

City of Salida
 Clerk's Office
 448 E 1st Street, Suite 112
 clerk@cityofsalida.com
 719-530-2630



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

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

For use by a candidate who has not received any contributions (does not have a candidate committee), 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): \$ _____

Expenditures 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: _____