Elections Division 1700 Broadway, Ste. 200	Space Below For Office Use Only
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Denver, CO 80290	5
Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861	
Email: cpfhclp@sos.state.co.us	1878
www.sos.state.co.us	
CANDIDA	TE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS
	AND
	NON-EXPENDITURE OF FUNDS
	[1-45-108(1) & 1-45-109, C.R.S.]
The formation of the state of t	
This form is for the use of candidat	tes that do not have a campaign committee and have not received contributions nor made expenditures. No expenditures have been made on behalf of the candidate.
Name of Candidate:	IPK HANGH
	10 FALL LINE DUIVE UNIT 3
City, State, Zip:	1 Co 81458
Departing Devied Desi	nning Date 10/8/21 Ending Date 10/24/24
Reporting Period: Degi	Ending Date 10/0/
CONTRIBUTIONS RE	CEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD
	\$ 0.00
EXPENDITURES	MADE OR INCURRED DURING THIS REPORTING PERIOD
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	\$ 0.00
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I, <u>HPK-Hautost</u> my behalf nor made any ex my behalf. I have not rece	, affirm that no person received contributions of xpenditures on my behalf. No contributions have been pledged to me nor of ived any contributions nor have I made or incurred any expenditures on m
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