

Colorado Secretary of State
Elections Division
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Space Below For Office Use Only

INDEPENDENT EXPENDITURE REPORT (1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: JONATHAN STAUFFER
Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT
As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): _____

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 on page 2, line 10)

Reporting Period Covered: 10/15/19 Through: 10/31/19
Begin Date End Date

Reporting Entity Information:

Full Name of Parent Corporation, if applicable: _____
Include any acronyms used.

All Doing-Business-As Names used in Colorado: _____

Address of Home Office: _____
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: JONATHAN STAUFFER
Must be the same as listed on committee registration

Colorado Address for Registered Agent: 100 E. MADISON DR., #31 VAIL, CO

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: STOLMAR (SUPPORT), LANGHAM (SUPPORT)
FOLEY (SUPPORT), MASON (SUPPORT)

Authorization (Must be completed by the Registered Agent): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: JONATHAN STAUFFER
Registered Agent's Signature: [Signature] Date: 10/1/2019

* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

Reporting Period Overview

- 1 **Beginning Balance this Period (Committees):** 2449.00
- 2 **Total Donations this Period:** 4399.00
Monetary: 4399.00 Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 3 **Other Receipts (dividends, interest, etc.):** _____
- 4 **Total Independent Expenditures this Period:** 6800.00
Monetary: 6800.00 Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 5 **Total Other Expenditures this Period:** _____
Monetary: _____ Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 6 **Loans received this period:** _____
- 7 **Loans paid this period:** _____
- 8 **Returned Independent Expenditures this Period:** _____
- 9 **Returned Donations this Period:** _____
- 10 **Ending Balance (include monetary expenditures and donations only):** 129.00

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 10/15	4. Name: <u>PETER H. FEISTMAN</u>
2. <u>Donation Amt.</u> \$ 500.00	5. Address (Home Office): <u>P.O. Box 2438</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81658</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/15	4. Name: <u>PATRICIA CAPELLO LANGRISH</u>
2. <u>Donation Amt.</u> \$ 200.00	5. Address (Home Office): <u>P.O. Box 159</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81658</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/15	4. Name: <u>CHRIS BARTLETT, DONNA MUMMA</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>4034 Big Horn Rd.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81658</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 10/15	4. Name: <u>AXEL WILHELMSEN, JANIE WILHELMSEN</u>
2. <u>Donation Amt.</u> \$ 400.00	5. Address (Home Office): <u>2910 BOOTH CREEK DR.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81657</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/15	4. Name: <u>JAMES Z. TURNER, MARTHA SOLIS-TURNER</u>
2. <u>Donation Amt.</u> \$ 150.00	5. Address (Home Office): <u>4260 S. BELLAIR CIRCLE</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>ENGLEWOOD, CO 80113-5052</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/15	4. Name: <u>MARK OR MARTIA CAOMUS</u>
2. <u>Donation Amt.</u> \$ 999.00	5. Address (Home Office): <u>281 BRIDGE ST.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81657</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

II Schedule A: Donations

Itemized Donations

1. <u>Date Accepted</u> 10/15	4. Name: <u>WILLIAM MORTON</u>
2. <u>Donation Amt.</u> \$ <u>700.00</u>	5. Address (Home Office): <u>600 BATTERY ST.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>SAN FRANCISCO, CA 94111</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/15/19	4. Name: <u>JAMES REGAN JR, AMY H REGAN</u>
2. <u>Donation Amt.</u> \$ <u>500.00</u>	5. Address (Home Office): <u>141 E. MEADOW DR STE 100</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81657</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/16	4. Name: <u>STEPHEN F. DOWDIE, NANCY BARRETT DOWDIE</u>
2. <u>Donation Amt.</u> \$ <u>250.00</u>	5. Address (Home Office): <u>4288 NUGGET LANE A.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81657</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 10/28	4. Name: <u>REGGIE D. DELPOWIE</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>4650 VON KARMAN AVE</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAN NEWPORT BEACH, CA 92660</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/28	4. Name: <u>LYNN GOTTLIEB, JOHN GOTTLIEB</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>3021 BOONFALLS RD</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81657</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/29	4. Name: <u>BARBARA WELER</u>
2. <u>Donation Amt.</u> \$ 200.00	5. Address (Home Office): <u>340 SOUTH RACE</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>DENVER, CO 80209</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

1. <u>Date Accepted</u> 10/29	4. Name: <u>BILL SUAREZ</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>P.O. Box 3516</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>VAIL, CO 81658</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 10/31	4. Name: <u>VIRGINIA R. CULP</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>5225 N. VIA SEMPERVERDE</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>TUCSON, AZ 85750</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Non-Itemized Donations

1. Total number of non- itemized donations:	2. Total amount of non-itemized donations: \$
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Other Receipts (dividends, interest, etc.)

1. Total number of other receipts:	2. Total amount of other receipts: \$
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Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

1. <u>Date Funds Obligated</u> 10/16	3. Name of Recipient/Payee: <u>VAIL DAILY</u>
2. <u>Expenditure Amt.</u> \$ 1071.00 Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>P.O. Box</u>
Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.	5. City/State/Zip: <u>VAIL, CO 81658</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced: <u>STOCKMAR, LANGMAID, FOLEY, MASON</u>
	8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>PRINT</u>
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u> 10/23	3. Name of Recipient/Payee: <u>VAIL DAILY</u>
2. <u>Expenditure Amt.</u> \$ 1011.00 Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>P.O. Box</u>
Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.	5. City/State/Zip: <u>VAIL, CO 81658</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced: <u>STOCKMAR, LANGMAID, FOLEY, MASON</u>
	8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>PRINT</u>
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u> 10/28	3. Name of Recipient/Payee: <u>VAIL DAILY</u>
2. <u>Expenditure Amt.</u> \$ 4466.00 Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>P.O. Box</u>
Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.	5. City/State/Zip: <u>VAIL, CO 81658</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced: <u>STOCKMAR, LANGMAID, FOLEY, MASON</u>
	8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>PRINT</u>
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

1. <u>Date Funds Obligated</u> 10/31	3. Name of Recipient/Payee: <u>VAIC Daily</u>
2. <u>Expenditure Amt.</u> \$ <u>252.00</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>P.O. Box</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>VAIC, CO 81657</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced: <u>STOCKMAN, LAWMAID, TOLBY, MASOW</u>
	8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>PRINT</u>
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee:
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address:
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip:
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced:
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium:
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee:
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address:
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip:
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced:
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium:
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> . If box is checked, you must also file an electronic electioneering communication report in TRACER.

Non-Itemized Independent Expenditures

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
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Committee Name: CITIZENS FOR RESPONSIBLE GOVERNMENT

13 **Schedule C: Other Expenditures (non-independent expenditures)**

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

Non-Itemized Expenditures (other than independent expenditures)

1. Total number of non-itemized expenditures:	2. Total amount of non-itemized expenditures: \$
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Committee Name: _____

CITIZENS FOR RESPONSIBLE GOVERNMENT

14

Schedule D: Loans

Loans Received

1. <u>Date of Loan</u>	4. Loan Source Name: _____
2. <u>Loan Amount</u> \$	5. Address: _____
3. <u>Interest Rate</u>	6. City/State/Zip: _____
	7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____

1. <u>Date of Loan</u>	4. Loan Source Name: _____
2. <u>Loan Amount</u> \$	5. Address: _____
3. <u>Interest Rate</u>	6. City/State/Zip: _____
	7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____

Loan Payments

1. <u>Date of Payment</u>	3. Loan Source Name: _____
2. <u>Payment Amount</u> Principal: Interest:	4. Address, City/State/Zip: _____
	5. Original Loan Amount: _____
	6. Balance: _____
	7. Interest Rate: _____

1. <u>Date of Payment</u>	3. Loan Source Name: _____
2. <u>Payment Amount</u> Principal: Interest:	4. Address, City/State/Zip: _____
	5. Original Loan Amount: _____
	6. Balance: _____
	7. Interest Rate: _____

Committee Name:

CITIZENS FOR RESPONSIBLE GOVERNMENT

15 **Schedule E: Returned Donations and Expenditures**

Returned Donations (previously reported on Schedule A)

1. <u>Date Accepted</u>	4. Name: _____
	5. Address: _____
2. <u>Date Returned</u>	6. City/State/Zip: _____
	7. Comment: _____
3. <u>Amount</u> \$	_____

1. <u>Date Accepted</u>	4. Name: _____
	5. Address: _____
2. <u>Date Returned</u>	6. City/State/Zip: _____
	7. Comment: _____
3. <u>Amount</u> \$	_____

Returned Independent Expenditures (previously reported on Schedule B)

1. <u>Date of Expenditure</u>	4. Name: _____
	5. Address: _____
2. <u>Date Returned</u>	6. City/State/Zip: _____
	7. Comment: _____
3. <u>Amount</u> \$	_____

1. <u>Date of Expenditure</u>	4. Name: _____
	5. Address: _____
2. <u>Date Returned</u>	6. City/State/Zip: _____
	7. Comment: _____
3. <u>Amount</u> \$	_____

16