Colorado Secretary of State Elections Division

1700 Broadway, Ste. 200 Denver, CO 80290

(303) 894-2200 ext. 6383 (303) 869-4861 Ph: Fax:

Email: cpfhelp@sos.state.co.us www.sos.state.co.us



Space Below For Office Use Only



REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(1-45-108, C.R.S.)	• //
Full Name of Committee/Person:	THE COMMITTEE TO ELECT	BRUCE BAKES
Address of Committee/Person:	As Shown On Registration	ESTMINITIER, W 80022
City, State & Zip Code:	WESTMINSTER CO	, 8002
Committee Type:	CANDIDATE	
Name and Address of Financial Institution	FRET BANK 2157 W BEST AST	1, CO 80023
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing		
Amended Filing. This amend Submit changes or new informati		
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance of	Zero in Line 5)
Check this box it this Repor	t Contains Electioneering Communication	s information
Reporting Period Covered:	TUNE 27, 2023 Throug	h OCT (2, 2023
Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	icable) \$	
		Totals Detailed Summary Page
	of Reporting Period (monetary only)	\$ Ø
2 Total Monetary Contributions (lin		\$ 15,510.00
	& Beginning Amount (line 1 + line 2)	\$ 15,510.00
4 Total Monetary Expenditures (line 5 Funds on Hand at the End of Ren		\$ 891, 58
5 Funds on Hand at the End of Rep	orting Period (monetary) (line 3 – line 4)	\$ 14,618.42
The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late. [Art. XXVIII Sec. 10(2)(a)]		
Authorization (Must be completed b	y either the Registered Agent OR the Candidate): I	hereby certify and declare, under
penalty of perjury, that to the best of n	ny knowledge or belief all contributions receive	ed during this reporting period,
	n the form of membership dues transferred by	a membership organization, are from
permissible sources.	m(s, 0) = 0	N
Print Registered Agent's Name:	BRICE BAKER!)	
Registered Agent's Signature: Date: 09 14,202		
Print Candidate Name: BRUCE	BAKER	.11 . 3 - 1
Candidates Signature:	- Ollo mm	Date: <u>00 (4, 202)</u>
		Colorado Secretary of State Form Rev. 12/09

DETAILED SUMMARY

Full Name of Committee/Person: THE COMMITTEE TO ELECT BRUCE BAKER

Current Reporting Period: JUNE 27, 2023 Through OCT (2, 202)

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 45,51
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 15,500.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 16.00
8	Loans Received (Please list on Schedule "C")	\$ \$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ Ø
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ Ø
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 15,570.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ Ø
13	Total Contributions (Line 11 + line 12)	\$ 15,510,00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 838.86
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 52,72
16	Loan Repayments Made (Please list on Schedule "C")	\$ \otimes
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ \bowtie
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ Ø
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 891.58
20	Total Spending (Line 18 + line 19)	\$ 891.58

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

Full Name of Committee/Person: THE COMMITTEE TO ECFT BRICE BAKER

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/	TYPE
1. Date Accepted	4. Name (Last, First): BAKER, BRUCE
8-9-23	
2. Contribution Amt.	5. Address: 14761 KALAWATA CT
(2,000 -	6. City/State/Zip: WEST MINETER, CO 80023
3. Aggregate Amt. *	7. Description:
Ψ	8. Employer (if applicable, mandatory):
☐ Check box if	0.000 0.00
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	
8-18-23	4. Name (Last, First): RADY, T(M
2. Contribution Amt.	5. Address: 11800 QUIRMAN
\$ 500 00	6. City/State/Zip: WESTMINSTER, (O 8W3)
3. Aggregate Amt. *	
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): NAJJAR, C
8-77-33	5. Address: 5940 W 947# M
2. Contribution Amt. \$ 200	
3. Aggregate Amt. *	6. City/State/Zip: WESTM/NFTER, (U 80U)/
5. Aggregate Amt. *	
 	7. Description:
☐ Check box if Electioneering	8. Employer (if applicable, mandatory):
☐ Check box if	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
Check box if Electioneering	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First):
Check box if Electioneering Communication 1. Date Accepted S- 14-2 2. Contribution Amt.	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
Check box if Electioneering Communication 1. Date Accepted 8-14-2)	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): BONNIWEC, CHUCK
Check box if Electioneering Communication 1. Date Accepted 8-24-2) 2. Contribution Amt. \$ 500 000 3. Aggregate Amt. *	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): BONNIWEL, CHUCK 5. Address: 10018 RALCIGH ST 6. City/State/Zip: WESTMWSTER, CO 80031
Check box if Electioneering Communication 1. Date Accepted 8-24-2) 2. Contribution Amt. \$ 500	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): DOI & RALCICH ST City/State/Zip: WEST M WATER, CO POOS Poos Pool & Pool Pool
Check box if Electioneering Communication 1. Date Accepted P-14-2 2. Contribution Amt. \$ 500 60 3. Aggregate Amt. * Check box if	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory):
Check box if Electioneering Communication 1. Date Accepted P. L4-2 2. Contribution Amt. \$ 500 50 3. Aggregate Amt. *	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): DOI & RALCICH ST City/State/Zip: WEST M WATER, CO POOS Poos Pool & Pool Pool

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

TIECT Full Name of Committee/Person: THE COMMITTE TO BRICE WARNING: Please read the instruction page for Schedule "A" before completing! PLEASE PRINT/TYPE 1. Date Accepted 4. Name (Last, First): 8.7 5. Address: \$ CHIMITESTAINS 800 2) 6. City/State/Zip: ___ (C)3. Aggregate Amt. 7. Description: ____ 8. Employer (if applicable, mandatory): ☐ Check box if Electioneering 9. Occupation (if applicable, mandatory): Communication 1. Date Accepted 4. Name (Last, First): _ 5. Address: ME ZIMIN JTER Sour 1 6. City/State/Zip: ___ 3. Aggregate Amt. * 7. Description: 8. Employer (if applicable, mandatory): ☐ Check box if 9. Occupation (if applicable, mandatory): Electioneering Communication 1. Date Accepted Bonningell 4. Name (Last, First): 10018 5. Address: 6. City/State/Zip: WETNIM 180091 7. Description: SECK 8. Employer (if applicable, mandatory): ☐ Check box if Electioneering 9. Occupation (if applicable, mandatory): Communication 1. Date Accepted 4. Name (Last, First): STRAW 5. Address: 6. City/State/Zip: WITMIN (Aggregate Amt. 7. Description: \$ 8. Employer (if applicable, mandatory): ☐ Check box if 9. Occupation (if applicable, mandatory): Electioneering

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Communication

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

Full Name of Committee/Person: THE COUNTIES TO SIECT BRUGE BAKER

WARNING: Please read the instruction page for Schedule "A" before completing!

1. Date Accepted 2. Contribution Annt. 5	PLEASE PRINT/	TYPE
2. Contribution Ant. \$ 50 0 3. Aggregate Ant. * 5. Address: 223		4. Name (Last First): SORENSEN, SUSAN
S S S S S S S S S S	0 00 0	1 1 1 1 1
3. Aggregate Amt. 8. Employer (if applicable, mandatory): RETT BED		J. Address: [2003 07 102 10
8. Employer (if applicable, mandatory): RETIRED 9. Occupation (if applicable, mandatory): RETIRED 1. Date Accepted 8-26-2) 2. Contribution Amt. \$ 1. Date Accepted 9. Occupation (if applicable, mandatory): RETIRED 1. Date Accepted 9. Occupation (if applicable, mandatory): Settle August 1. Description: 1. Date Accepted 9. Occupation (if applicable, mandatory): Settle August 1. Description: 1. Date Accepted 9. Occupation (if applicable, mandatory): Settle August 1. Description: 1. Date Accepted 9. Occupation (if applicable, mandatory): Settle August 1. Description: 1. Date Accepted 1. Date Accepte	3. Aggregate Amt. *	
Electioneering Communication 1. Date Accepted 8-20-2) 2. Contribution Annt. \$ 200 3. Aggregate Amt. \$ 5 Communication 1. Date Accepted 8-31-23 2. Contribution Amt. \$ 6 City/State/Zip: URSTM/NSTR (O ROL2) 4. Name (Last, First): PAXLER NG(L 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-23 2. Contribution Amt. \$ 6 City/State/Zip: URSTM/NSTR (O ROL2) 3. Aggregate Amt. \$ 7 Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-23 4. Name (Last, First): URSTM/NSTR (O ROL2) 6. City/State/Zip: URSTM/NSTR (O ROL2) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-23 5. Address: 9744 Mandatory): 1. Date Accepted 8-31-23 6. City/State/Zip: URSTM/NSTR (O ROL2) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Description: 8. Employer (if applicable, mandatory): 1. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	\$	7. Description:
Date Accepted 8-26-25	☐ Check box if	
S-26.2 4. Name (Last, First): DRAX LER NELL Check box if Electioneering 9. Occupation (if applicable, mandatory): 0. Check box if Electioneering 9. Occupation (if applicable, mandatory): 0. Check box if Electioneering 9. Occupation (if applicable, mandatory): 0. Check box if Electioneering 9. Occupation (if applicable, mandatory): 0. Check box if Electioneering 9. Occupation (if applicable, mandatory): 0. Check box if Electioneering 9. Occupation (if applicable, mandatory): 0. Date Accepted 8-31-23 4. Name (Last, First): DRAX LER NELL 1183 LEX (NOTON CIR 1185 LEX (NO		9. Occupation (if applicable, mandatory):
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2. Contribution Amt. \$ JUNEST W. AND		4. Name (Last, First): MICHAEL
S		5. Address: 1595 W 148th AVE
3. Aggregate Amt. * 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-33 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation: 9		110011111111111111111111111111111111111
Check box if S		
Electioneering Soccupation (if applicable, mandatory):	P	
1. Date Accepted 8-31-23 4. Name (Last, First): DRAXLER NELL 2. Contribution Amt. 5. Address: 14183 LEXINGTON CIR 3. Aggregate Amt. * 5. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-23 4. Name (Last, First): TUNCO JET MINSTER CIR 2. Contribution Amt. 5. Address: 9744 MEADS CIR 3. Aggregate Amt. * 6. City/State/Zip: WEST MINSTER (IN FIRST): TOWNSON JETF (IN FIRST): TOWNSO		
4. Name (Last, First): DRAXCET, NCTL 2. Contribution Amt. 5. Address: 14183 LEXINGTON CIR 6. City/State/Zip: WEST MINITER, Co ROSS 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-23 4. Name (Last, First): TONNEW, JEFF 5. Address: 9744 MEADS CIR 6. City/State/Zip: WEST MINITER (O ROSS) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation: 9. Occupation (if applicable, mandatory):		9. Occupation (if applicable, mandatory):
4. Name (Last, First): DRAXCET, NCTL 2. Contribution Amt. 5. Address: 14183 LEXINGTON CIR 6. City/State/Zip: WEST MINITER, Co ROSS 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-23 4. Name (Last, First): TONNEW, JEFF 5. Address: 9744 MEADS CIR 6. City/State/Zip: WEST MINITER (O ROSS) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation: 9. Occupation (if applicable, mandatory):	1. Date Accepted	123 4=1220
2. Contribution Amt. \$ 6. City/State/Zip: WEST MINITER, (0 870 23) 3. Aggregate Amt. * \$ 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-33 4. Name (Last, First): JOHNSON JETF 2. Contribution Amt. \$ 98 6. City/State/Zip: WEST MINITER, (0 870 23) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-33 4. Name (Last, First): JOHNSON JETF 6. City/State/Zip: WEST MINITER, (0 870 23) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory):		
6. City/State/Zip: WEST MINITER, Co 800 23 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Accepted 8-31-33 4. Name (Last, First): JOHNSON JEFF 2. Contribution Amt. 5. Address: 9744 MEADS C/R 6. City/State/Zip: WEST MINITER (O 800 23) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	2. Contribution Amt.	5. Address: 14183 LEXINOTON CIR
S	* 60~	6. City/State/Zip: WEST MINITER, (0 80023
Check box if Electioneering Communication S - Occupation (if applicable, mandatory):		7. Description:
Selectioneering Page Pag		8. Employer (if applicable, mandatory):
1. Date Accepted 8-31-23 4. Name (Last, First): TOWNSW, TENT 2. Contribution Amt. 5. Address: 9744 MEADE CIR 6. City/State/Zip: WEST MINSTER, (O 8003) 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory):		
4. Name (Last, First): OCHNOW, JETH 2. Contribution Amt. \$ 5. Address: 9744 MEADE CIR 3. Aggregate Amt. * 7. Description: Check box if Electioneering Communication 4. Name (Last, First): OCHNOW, JETH 9744 MEADE CIR 0. City/State/Zip: WESTMINSTER (O F803) 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	Communication	
2. Contribution Amt. \$ 98		4 Name (Last First) JOHNSON JEFF
\$ 98 6. City/State/Zip: WESTMINSTER (0 803) 3. Aggregate Amt. * \$ 7. Description: Check box if Electioneering Communication		OTALL INCOME CID
3. Aggregate Amt. * \$ 7. Description: Check box if Electioneering Communication Commu		Man Man Company
\$ 7. Description:	70	6. City/State/Zip: WGO (11) Nd (TK) (0 500 3/
Electioneering Communication 9. Occupation (if applicable, mandatory):		7. Description:
Electioneering Communication 9. Occupation (if applicable, mandatory):	Check how if	8. Employer (if applicable, mandatory):
Communication	Electioneering	

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Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: THE CONMITTEE TO ELECT BRUCE BAKER WARNING: Please read the instruction page

777 77 4 677 777	rease read the instruction page for Schedule "A" before completing!
PLEASE PRINT	· · · · · · · · · · · · · · · · · · ·
1. <u>Date Accepted</u> 9-14-23	4. Name (Last, First): CRUMP, LINDA
2. Contribution Amt.	
\$ 500	6. City/State/Zip: WESTMINGTER (V) 80030
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted 9-24-23	4. Name (Last, First): POLSTON, JUN
2. Contribution Amt.	5. Address: 14646 05AfE OT
\$ 200 @	6. City/State/Zip: WESTM/NUTER (U 8002)
3. Aggregate Amt. *	7. Description:
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): RETURES
1. Date Accepted	4. Name (Last, First): MUSETT, BRAS
9 - 2 4 - 2) 2. <u>Contribution Amt.</u>	5. Address: 14731 KALDWATH CI
\$ 5000	6. City/State/Zip: WEST MINGTER (U 8002)
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted 9-2(-1)	4. Name (Last, First): PERRU 22A STOVE
2. Contribution Amt.	5. Address: 14750 N. PECUS
\$ 99 50	6. City/State/Zip: WESTMINITER, WESTMINITER,
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
Communication	

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Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: THE CHUNITAGE TO FRECT RAVED

I valide of	Committee Fish. 160 1 Mill 1100 10000 BROWN BROWN
WARNIN	NG: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT	/TYPE
1. Date Accepted 9-5 \2?	4. Name (Last, First): 60 LN BERG, DOVE
2. Contribution Amt. \$	
3. Aggregate Amt. *	7. Description:
☐ Check box if Electioneering	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
Communication	
1. <u>Date Accepted</u> 9-7-23	4. Name (Last, First): WEST HAFER, THERESA
2. Contribution Amt. \$ 300	5. Address: 3790 WEST 103 RI DR 6. City/State/Zip: WESTMINSTER (0 POS)
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): CONTRACTOR
Electioneering Communication	9. Occupation (if applicable, mandatory): (ENTRACTOR
1. Date Accepted 9-8-27	4. Name (Last, First): BOCK MAN JOYCE
2. Contribution Amt.	5. Address: 14792 KACAMATH G
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6. City/State/Zip: WEST MIN STER, (U POD 2)
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETRES
Electioneering Communication	9. Occupation (if applicable, mandatory): RETIRES
1. Date Accepted 9- 8-23	4. Name (Last, First): STEL MACH LIN 1159
2. Contribution Amt. \$ 99 \omega\$	5. Address: 147/1 KALAMATH CT 6. City/State/Till WEST MINISTER (C) 870, 2?
/ -	6. City/State/Zip: WCG (M/N) (CX)
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):

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Colorado Secretary of State Form Rev. 12/09

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

9-11-25	Traine (Last, First).
2. Contribution Amt. \$	5. Address: [0655 ININ6 of 6. City/State/Zip: WFJTNINJNA (0 F00)/
3. Aggregate Amt. *	7. Description:
☐ Check box if Electioneering Communication	Employer (if applicable, mandatory): Occupation (if applicable, mandatory):
1. <u>Date Accepted</u> 9-1(-2)	4. Name (Last, First): MUSKU, STEWARD
2. Contribution Amt. \$ \(\sum_{\infty} \sum_{\infty} \sum_{\infty} \sum_{\infty} \sum_{\infty} \sum_{\infty} \sum_{\infty} \text{3. Aggregate Amt. *} \$	5. Address: 2400 RANCH RESERVÓ RIDGE 6. City/State/Zip: WESTMINSTER (O FO2)4 7. Description:
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): CUSH MW & WARE ARD 9. Occupation (if applicable, mandatory): REAL CSTATE
1. Date Accepted	
9-13-23	4. Name (Last, First): NIXON JONATHON
2. Contribution Amt.	5. Address: 14652 KALA MATH Q
3. Aggregate Amt. *	6. City/State/Zip: WEST M/NSTR, (0 80023
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. <u>Date Accepted</u> 9-12-2)	4. Name (Last, First): YOUN'TO MARY
2. Contribution Amt.	5. Address: 4970 W 107 M ROW
\$ 100 m	6. City/State/Zip: WESTIM/NSTER (O 8803)
3. Aggregate Amt. * \$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):

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Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: THE COMMITTER TO ELECT BRUCE BAKER

PLEASE PRINT/TYPE	
1. Date Expended	4. Name: PRINT RUNGER
8-30-23	
2. Amount	5. Address: 8000 HASKELL
\$ 813 86	6. City/State/Zip: VAN NUJS CA 9140 & 7. Purpose of Expenditure: PSC ALDS
3.Recipient is (optional):	Post and c
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: CTTY SF WEST MINGTER
9-14-23	
2. Amount	5. Address: BANKER & 4800 W 92 N AVE
\$ 25 -	6 City/State/7:- 11/ESTU 11/1702 (0 81/03)
3.Recipient is (optional):	6. City/State/Zip: WESTU (MTCR) (0 80030 7. Purpose of Expenditure: BANNER PERM/T
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: BANN CR FCRIN / I
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional): Committee	
Non-Committee	7. Purpose of Expenditure:
	Check box if Electioneering Communication
1. Date Expended	4 Name:
	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional): Committee	
Non-Committee	7. Purpose of Expenditure:
1 Det E	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	
	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
	Check cov it Dictioneeting Communication

Colorado Secretary of State Form Rev. 12/09