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REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.) Full Name of Committee/Person: REAGAN CLUB PC As Shown On Registration Address of Committee/Person: 8181 E 123RD AVE City, State & Zip Code: BRIGHTON CO 80602 Committee Type: 1127 W 120TH AVE Name and Address of Financial GUARANTY BANK AND TRUST WESTMENSTER CO 80234 Institution SOS ID NUMBER (state and county committees): | 201 150 230 04 Type of Report Regularly Scheduled Filing. Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5) Check this box if this Report Contains Electioneering Communications Information **Reporting Period Covered:** Through Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] Totals Detailed Summary Page Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 29 87 Total Monetary Contributions (line 11) 100,00 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) 129.87 Total Monetary Expenditures (line 19) 100.00 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) 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 by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources. Print Registered Agent's Name: GARY MILLES Registered Agent's Signature: Doll W More or behalf of Gary Mikes Date: 10/12 Print Candidate Name: Candidates Signature:

## **DETAILED SUMMARY**

Full Name of Committee/Person: REAGAN CLUB PC

**Current Reporting Period:** Through 10/12/17

Func	ds on hand at the beginning of reporting period (Monetary Only)	\$ 29.87
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$100.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ -0-
8	Loans Received (Please list on Schedule "C")	\$ -0 -
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ - 0 -
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ - 0 -
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 129,87
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ -0-
13	Total Contributions (Line 11 + line 12)	\$ 129.87
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 100°=
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ -0 -
16	Loan Repayments Made (Please list on Schedule "C")	\$ -0 -
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ -0 -
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ -0 -
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 100.00
20	Total Spending (Line 18 + line 19)	\$ 100.00

## Schedule A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: REAGAN CLUB PC

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

PLEASE PRINT/TYPE			
1. <u>Date Accepted</u>	4. Name (Last, First): MOORE, RALPH		
2. Contribution Amt.	5. Address: 9835 PENNSYLVANIA DRIVE		
\$ 20.60	6. City/State/Zip: THORNTON (0 80229		
3. Aggregate Amt. *  \$ 20.00	7. Description:		
☐ Check box if	8. Employer (if applicable, mandatory):		
Electioneering Communication	9. Occupation (if applicable, mandatory):		
1. <u>Date Accepted</u> 10/5/17  2. Contribution Amt.	4. Name (Last, First): SCHINDLER, JAMES  5. Address: 8383 E 123RD AVE		
\$ 40.00	6. City/State/Zip: BRIGHTON (C 80602		
3. Aggregate Amt. * \$ 40.60	7. Description:		
☐ Check box if	8. Employer (if applicable, mandatory):		
Electioneering Communication	9. Occupation (if applicable, mandatory):		
Date Accepted	4. Name (Last, First): SCHTNDLER, JAYNE		
2. Contribution Amt.	5. Address: 8383 E 123RD AVE		
\$ 40.00	6. City/State/Zip: BRIGHTON CO 80602		
3. Aggregate Amt. *	7. Description:		
□ Check box if	8. Employer (if applicable, mandatory):		
Electioneering Communication	9. Occupation (if applicable, mandatory):		
1. Date Accepted	4. Name (Last, First):		
2. Contribution Amt.	5. Address:		
\$	6. City/State/Zip:		
3. Aggregate Amt. *	7. Description:		
	8. Employer (if applicable, mandatory):		
Check box if Electioneering Communication	9. Occupation (if applicable, <u>mandatory</u> ):		
	lists within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate		

<sup>\*</sup> 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).

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

Full Name of Committee/Person: REAGAN CLUB PC			
PLEASE PRINT/TYPE			
1. Date Expended	4. Name: COMMITTEE TO ELECT BRUCE BAKER		
10/7/17			
2. Amount	5. Address: 14761 KALAMATH CT		
\$ 100-	6. City/State/Zip: WESTMINSTER CO 80023		
3.Recipient is (optional):  Committee			
Non-Committee	7. Purpose of Expenditure: CAMPAIGN DONATION		
	☐ Check box if Electioneering Communication		
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		
Date Expended			
	4. Name:		
2. Amount	5. Address:		
\$	6. City/State/Zip:		
3.Recipient is (optional):  Committee	7. Purpose of Expenditure:		
☐ Non-Committee	☐ Check box if Electioneering Communication		
1. <u>Date Expended</u>	Check box it Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
\$			
3.Recipient is (optional):  Committee	6. City/State/Zip:		
Non-Committee	7. Purpose of Expenditure:		
	☐ Check box if Electioneering Communication		
1. <u>Date Expended</u>	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		

Colorado Secretary of State Form Rev. 12/09