Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us

Email: cpthclp@sos.state.co



Space Below For Office Use Only

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City Olark's Office

#### REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.) Full Name of Committee/Person: Smith Address of Committee/Person: City, State & Zip Code: Committee Type: Name and Address of Financial bank 12009 sherdan Blud, Broomfro Institution SOS ID NUMBER (state and county committees): 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: 2016 120c+17 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) Total Monetary Contributions (line 11) \$ 2421.09 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ Total Monetary Expenditures (line 19) \$ 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) 10476 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: Date: 16 Oc+ 17 Registered Agent's Signature: Print Candidate Name: Candidates Signature: Colorado Secretary of State Form Rev. 12/09

#### **DETAILED SUMMARY**

Full Name	of	Committee/Person:	
T CTIT I ASSESSED	VL	CUIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

Lindsey Leigh Sm. +h
Oct 16 Through 12 Oct 17

**Current Reporting Period:** 

26 Oct 16

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 2416.09
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 5.00
8	Loans Received (Please list on Schedule "C")	\$ name and provide the same of t
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ and the second s
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 2421.09
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 2421.09
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1299.97
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 73.48
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1,373,45
20	Total Spending (Line 18 + line 19)	\$ 1,373,45

Full Name of Committee/Person:

WARNIN	G: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/	
1. Date Accepted 27 July 17	4. Name (Last, First): Emmons Terry
2. Contribution Amt.	5. Address: 6379 Van Gordon & St
\$ 500.00	6. City/State/Zip: Littleton, CO 80127
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): legional Transportation District
Electioneering Communication	9. Occupation (if applicable, mandatory): Manager.
1. Date Accepted	4. Name (Last, First): Torsale, Jeri
2. Contribution Amt.	5. Address: 14285 Denver West Circle # 6209
\$ 125,00 3. Aggregate Amt. *	6. City/State/Zip: Lakeword, (8 8046)
\$	7. Description:
Check box if	8. Employer (if applicable, mandatory): legimal Trans portation District
Electioncering Communication	9. Occupation (if applicable, mandatory): Wanagev.
1. Date Accepted	ile Laure
9 Aug 17	4. Name (Last, First): Hoy Larry  5. Address: 2362 W 118th ave
2. Contribution Amt. \$ 170.06	6. City/State/Zip: Westminster, CO 30234
3. Aggregate Amt. *	7. Description:
\$	8. Employer (if applicable, mandatory): Scif Employed
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory): Real Estate
Communication	
1. Date Accepted 22 Sept 17	4. Name (Last, First): albin, Patty
2. Contribution Amt.	5. Address: 735 Spring Valley Dr.
\$ 100.00	6. City/State/Zip: Med ford OR 97501
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): N(i he
Electioneering Communication	9. Occupation (if applicable, mandatory): Yettred.
<ul> <li>For contribution limited Committee Art. XXVIII.</li> <li>XXVIII. Sec. 2(14).</li> </ul>	ts within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate II, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art.

Full Name of Committee/Person:

WARNI	NG: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT	TTYPE
1. Date Accepted  22 Aug 17	4. Name (Last, First): Determann, Dave
2. Contribution Amt.	46. 200
\$ 260.00	6. City/State/Zip: Denver, Ca 80221
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): none
Electioneering Communication	9. Occupation (if applicable, mandatory): retired.
1. Date Accepted	
11Sep 17	4. Name (Last, First): Melcher, Rose
2. Contribution Amt.	5. Address: 6521 W 109th ave
3. Aggregate Amt. *	6. City/State/Zip: Westminster, CO 80020
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): retired
1. Date Accepted	
8-1-17	4. Name (Last, First): M. tchell amy
2. Contribution Amt.	5. Address: 755 Belfry Ct.
3. Aggregate Amt. *	6. City/State/Zip: Castle Reck CO 80108
\$	7. Description:
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): Wouse wife
1. Date Accepted	
10c+17	4. Name (Last, First): Straight, Greg
2. Contribution Amt.	5. Address: 900 leaura St # W 409
3. Aggregate Amt. *	6. City/State/Zip: Scattle, Washington 98121
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): Jacobs Engineering
Electioneering Communication	9. Occupation (if applicable, mandatory): manager
* For contribution limi	ts within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate III, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3), Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art.

run Name of	Committee/Person: Committee/Person:
WARNIN	VG: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT	TYPE
1. Date Accepted	4. Name (Last, First): Flynn, Kevin
2. Contribution Amt.	5. Address: 4981 S. Garland St.
\$ 100.00	6. City/State/Zip: Denver, CO 80123
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandalory): City and County of Denver.
Electioneering Communication	8. Employer (if applicable, mandatory): City and County of Denver.  9. Occupation (if applicable, mandatory): Council Member
1. Date Accepted	A New York To all Dr. D. J. Har
10 Oct 17	4. Name (Last, First): Ton llas Pauletta
2. Contribution Amt. \$ 100.00	5. Address: 275 S arrow Parkway # 717
3. Aggregate Amt. *	6. City/State/Zip: Pasa dena, l'A 91105
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): LA Metro
Electioneering Communication	9. Occupation (if applicable, mandatory): Manager
1. Date Accepted	Tiernes O
9 Aug 17	4. Name (Last, First): Tierney, Branda
2. Contribution Amt.	5. Address: 265 Saddle Horn Trail
3. Aggregate Amt. *	6. City/State/Zip: Monument, CO 80132
\$	7. Description:
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): Compunications
Date Accepted	Class 7
100c+17	4. Name (Last, First): alengi Donna
2. Contribution Amt. \$ 100,00	5. Address: 2750 W 116th Ct
3. Aggregate Amt. *	6. City/State/Zip: West minster, Co Rozzy
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): retired.
* For contribution limit	s within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate II, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art.

## 

Full Name of Committee/Person: \_

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

PLEASE PRINT/I	TYPE
1. Date Accepted  8-24-17	4. Name (Last, First): Lel, Leanna
2. Contribution Amt.	5. Address: 3285 W. 116th place
\$ 50	6. City/State/Zip: Westminster CO 80031
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory): Peg U Onwestry
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): Admin
1. Date Accepted	4. Name (Last, First): Harvell, Nicol
2. Contribution Amt.	5. Address: 19794 E fair Pl
\$ 50	6. City/State/Zip: Aurora, CO 80016
3. Aggregate Amt. *	7. Description:
Charlebon if	8. Employer (if applicable, mandatory): Regional Transportation District
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory): 609 moor
Communication	
Communication	
1. Date Accepted	4. Name (Last, First): Dear Wart to Jean Technology de Universida
1. <u>Date Accepted</u> 9-78-17	4. Name (Last, First): Den Warten Jean Fe Obstation de lunies de la St. 5. Address: 12543 N + 100 St.
1. Date Accepted	4. Name (Last, First): Dearth of Jeanne of Direction Hesself,  5. Address: 12543 Utica St.  6. City/State/Zip: Broomfold, CO 8 0020
1. Date Accepted 9-75-17 2. Contribution Amt.	5. Address: 12543 Wtica St.
1. Date Accepted Q-75-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. *	5. Address: 12543 Wtica St. 6. City/State/Zip: Broomfield, CO 80000
1. Date Accepted Q-78-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$	5. Address: 12543 Wtica St. 6. City/State/Zip: Broomfield, CO 8 0020 7. Description:
1. Date Accepted Q-75-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$	5. Address: 12543 Wtica St. 6. City/State/Zip: Broomfield, CO 8 OCZO 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted Q-78-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$	5. Address: 12543 Wtica St. 6. City/State/Zip: Broomfield, CO 8 0020 7. Description:
1. Date Accepted Q-78-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted 10/10/17 2. Contribution Amt.	5. Address: 12543 Wtica St. 6. City/State/Zip: Broomfield, CO 8 0020 7. Description:
1. Date Accepted Q-78-17 2. Contribution Amt. \$ 5  3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted 10/10/17 2. Contribution Amt. \$ 30	5. Address: 12543 Dtica St. 6. City/State/Zip: Broomfield, CO 8 0020 7. Description:
1. Date Accepted Q-78-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted 10/10/17 2. Contribution Amt.	5. Address: 12543 Utica St. 6. City/State/Zip: Broomfald, CO 8 0020 7. Description:
1. Date Accepted 9-78-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted 10/017 2. Contribution Amt. \$ 30 3. Aggregate Amt. * \$	5. Address: 12543 Dtica St. 6. City/State/Zip: Broomfield, CO 8 0020 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Rhodes, Mandatory): 5. Address: 3002 75 <sup>th</sup> 8t
1. Date Accepted Q-78-17 2. Contribution Amt. \$ 5 3. Aggregate Amt. * \$ Check box if Electioneering Communication  1. Date Accepted 10/10/17 2. Contribution Amt. \$ 30 3. Aggregate Amt. *	5. Address: 12543 Dtica St. 6. City/State/Zip: Broomfield, CO 8 0000 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 3002 75 <sup>th</sup> 8t 6. City/State/Zip: Bailder CO 80301 7. Description:

\* 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).

Full Name of Committee/Person:

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

PLEASE PRINT/	TYPE
1. Date Accepted 8 25 17	4. Name (Last, First): December 1 (Last, First): Micholas
2. Contribution Amt.	5. Address: 7444 Benton St.
\$ 25	6. City/State/Zip: Westminster, (0 & 0003
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
Date Accepted	Tena 1 1/2/1/4
8-28-17	4. Name (Last, First): Trent, Hedley
2. Contribution Amt.	5. Address: 315 Mantain View Avenue
\$ 20.17	6. City/State/Zip: fat wpten CO 80621
3. Aggregate Amt. *	7. Description:
\$	8. Employer (if applicable, <u>mandatory</u> ):
☐ Check box if	9. Occupation (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, <u>inalidatory</u> ).
Date Accepted	Spa. 11 1/100
10-10-17	4. Name (Last, First): Smith, Kim
2. Contribution Amt.	5. Address: 1107 Courtney Cove Court
\$ 50	6. City/State/Zip: Gastonia, NC 28052
3. Aggregate Amt. *	7. Description:
Charleban if	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
Date Accepted	4. Name (Last, First): Christen, Curdy
9-19-17	
2. Contribution Amt.	5. Address: 5801 Colby Smeet
\$ 25	6. City/State/Zip: Fort Collins CO 80525
3. Aggregate Amt. *	7. Description:
\$	// Description
,	8. Employer (if applicable, mandatory):
Check box if	

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Full Name of Committee/Person: \_

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

PLEASE PRINT/I	TYPE
1. Date Accepted	4. Name (Last, First): Thompson, Do
8-S-17 2. Contribution Amt.	5. Address: 10032 W. 102nd Are
\$ 20)	6. City/State/Zip: Westminster CO 80021
3. Aggregate Amt. *	7. Description:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	5. Geoupation (ii application, <u>intimation</u> ).
1. Date Accepted	4. Name (Last, First): Matthews Alson
8-S-17 2. Contribution Amt.	5. Address: P.O. Box 276.
\$ Z\(\rightarrow\)	6. City/State/Zip: Westminster CO 80021
3. Aggregate Amt. *	
\$	7. Description:
☐ Check box if	9. Occupation (if applicable, mandatory):
Electioneering Communication	9. Occupation (ii applicable, mandatory).
1. Date Accepted	4. Name (Last, First): Phops, Mansa
10-10-17	5. Address: 1751 Pletcher Avenue
2. Contribution Amt. \$ 40	6. City/State/Zip: Lochbuil, CO 80603
3. Aggregate Amt. *	
\$	7. Description:
Check box if	9. Occupation (if applicable, mandatory):
Electioneering Communication	7. Occupation (ii application, inangaco, 1).
1. Date Accepted	4. Name (Last, First):
2. <u>Contribution Amt.</u> \$	5. Address:
3. Aggregate Amt. *	6. City/State/Zip:
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):
Electioneering Communication	9. Occupation (it applicable, <u>mandatory</u> ).

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

Date Expended   A. Name:	Full Name of Committ	ee/Person:
4. Name: Cty State/Zip. Westminster.  5. Address: 4800 W. 92 hd Que  6. City/State/Zip. Westminster.  7. Purpose of Expenditure: Booth Space Westy Fest.  Check box if Electioneering Communication  1. Date Expended 14 Areg 17 2. Amount 5. Address: 15334 East Hinsdale Cir * 1B 6. City/State/Zip. Centennial Co 80112 7. Purpose of Expenditure: Marketing Branca Colondar Contacting 1. Date Expended 14 Areg 17 2. Amount 5. Address: 15334 East Hinsdale Cir * 1B 6. City/State/Zip. Centennial Co 80112 7. Purpose of Expenditure: Marketing Branca Colondar Contacting 1. Date Expended 14 Areg 17 2. Amount 5. Address: 15334 East Hinsdale Cir # 1B 7. Purpose of Expenditure: Marketing Branca Colondar Contacting 1. Date Expended 14 Areg 17 2. Amount 15. Address: 15334 East Hinsdale Cir # 1B 7. Purpose of Expenditure: Way Marketing 16. City/State/Zip. Centennial Co 80112 7. Purpose of Expenditure: Yard Signs 17. Address: 5150 W. 120th Que Su. to 106 18. Address: 5150 W. 120th Que Su. to 106 19. Date Expended 21 Sept 17 2. Amount 5. Address: 9200 Waterford Centre B1 # 160 8. Address: 9200 Waterford Centre B1 # 160 8. Address: 9200 Waterford Centre B1 # 160 8. Address: 9200 Waterford Centre B1 8. Address: 9200 Waterford Centre B1 8. Address: 9200 Waterford Centre B1 8. Purpose of Expenditure: Yard Signs 8. Address: 9200 Waterford Centre B1 8. Purpose of Expenditure: Yard Signs 8. Purpose of Expenditure: Yard Signs 8. Address: 9200 Waterford Centre B1 8. Purpose of Expenditure: Yard Signs 8. Purpose of Expenditure: Yard Signs 9. Purpose of Expenditure: Yard Signs		
5. Address: 4800 W. 92hd (Ge \$ 170.00  3. Recipient is (optional):    Committee   Non-Committee   Check box if Electioneering Communication    Date Expended   HAug 17   August   Haug 17	A STATE OF THE PARTY OF THE PAR	4. Name: City of Wastminster.
\$ 170.00  3. Recipient is (optional):    Date Expended   HA Areg   7  2. Amount   S 368 29  3. Recipient is (optional):   Committee   Non-Committee   Check box if Electioneering Communication     Date Expended   HA Areg   7  2. Amount   S 368 29  3. Recipient is (optional):   Committee   Non-Committee   Non-Committee     Non-Committee   Non-Committee     Name: New Way Marketing   Name: New Way Marketing     Check box if Electioneering Communication     Date Expended   HA Reg   7  2. Amount   S 37.88  3. Recipient is (optional):   Committee   Non-Committee     Non-Committee   Non-Committee     Name: September	2. Amount	
3. Recipient is (optional):   Committee   Non-Committee   Poech Non-Committee   Check box if Electioneering Communication		
Committee	Ψ .	
Date Expended   H. Name:   N	Committee	7. Purpose of Expenditure: Booth Space, Westy Fest.
4. Name: Nam	☐ Non-Committee	
2. Amount S 368-29 3. Recipient is (optional): Committee Non-Committee Committee Check box if Electioneering Communication  1. Date Expended H Aug 17 2. Amount S 187-88 3. Recipient is (optional): Committee Committee Committee Committee Committee Committee Committee Check box if Electioneering Communication  1. Date Expended 19 Sept 17 2. Amount 5. Address: Centennia Communication  4. Name: Check box if Electioneering Communication  5. Address: Centennia Communication  6. City/State/Zip: Centennia Communication  7. Purpose of Expenditure: Vard Signs Check box if Electioneering Communication  6. City/State/Zip: Centennia Communication  7. Purpose of Expenditure: Vard Signs Committee Non-Committee Committee Committee Committee Check box if Electioneering Communication  7. Purpose of Expenditure: Committee Committee Check box if Electioneering Communication  8. Name: Committee Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount S. Address: City/State/Zip: Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount S. Address: Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount S. Address: Check box if Electioneering Communication  1. Date Committee Committee Check box if Electioneering Communication  1. Date Committee Check box if Electioneering Communication  2. Amount Check box if Electioneering Communication  3. Recipient is (optional)	1. Date Expended	new Man Marketina
S 368.29   3.Recipient is (optional):   Committee   Non-Committee   Check box if Electioneering Communication		
3. Recipient is (optional):  Committee  Non-Committee  Non-Committee  1. Date Expended 14 Aug 17 2. Amount \$ /87.88 3. Recipient is (optional):  Committee  Non-Committee  Non-Committee  Non-Committee  Non-Committee  Non-Committee  Non-Committee  1. Date Expended 19 Sept 17 2. Amount 5. Address: 19 33 4 2ast Hrns date Cir # 18 6. City/State/Zip: Centennial Co 80112 7. Purpose of Expenditure: Vard Signs Check box if Electioneering Communication  1. Date Expended 19 Sept 17 2. Amount 5. Address: 5150 W. 120th Ave Su. to 100 6. City/State/Zip: Westmins for Co 80820 7. Purpose of Expenditure: Ink and Paper Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount 5. Address: 9200 Waterford Centre B1 # 160 8. Address: 9200 Waterford Centre B1 8. Address: 9200 W		5. Address: 15334 East Hinsdale Cir # 18
Committee	The second secon	6. City/State/Zip: Centernial CO 80112
Non-Committee		7. Purpose of Expenditure: Marketing Bronce Calendar Contactinta
A Address:   18 3 3 4 8 ast   Hrns dale Cir   HB	Non-Committee	
\$   87.88  3.Recipient is (optional):  Committee  Non-Committee  Non-Committee  Non-Committee  1   Date Expended   19   Sept   7   2. Amount   S. Address:   5150   W. 120th awe Su. to 100   \$   53.21   3.Recipient is (optional):  Committee  Non-Committee  Non-Committee  1. Date Expended   Purpose of Expenditure:   Lok and Paper   Check box if Electioneering Communication  1. Date Expended   Purpose of Expenditure:   Lok and Paper   Check box if Electioneering Communication  1. Date Expended   21   Sept   7   2. Amount   Super Cheap Signs   3. Recipient is (optional):   Committee   Check box if Electioneering Communication  1. Date Expended   Check box if Electioneering Communication  2. Amount   Super Cheap Signs   3. Recipient is (optional):   Committee   Committee     Non-Committee   Purpose of Expenditure:   Vard Signs     Committee   Purpose of Expenditure:   Vard		naus War Marketian
\$   87.88  3.Recipient is (optional):  Committee  Non-Committee  Non-Committee  Non-Committee  1   Date Expended   19   Sept   7   2. Amount   S. Address:   5150   W. 120th awe Su. to 100   \$   53.21   3.Recipient is (optional):  Committee  Non-Committee  Non-Committee  1. Date Expended   Purpose of Expenditure:   Lok and Paper   Check box if Electioneering Communication  1. Date Expended   Purpose of Expenditure:   Lok and Paper   Check box if Electioneering Communication  1. Date Expended   21   Sept   7   2. Amount   Super Cheap Signs   3. Recipient is (optional):   Committee   Check box if Electioneering Communication  1. Date Expended   Check box if Electioneering Communication  2. Amount   Super Cheap Signs   3. Recipient is (optional):   Committee   Committee     Non-Committee   Purpose of Expenditure:   Vard Signs     Committee   Purpose of Expenditure:   Vard	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	4. Name: 1000 1000 1100 1100 1100 1100 1100 11
3. Recipient is (optional):  Committee  Non-Committee  Check box if Electioneering Communication  1. Date Expended 19 5cpt 17  2. Amount 5. Address: 5150 W. 120th aw Su. to 100  \$ 53.21  3. Recipient is (optional):  Committee  Non-Committee  Check box if Electioneering Communication  4. Name: 5taples  6. City/State/Zip: Westmins to CO 80820  7. Purpose of Expenditure: 1nk and Paper  Check box if Electioneering Communication  1. Date Expended 21 Sept 17  2. Amount 5. Address: 9200 Waterford Centre B1 #160  3. Recipient is (optional):  Committee  Committee  Non-Committee  Recipient is (optional):  Committee		
Committee  Non-Committee  Check box if Electioneering Communication  1. Date Expended 19 Sept 17 2. Amount 5. Address: 5150 W. 120th awe Su. to 106 \$ 53.21 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount 5. Address: 9200 Waterford Centre B1 # 160 \$ 426. 91 3. Recipient is (optional): Committee Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount 5. Address: 9200 Waterford Centre B1 # 160  6. City/State/Zip: Qus. tin TX 18758 7. Purpose of Expenditure: Yard Signs 7. Purpose of Expenditure: Yard Signs	-	6. City/State/Zip: Centennial CO 80112
Non-Committee   Check box if Electioneering Communication	Committee	7. Purpose of Expenditure: Vard SignS
4. Name: Staples  5. Address: 5150 W. 120th are Suite 106  \$ 53.21  3. Recipient is (optional):  Committee  Non-Committee  Check box if Electioneering Communication  1. Date Expended 21 Sept 17  2. Amount  \$ 4. Name: Super Cheap Signs  2. Amount  \$ 4. Name: Super Cheap Signs  3. Recipient is (optional):  Check box if Electioneering Communication  4. Name: Super Cheap Signs  5. Address: 9200 Waterford Centre B1 # 160  \$ 426. 91  3. Recipient is (optional):  Committee  Non-Committee  7. Purpose of Expenditure: Yard Signs	☐ Non-Committee	_
2. Amount  S. Address: 5150 W. 120th are Su. to 106  S. 53.21  3. Recipient is (optional):  Committee  Non-Committee  Check box if Electioneering Communication  1. Date Expended 21 Sept 17  2. Amount  S. Address: 9200 Waterford Centre B1 #160  3. Recipient is (optional):  Committee  Co	1	1 November Stanles
3.Recipient is (optional):  Committee  Non-Committee  Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount 5. Address:  9200 Waterford Centre B1 #160  3.Recipient is (optional):  Committee  City/State/Zip: Westmins tev. CO 90820  7. Purpose of Expenditure: Ink and Paper  Check box if Electioneering Communication  4. Name: Super Cheap Signs  5. Address:  9200 Waterford Centre B1 #160  6. City/State/Zip: Qustin TX 78758  7. Purpose of Expenditure: Yard Signs  Non-Committee  7. Purpose of Expenditure: Yard Signs		
3. Recipient is (optional):  Committee  Non-Committee  Check box if Electioneering Communication  1. Date Expended 21 Sept 17  2. Amount 5. Address:  9200 Waterford Centre B1 #160  \$ 426. 91  3. Recipient is (optional):  Committee  Check box if Electioneering Communication  4. Name:  Super Cheap Signs  5. Address:  9200 Waterford Centre B1 #160  6. City/State/Zip:  Questin TX 78758  7. Purpose of Expenditure:  Vard Signs		
Committee  □ Non-Committee □ Non-Committee □ Check box if Electioneering Communication  1. Date Expended 21 Sept 17 2. Amount 5. Address: 9200 Waterford Centre B1 #160  \$ 426. 91 3. Recipient is (optional): □ Committee □ Non-Committee		6. City/State/Zip: Westminster, CO 80820
Non-Committee   Check box if Electioneering Communication     1. Date Expended   21 Sept 17   4. Name: Super Cheap Signs     2. Amount   5. Address: 9200 Waterford Centre B1 # 160     \$ 426. 91   6. City/State/Zip: Qustin TX 78758     3. Recipient is (optional):   Committee   7. Purpose of Expenditure: Vard Signs     Non-Committee   7. Purpose of Expenditure: Vard Signs   7. Purpose of Expenditure: Va		7. Purpose of Expenditure: Jok and Paper
2. Amount  Super Cheap Signs  2. Amount  \$ 426. 91  3. Recipient is (optional):  Committee  Non-Committee  Non-Committee  7. Purpose of Expenditure: Vard Signs	☐ Non-Committee	
Committee 7. Purpose of Expenditure: Yard Signs		1 Name State Chean Clark
Committee 7. Purpose of Expenditure: Yard Signs		4. Name: Super Cramp Signs
Committee 7. Purpose of Expenditure: Yard Signs		5. Address: 1200 Waterford Centre DI # 160
Committee 7. Purpose of Expenditure: Yard Signs		6. City/State/Zip: Qustin TX 78758
Non-Committee	Committee	7. Purpose of Expenditure: Vard Signs
	☐ Non-Committee	

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

Full Name of Committe	ee/Person:
PLEASE PRINT/TYPE	
1. Date Expended	4. Name: Walmart
25 Sep 17	4. Name: Volume
2. Amount	5. Address: 5150 W. 120th ave Suite 120
\$ 52.93	6. City/State/Zip: Westminster CO 80020
3.Recipient is (optional):  Committee	7. Purpose of Expenditure: Ink, Tape
☐ Non-Committee	☐ Check box if Electioneering Communication
I Day Formalad	Check ook it dicettoneeting continuineation
1. Date Expended 4 Aug 17	4. Name: Staples
2. Amount	5. Address: 5150 W120th ave Suite 100
\$ 40.75	6. City/State/Zip: Westminster CO 80020
3.Recipient is (optional):  Committee	7. Purpose of Expenditure: Banner Westy Fest.
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
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
1. Date Expended	A Name
	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
Date Expended	A Name
	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
	Colorado Secretary of State Porm Rev. 12/09

Schedule C - Loans	
Full Name of Committee/Person:	
LOANS - Loans Owed by the Committee  (Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)  [No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commen purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may recloan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]	ial cive a
LOAN SOURCE	
Name (Last, First or Institution):	
Address:	
City/State/Zip:	
Original Amount of Loan: \$ Interest Rate:	
Loan Amount Received This Reporting Period: \$ Total of All Loans This Reporting  Period: \$	_ eport)
Principal Amount Paid This Reporting Period: \$	
Interest Amount Paid This Reporting Period: \$	
Amount Repaid This Reporting Period: \$ Total Repayments Made: \$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary)	
Outstanding Balance: \$	
TERMS OF LOAN:  Date Loan Received Due Date for Final Payment	
LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN	
Full Name Address, City, State, Zip Amount Guaranteed	1
	1

#### Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person:

(Previo	Returned Contributions usly reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE	
Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
	Returned Expenditures usly reported on Schedule B - Expenditures returned or refunded to the committee)
(Previou	Returned Expenditures
(Previous PLEASE PRINT/TYPE 1. Date Expended	Returned Expenditures  usly reported on Schedule B – Expenditures returned or refunded to the committee)  4. Name (Last, First):
(Previous PLEASE PRINT/TYPE  1. Date Expended  2. Date Returned	Returned Expenditures  asly reported on Schedule B – Expenditures returned or refunded to the committee)  4. Name (Last, First):  5. Address:
(Previous PLEASE PRINT/TYPE  1. Date Expended  2. Date Returned  3. Amount	Returned Expenditures  Isly reported on Schedule B – Expenditures returned or refunded to the committee)  4. Name (Last, First):  5. Address:  6. City/State/Zip:
(Previous PLEASE PRINT/TYPE  1. Date Expended  2. Date Returned  3. Amount	Returned Expenditures  usly reported on Schedule B – Expenditures returned or refunded to the committee)  4. Name (Last, First):  5. Address:  6. City/State/Zip:  7. Comment (Optional):
(Previous PLEASE PRINT/TYPE  1. Date Expended  2. Date Returned  3. Amount  \$ 1. Date Expended	Returned Expenditures  usly reported on Schedule B – Expenditures returned or refunded to the committee)  4. Name (Last, First):  5. Address:  6. City/State/Zip:  7. Comment (Optional):  4. Name (Last, First):

Statement of Non-Monetary Contributions
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person:	
PLEASE PRINT/TYPE	
Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
Date Provided	
Date Hovided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."