

# Contributions & Expenditures Report

(PLEASE COMPLETE REQUIRED SECTIONS)

FILING OFFICE: COUNTY CLERK

Office Use Only

## 1. Reporting Period:

Statement covers period of 05/16/2022 to 08/15/2022  
(mm/dd/yyyy) (mm/dd/yyyy)

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

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

## 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: Edward Vert Britz Office Sought: County Attorney  
Residential Address: 110 Steele St Phone Number: 307-395-7106  
(Street Address) Laramie, WY 82070  
(City, State, Zip)

## 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) | \$ _____ |
| 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) \$ 0

## 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

\_\_\_\_\_  
Committee Treasurer Signature

E. Vert Britz  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

08/15/22  
Date

**Itemization of Contributions**

(Use Additional Sheets as Necessary)

**Contributions – Personal Contributions by Candidate**

(Including candidate’s immediate family)

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

### Contributions – Individuals

(Contributions from corporations, unions, partnerships, and associations are prohibited.

Contributions from sole proprietorships are legal, but must be identified as such.)

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



**Contributions – Political Action Committees**

<b>Name</b> (Identify by Full Name)	<b>Address</b> (City, State, Zip)	<b>Date</b>	<b>Amount</b>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**Contributions – Political Party Central Committees**

<b>Name</b>	<b>Address (City, State, Zip)</b>	<b>Date</b>	<b>Amount</b>
			\$
			\$
			\$
			\$
			\$
			\$
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			\$
			\$
			\$
			\$



## Contributions – Anonymous

(Anonymous contributions are those contributions whose origins cannot be determined, i.e., “pass the hat” contributions. An anonymous contribution does not mean a contributor may donate to the candidate or PAC with the understanding the contributor’s name will not be reported.)

Event	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I do not know, nor can I ascertain, the origin of the above anonymous contributions.

\_\_\_\_\_  
*Signature of Candidate, Chairman or Treasurer*

\_\_\_\_\_  
*Date*

## Contributions – In-Kind

(In-Kind contributions are goods and services in place of cash. For example, someone purchases stamps for a mailing and donates the stamps; this is an in-kind contribution.)

Name	Address (City, State, Zip)	Description	Amount/Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

## Contributions – Loans

Name	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

## Contributions – Unitemized Contributions

(Contributions under \$100.00. For example, you have a chili dinner. Tickets are \$10.00 each and you sell 500 tickets. You may report these in aggregate here by reporting \$5,000.00)

Description	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$



# Expenditures/Obligations

Payee	Address (City, State, Zip)	Purpose	Date	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
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				\$

**Total Expenditures:** \$\_\_\_\_\_