

Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK
Office Use Only

Received
OCT 27 2022

1. Reporting Period:

Statement covers period of 8/12/2022 to 11/1/2022
(mm/dd/yyyy) (mm/dd/yyyy)

2. Type of Report (Please select one option.):

- Primary Contributions & Expenditures: Aug 9, 2022
- General Contributions & Expenditures: November 1, 2022
- Contributions & Expenditures: Dec 31, _____ (odd-year)
- Special Election
- Amendment

3. Are you terminating the committee with this report?

(Note: A committee must have retired all debts before terminating. WS 22-25-106(b)(iii))

Yes No

4. Candidate or Committee Information:

Name: Jennifer Franks Office Sought: PCSD #1 School Board Trustee
Residential Address: 1227 Road 4 Phone Number: 307-272-0206
(Street Address) (City, State, Zip)
Powell, WY 82435

5. Contributions:

Did you have contributions or expenditures to report for this filing period? Yes No

If yes, please complete A-C below.

A. Contributions

- | | |
|---|------------------|
| 1. Personal contributions by candidate (including immediate family) (p 2) | \$ <u>475.15</u> |
| 2. Contributions from individuals (p 3) | \$ _____ |
| 3. Contributions from PACs (p 4) | \$ _____ |
| 4. Contributions from political parties (p 4) | \$ _____ |
| 5. Anonymous contributions (p 5) | \$ _____ |
| 6. In-kind contributions (p 5) | \$ _____ |
| 7. Loans (p 6) | \$ _____ |
| 8. Un-itemized contributions – defined as less than \$100 (p 6) | \$ _____ |

B. Total Contributions for this Filing Period (sum of A1-A8)

\$ _____

C. Total Expenditures for this Filing Period (p 7)

\$ 475.15

6. Signature:

I certify that I have examined this statement and, to the best of my knowledge and belief, it is true, correct and complete.

Committee Chairman Signature

Date

Committee Treasurer Signature

Date

Jennifer L Franks
Candidate Signature
10-27-2022
Date

Contributions – Political Action Committees

Name (Identify by Full Name)	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Contributions – Political Party Central Committees

Name	Address (City, State, Zip)	Date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

