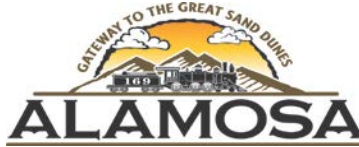


City of Alamosa  
City Clerk's Office  
P.O. Box 419  
Alamosa, CO 81101  
Phone: (719) 589-2593  
Fax: (719) 589-9454  
hmartinez@ci.alamosa.co.us



**CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS  
OR  
NON-EXPENDITURE OF FUNDS**  
[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

This form is for the use of candidates 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: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Reporting Period:** Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD**

**\$ 0.00**

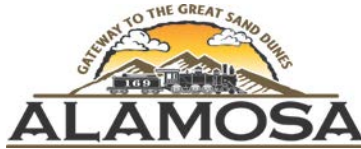
**EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD**

**\$ 0.00**

I, \_\_\_\_\_, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my behalf during this election reporting period.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE**

[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

**For use by a candidate who has not received any contributions (does not have a candidate committee), has had no expenditures made on behalf of the candidate, but has made expenditures of personal funds.**

Name of Candidate: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office: \_\_\_\_\_ District No.: \_\_\_\_\_ Elec./Yr.: \_\_\_\_\_

Reporting Period: Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ \_\_\_\_\_**

**Expenditure exceeding \$19.99 shall be itemized and listed below.**

Date Expended	Amount	Name of Recipient		Address
	\$			
City		State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient		Address
	\$			
City		State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient		Address
	\$			
City		State	Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_