



NOTICE OF INDEPENDENT RK'S OFFICE EXPENDITURES IN EXCESS OF \$100

Must be filed with City Clerk no later than three (3) business days after obligating funds for expenditure. (City Code §7-139)

Independent Expenditure: Citizens for a Su			
Residence Address:			
Mailing Address: 225 South Meldrum, Fort C			
Telephone No. 970 239-1538	FAX No. <u>97</u>	0 482-3774	
E-mail Address (optional):			
Web Site Address (optional):			
Name of Candidate that the independent expenditures are intended to support or o	ppose: Wade Troxell		
Were the independent expenditures used			
vvoic the independent expenditures used	to: Support	Lo	ppose
Name of Vendor(s) providing property, ma			ppose
,	iterials or services:	RtOn Strat	
Name of Vendor(s) providing property, ma	terials or services: South Willow Street, Ma	RtOn Strat	
Name of Vendor(s) providing property, ma Address of Vendor(s) named above: 373 Detailed Description of the Independent	terials or services: South Willow Street, Ma	RtOn Strat	Date Funds
Name of Vendor(s) providing property, ma Address of Vendor(s) named above: 373 Detailed Description of the Independe (Attach samples if possi	terials or services: South Willow Street, Ma	RtOn Strat Inchester, NH 03103 Amount of Expenditure	Date Funds Obligated
Name of Vendor(s) providing property, ma Address of Vendor(s) named above: 373 Detailed Description of the Independe (Attach samples if possi	terials or services: South Willow Street, Ma	RtOn Strat Inchester, NH 03103 Amount of Expenditure	Date Funds Obligated
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