Colorado 80104</u>
☐ Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

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Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

5

Full Name of Committee/Person: Roger E. Castle Pinos

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>9/30/2025</u>	4. Name (Last, First): <u>CHRISTINA + TANNER STROY</u>
2. <u>Contribution Amt.</u> \$ <u>600.-</u>	5. Address: <u>8012 TRINITY POKE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>CASTLE PINOS, COLORADO 80108</u>
☐ 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>):

1. <u>Date Accepted</u> <u>10/1/2025</u>	4. Name (Last, First): <u>CHRISTOPHER Mc CONNEL</u>
2. <u>Contribution Amt.</u> \$ <u>400.-</u>	5. Address: <u>1584 SUNSET BLVD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>LITTLETON, COLORADO 80126</u>
☐ 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>):

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:
☐ 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:
☐ Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

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Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Roger For Castle Pines

PLEASE PRINT/TYPE

1. Date Expended <u>9/6/2025</u>	4. Name: <u>UPS STORE</u>
2. Amount \$ <u>16.17</u>	5. Address: <u>558 E. Castle Pines Pkwy</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Castle Pines, Colorado 80108</u>
	7. Purpose of Expenditure: <u>Copies</u>
	☐ Check box if Electioneering Communication

1. Date Expended <u>9/24/2025</u>	4. Name: <u>RINCH LIMITED</u>
2. Amount \$ <u>2,573.59</u>	5. Address: <u>3982 Powell Rd, #15</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Powell, OH 43065</u>
	7. Purpose of Expenditure: <u>Digital</u>
	☐ Check box if Electioneering Communication

1. Date Expended <u>9/7/2025</u>	4. Name: <u>Mani Champ</u>
2. Amount \$ <u>20.84</u>	5. Address: <u>405 N. August Ave,</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Atlanta, GA 30308</u>
	7. Purpose of Expenditure: <u>Electronic Mail</u>
	☐ Check box if Electioneering Communication

1. Date Expended <u>9/15/2025</u>	4. Name: <u>Castle Pines Community</u>
2. Amount \$ <u>775.00</u>	5. Address: <u>7437 Village Square Dr #220</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Castle Pines Colorado 80108</u>
	7. Purpose of Expenditure: <u>Newspaper Ad.</u>
	☐ Check box if Electioneering Communication

1. Date Expended <u>9/15/2025</u>	4. Name: <u>Minute Press</u>
2. Amount \$ <u>649.20</u>	5. Address: <u>1263 Ford St, #B</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Castle Rock, Colorado 80108</u>
	7. Purpose of Expenditure: <u>Campaign Literature</u>
	☐ Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Roula For Castro Pinos

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/25/2025</u>	4. Name: <u>Focus Video (404-574-5350)</u>
2. <u>Amount</u> \$ <u>1,500.00</u>	5. Address: _____
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Video Production</u>
	☐ Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/1/2025</u>	4. Name: <u>Wizbang INC</u>
2. <u>Amount</u> \$ <u>218.28</u>	5. Address: <u>6747 50th Ave</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Commerce City Colorado 80022</u>
	7. Purpose of Expenditure: <u>BILLBOARDS (x4)</u>
	☐ Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/2/2025</u>	4. Name: <u>Sam Jacobson</u>
2. <u>Amount</u> \$ <u>2,000.00</u>	5. Address: <u>14553 W. 91st ST, #C</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Arvada, Colorado 80005</u>
	7. Purpose of Expenditure: <u>Consultant, Digital</u>
	☐ Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/2/2025</u>	4. Name: <u>Go 10 Tone Studios, Inc</u>
2. <u>Amount</u> \$ <u>1,350.00</u>	5. Address: <u>17210 Yellow Rose Way</u>
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: <u>Denver, Colorado 80134</u>
	7. Purpose of Expenditure: <u>Freelance</u>
	☐ Check box if Electioneering Communication

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

Statement of Non-Monetary Contributions
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Rogov For Castro Times

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>10/6/2005</u>	4. Name (Last, First): <u>Mulvey, Debra</u>
2. <u>Fair Market Value</u> \$ <u>300. —</u>	5. Address: <u>12390 Sierra Ct.</u>
3. <u>Aggregate Amt.</u> \$ <u>300. —</u>	6. City/State/Zip: <u>Castle Pines, Colorado</u>
☐ Check box if Electioneering Communication	7. Description: <u>T-SHIRTS</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>McElroy</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Attorney</u>
	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

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

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

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."