

FCPA SUBMISSION #1 For November 7, 2023 Election

District 1

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

Ph: Fax:

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

Email: cpfhelp@sos.state www.sos.state.co.us 7-24-2023





REPORT OF CONTRIBUTIONS AND EXPENDITURES (1-45-108, C.R.S.)

Full Name of Committee/Person:	Kevin Rants					
	As Shown On Registration					
Address of Committee/Person:	8286 Briar Ridge Dr					
City, State & Zip Code:	Castle Pines, CO 80108					
Committee Type:	Candidate Committee					
Name and Address of Financial Institution	Undersalent Einensiel, FOC Contle Dince Derlayer, Contle Dince 9010					
SOS ID NUMBER	(state and county committees):					
Type of Report						
Regularly Scheduled Filing	•					
Amended Filing. This amend	s previous report filed on (date)					
Submit changes or new informati	on ONLY					
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance o	f Zero in Line 5)				
Check this box if this Repor	t Contains Electioneering Communication	ons Information				
Reporting Period Covered: 7	-24-2023 Throu	gh 10-12-2023				
Reporting Period Covered.	Date	Date				
Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	\$9622.82					
		Totals Detailed Summary Page				
	of Reporting Period (monetary only)	\$0.00				
2 Total Monetary Contributions (lin		\$3,700.00				
	& Beginning Amount (line 1 + line 2)	\$3,700.00				
4 Total Monetary Expenditures (lim	e 19) porting Period (monetary) (line 3 – line 4)	\$ 9622.82 \$-5922.82				
5 Funds on Hand at the End of Rep	orting Period (monetary) (line 3 – line 4)	φ-3922.62				
The appropriate officer sh	nall impose a penalty of \$50 per day for eac [Art. XXVIII Sec. 10(2)(a)]	ch day that a report is filed late.				
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 n	ny knowledge or belief all contributions recei in the form of membership dues transferred b	ived during this reporting period,				
Print Registered Agent's Name:	Kevin Rants					
Registered Agent's Signature: Kevin J. Ranta Date: 10-15-2023						
Print Candidate Name: Kevin Rants						
Candidates Signature: Kevin	J Ranta	Date: 10-15-2023				
	· 5	Colorado Secretary of State Form Rev. 12/09				

DETAILED SUMMARY

Full Name of Committee/Person: Kevin Rants

Current Reporting Period:

7-24-2023

Through 10-12-2023

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ o
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 3700
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ ₀
8	Loans Received (Please list on Schedule "C")	\$ O
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ ₀
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	Type text here \$ 3700
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 3700
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 9618.60
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ _{4.22}
16	Loan Repayments Made (Please list on Schedule "C")	\$ Type text here
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ o
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ ₀
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 9622.82
20	Total Spending (Line 18 + line 19)	\$ 9622.82

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

• Required to disclose occupation **and** employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

Accepts contributions of no more than \$50 per year, <u>FROM NATURAL PERSONS ONLY</u>.
 [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation **and** employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Contribution Limits – State Candidates

(Art. XXVIII, Sec. 3)

Candidates:

- \$525♦ Primary, \$525♦ General if nominated to general election ballot Gov*, Gov/Lt. Gov**, Secretary of State, Attorney General and State Treasurer
- \$200 Primary, \$200 General if nominated to general election ballot State Senate, State House of Representative, State Board of Education, CU Regent, and District Attorney.

Note: Candidates may receive the primary and general election contributions at one time, the contributor must note that the contribution is for both the primary and general election contribution. Candidates must note both contributions on their report. It is preferred that each contribution be given separately; one check written for the primary and one check written for the general, and so noted by the contributor on the check and by the recipient on the report.

Political Committees (State, County, District & Local):

\$525♦ per House of Representatives Election Cycle

Political Party (From any person other than Small Donor):

• \$3,175\pi per year no more than \$2,650\pi to state party.

Political Party (From Small Donor):

• \$15,900♦ per year no more than \$13,250♦ to state party.

<u>Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.</u>

^{*} Primary Election

^{**} General Election

[♦] Contribution Limits reflect adjustments made by CPF Rule 12 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- It shall be unlawful for a corporation or labor organization to make contributions to a
 candidate committee or a political party, and to make expenditures expressly advocating the
 election or defeat of a candidate; except that a corporation or labor organization may establish
 a political committee or small donor committee which may accept contributions or dues from
 employees, officeholders, shareholders, or members.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
- Any natural person who is not a citizen of the United States;
- A foreign government; or
- any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political party shall accept a contribution, or make an expenditure, in currency or coin exceeding one hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political committee, small donor committee, or political party with the expectation that some or all of the amounts of such contribution will be reimbursed by another person. No person shall be reimbursed for a contribution made to any candidate committee, issue committee, political committee, small donor committee, or political party, nor shall any person make such reimbursement except as provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]
- Contributions from professional and volunteer lobbyists to any member of or candidate for the general assembly, or the governor or candidate for governor are prohibited during regular legislative session.
- Political Committees may contribute to a legislator during session, unless the political committee employs, retains, engages, or uses, with or without compensation, a professional or volunteer lobbyist.

Full Name of Committee/Person:

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

PLEASE PRINT/	TYPE
1. Date Accepted	4. Name (Last, First): Horan, Darwin
9-21-2023	
2. Contribution Amt.	5. Address:
\$ 3000	6. City/State/Zip: Centennial, CO 80112
3. Aggregate Amt. *	7. Description: personal check for campaign donation
\$ 3000	8. Employer (if applicable, mandatory): Self-Employed
☐ Check box if	o. Employer (it applicable, mandatory).
Electioneering Communication	9. Occupation (if applicable, mandatory): Owner, Ventana Capital LLC
1. Date Accepted	4. Name (Last, First): Alpert, Lee
10-4-2023 2. Contribution Amt.	5. Address:
2. Contribution Amt.	
300 3. Aggregate Amt. *	6. City/State/Zip: Englewood, CO 80113
\$	7. Description: personal check for campaign donation
300	8. Employer (if applicable, mandatory): Self-Employed
Check box if Electioneering	9. Occupation (if applicable, mandatory): Developer
Communication	
1. Date Accepted	
	A Name of the St. St. Friest Rondeau
10-8-2023	4. Name (Last, First): Ernest Rondeau
10-8-2023 2. Contribution Amt.	5. Address:
10-8-2023	5. Address:
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. *	Address: City/State/Zip: Castle Pines, CO 80108
10-8-2023 2. <u>Contribution Amt.</u> \$ 100	Address: City/State/Zip: Castle Pines, CO 80108 Description: personal check for campaign donation
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 □ Check box if	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 □ Check box if Electioneering	Address: City/State/Zip: Castle Pines, CO 80108 Description: personal check for campaign donation
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 □ Check box if Electioneering Communication	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 Check box if Electioneering Communication 1. Date Accepted	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 Check box if Electioneering Communication 1. Date Accepted 10-8-2023	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 □ Check box if Electioneering Communication 1. Date Accepted 10-8-2023	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Alpert, Jonathon 5. Address:
2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 Check box if Electioneering Communication 1. Date Accepted 10-8-2023 2. Contribution Amt. \$ 300 3. Aggregate Amt. *	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Alpert, Jonathon
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 Check box if Electioneering Communication 1. Date Accepted 10-8-2023 2. Contribution Amt. \$ 300	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Alpert, Jonathon 5. Address: 6. City/State/Zip: Denver, CO 80246 7. Description: personal check for campaign donation
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 □ Check box if Electioneering Communication 1. Date Accepted 10-8-2023 2. Contribution Amt. \$ 300 3. Aggregate Amt. * \$ 300 □ Check box if	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Alpert, Jonathon 5. Address: 6. City/State/Zip: Denver, CO 80246 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Self-Employed
10-8-2023 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$ 100 ☐ Check box if Electioneering Communication 1. Date Accepted 10-8-2023 2. Contribution Amt. \$ 300 3. Aggregate Amt. * \$ 300	5. Address: 6. City/State/Zip: Castle Pines, CO 80108 7. Description: personal check for campaign donation 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Alpert, Jonathon 5. Address: 6. City/State/Zip: Denver, CO 80246 7. Description: personal check for campaign donation

* 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.]

Full Name of Committee/Person: Kevin Rants			
PLEASE PRINT/TYPE			
1. Date Expended	4. Name: Scalability (C-Level Strategy)		
7-24-2023			
2. Amount	5. Address: 210 N 2100 W		
\$ 698.54 3.Recipient is (optional):	6. City/State/Zip: SALT LAKE CITY, UT 84116		
Committee	7. Purpose of Expenditure: Media Production and Graphics		
□ Non-Committee	☐ Check box if Electioneering Communication		
	Check box it Electioneering communication		
1. Date Expended	4. Name: Scalability (C-Level Strategy)		
8-7-2023			
2. Amount	5. Address: 210 N 2100 W		
\$ 1353.42 3.Recipient is (optional):	6. City/State/Zip: SALT LAKE CITY, UT 84116		
Committee	7. Purpose of Expenditure: Media Production and Graphics		
☐ Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name: Twitter Blue		
8-7-2023			
2. Amount	5. Address: 1355 Market St, Suite 900		
\$ 84.00	6. City/State/Zip: San Francisco, CA 94103		
3.Recipient is (optional): Committee	7. Purpose of Expenditure: Verification for Campaign Twitter Account		
☐ Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name: Wix.com		
8-26-2023			
2. Amount	5. Address: 40 Namal		
\$ 324.00 3.Recipient is (optional):	6. City/State/Zip: Tel Aviv, Israel		
Committee	7. Purpose of Expenditure: Establishing www.kevinforcastlepines.com website		
☐ Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name: Wix.com		
8-26-2023	4. Name:		
2. Amount	5. Address: 40 Namal		
\$ 60.40	6. City/State/Zip: Tel Aviv, Israel		
3.Recipient is (optional): Committee	7. Purpose of Expenditure: domain registration www.kevinforcastlepines.com		
☐ Non-Committee	☐ Check box if Electioneering Communication		

1st Reporting Period - Oct 12 2023 Final for 1st Report

	Campaign Finance - Committee to Re-Elect Kevin Rants (Schedule B Continuation - Itemized Expenditure Statement)					
Date	Description	Campaign Contributions	Campaign Expenses	Personal funds expenditure	Purpose of Expenditure	Vendor information
7/24/2023	Scalability invoice M0065198	\$0,00	-\$698,54	-\$698.54	Media production and graphics	Scalability (C-Level Strategy) 210 N 2100 W, Salt Lake City, UT 84116
8/7/2023	Scalability first invoice M0066771	\$0.00	-\$1,353,42	-\$1,353,42	Media production and graphics	Scalability (C-Level Strategy) 210 N 2100 W, Salt Lake City, UT 84116
8/7/2023	Twitter Blue Invoice E702A26B-0001	\$0.00	-\$84,00	-\$84,00	Verification of Campaign Twitter Acct	Twitter HQ, 1355 Markert St, Ste 900, San Francisco, CA 94103
8/26/2023	Wix Premium account #1072456465	\$0,00	-\$324,00	-\$324,00	Establishing www.kevinforcastlepines.com website	Wix.com HQ, 40 Namal, Tel Aviv, Israel
8/26/2023	Wix Domain Registration #1072456523	\$0.00	-\$80,40	-\$60.40	Domain registration for www.kevinforcastlepines.com website	Wix.com HQ, 40 Namal, Tel Aviv, Israel
9/5/2023	Scalability invoice M0085198	\$0.00	-\$1,353.42	-\$1,353.42	Media production and graphics	Scalability (C-Level Strategy) 210 N 2100 W, Salt Lake City, UT 84116
9/11/2023	Vistaprint cards, stickers order VP_9N9TKBRG	\$0.00	-\$111.03	-\$111.03	Campaign Business Cards & Die Cut Stickers	VistaPrint, 275 Wyman St, Waltham, MA, 02451
9/18/2023	Political Marketing Inc Inv 1979	\$0.00	-\$202.50	-\$202.50	Cell Phone Number lists for District 1	Political Marketing Int'l, Inc PMI, 4415-C Constitution Lane #166, PO Box 698, Marianna, FL 32447 United States
9/19/2023	Wix domain email address	\$0.00	-\$72.00	-\$72.00	Business email info@kevinforcastlepines.com registration for www.kevinforcastlepines.com website needed for Meta Business Ad campaign	Wix.com HQ, 40 Namal, Tel Aviv, Israel
9/21/2023	Donation - Darwin Horan chk 1019	\$3,000.00			Candidate donation	Self Employed, Ventana Capital LLC, 9801 E, Easter Ave, Centennial, CO 80112
9/22/2023	Reimbursement	\$0.00	-\$3,000.00	\$3,000.00	Reimbursement for Scalability Media consulting	n/a
9/23/2023	Meta Business Ad Invoice QYMTLT7BC2	\$0.00	-\$29.00	-\$29.00	Candidate Facebook and Instagram Ad Campaign	Meta Headquarters, 1 Hacker Way, Menlo Park, CA 94025, USA
9/25/2023	Minuteman Press Yard Signs #81535	\$0.00	-\$577.42	-\$577.42	Campaign yard signs printed at DTC location	Minuteman Press, 61 Executive Boulevard Farmingdale, NY 11735
10/1/2023	Meta Business Ad Invoice M5MHLTBBC2	\$0.00	-\$29.00	-\$29.00	Candidate Facebook and Instagram Ad Campaign	Meta Headquarters, 1 Hacker Way, Menio Park, CA 94025, USA
10/2/2023	Scalability invoice M0071318	\$0,00	-\$654,88	-\$654,88	Media production and graphics	Scalability (C-Level Strategy) 210 N 2100 W, Salt Lake City, UT 84116
9/29/2023	PMI inc SMS 9-19 Invoice #001983	\$0.00	-\$400.00	-\$400.00	SMS messaging for 9-19-2023	Political Marketing Int'l, Inc PMI, 4415-C Constitution Lane #166, PO Box 698, Marianna, FL 32447 United States
10-6-2023	Lowes Receipt - sign stakes	\$0.00	-\$34.44	-\$34,44	Metal stakes for 4'x8' Campaign Sign	Castle Rock Lowe's, 1360 New Beale Street, Castle Rock, CO 80108
10-6-2023	Moonshine Signs - campaign sign	\$0.00	-\$410.59	-\$410.59	4'x8' Campaign Sign on Lagae Family Parcel	Moonshine Signs, 3730 S Lipan St Englewood CO 80110
10-7-2023	Meta Business Ad Invoice 6WFFNSXBC2	\$0.00	-\$29.00	-\$29.00	Candidate Facebook and Instagram Ad Campaign	Meta Headquarters, 1 Hacker Way, Menlo Park, CA 94025, USA
10-8-2023	Meta Business Ad Invoice	\$0.00	-\$4.22	-\$4.22	Candidate Facebook and Instagram Ad Campaign	Meta Headquarters, 1 Hacker Way, Menlo Park, CA 94025, USA
10-4-2023	Donation - Lee Alpert chk 1077	\$300.00		350	Check to Candidate Committee	Self Employed, Developer, 1 Cherry Hills Farm ct, Englewood, CO 80113
10-8-2023	Donation - Ernest Rondeau chk 9022	\$100.00	A	(#)	Check to Kevin Rants for Donation	Retired, 8292 Briar Ridge Dr, Castle Pines, CO 80108
10-8-2023	Donation - Jonathon Alpert chk 1473	\$300.00			Check to Candidate Committee	Self Employed Developer, 14 S Grape St, Denver, CO 80246
10-6-2023	City of Castle Pines sign permit	\$0.00	-\$94.96	-\$94.96	Sign Permit to erect 4'x8' sign on Lagae Family Parcel	City of Castle Pines, 7437 Village Square Drive, Suite 200, Castle Pines, Ct 80108
10-9-2023	Reimbursement	\$0.00	-\$100.00	\$100.00	Reimbursement for sign permit and print material	n/a
	First Reporting Period Total	\$3,700.00	-\$9,622.82	-\$3,422.82		
		Campaign Contributions	Campaign Expenses	Personal funds expenditure		

10/15/2023 13:42:41

Full Name of Committee/Person: Kevin Rants

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 commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan 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 that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

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: \$ (Place on line 8 of Detailed Summary Repor
Principal Amount Paid This Reporting Period: \$	
Interest Amount Paid This Reporting Period: \$	
Amount Repaid This Reporting Period: \$(Amount Repaid is sum of Principal & Interest entered on Detail Summary)	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

Schedule D – Returned Contributions & Expenditures

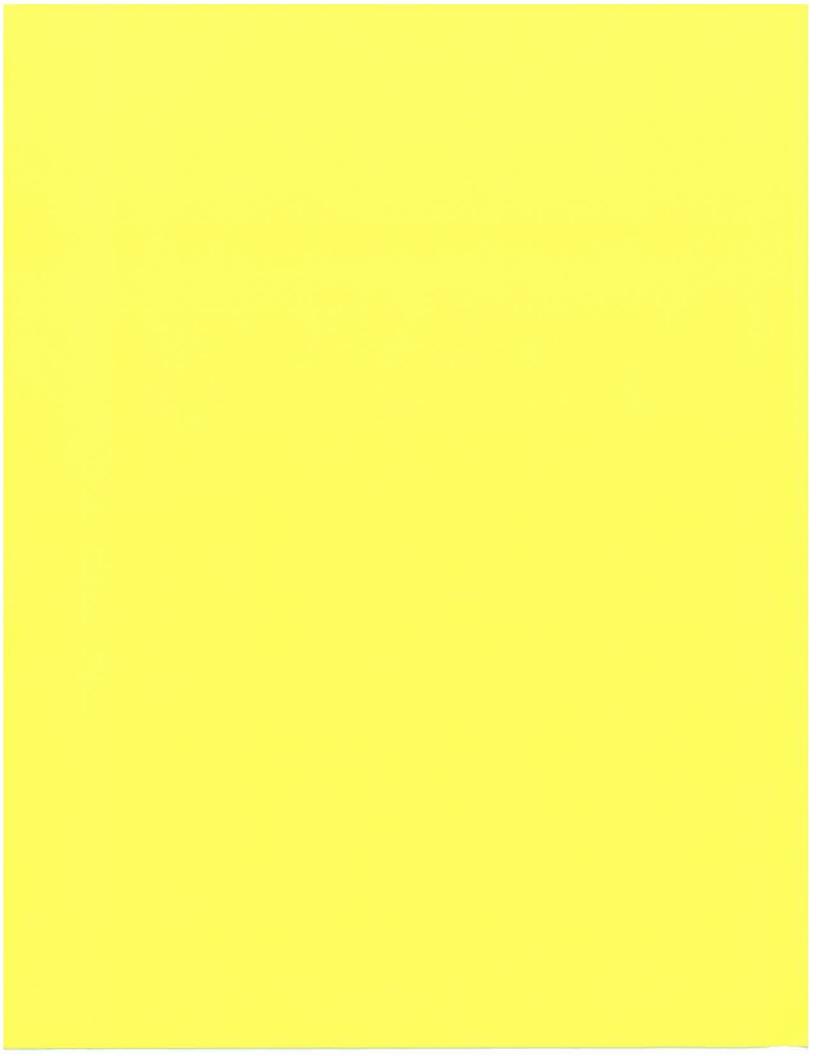
Full Name of Committee/Person: Kevin Rants

Returned Contributions (Previously reported on Schedule A — Contributions accepted and then returned to donors)		
PLEASE PRINT/TYPE		
1. 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:	
(Previously PLEASE PRINT/TYPE 1. Date Expended	Returned Expenditures y reported on Schedule B – Expenditures returned or refunded to the committee)	
2. Date Returned	4. Name (Last, First):	
3. Amount	5. Address: 6. City/State/Zip:	
\$. <u>Amount</u>	7. Comment (Optional):	
1. Date Expended	4. Name (Last, First):	
2. Date Returned	5. Address:	
3. Amount	6. City/State/Zip:	
\$	7. Comment (Optional):	
	Colorado Secretary of State Form Rev. 12/09	

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



Colorado Secretary of State

Flections Division 1700 Broadway Ste 200 Denver, CO 80290

Ph:

(303) 894-2200 ext. 6383

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epfhelp a sos.state.co.us





REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	Committee to Reta		.ون
	As Shown On Registration	,~~~~	-)
Address of Committee/Person:	12390 Serona Ct		
City, State & Zip Code:	Castle Pines 10 80	108	
Committee Type:	Candidale	1 0	
Name and Address of Financial institution	Independent Bank	<u> </u>	
SOS ID NUMBER		7 3 7 8	331
Type of Report	1		
Regularly Scheduled Filing	or.		
Regularly Selectured 7 mily	ş.		
Amended Filing. This amend Submit changes or new informat			
	nation Reports MUST Have a Monetary Balance of	of Zero in Lir	ne 5)
	rt Contains Electioneering Communication		
		ons mom	ution
Reporting Period Covered:	80 020 03 12/1/22 Throu	ıgh	10/12/23
Declared Total Spending (if app	Date	8	Date
[Art_XXVIII. Sec. 4(1)]	s S		
		Total	s Detailed Summary Page
Funds on Hand at the Beginning	of Reporting Period (monetary only)	\$	567,74
		\$	1760.65
TOTAL INTOHERATY CONTRIBUTIONS (In			
Total Monetary Contributions (lin	& Beginning Amount (line 1 + line 2)	1 %	222000
Total of Monetary Contributions	& Beginning Amount (line 1 + line 2)	\$	2328.06
Total of Monetary Contributions Total Monetary Expenditures (lin		\$ \$ \$	2471.65
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep	porting Period (monetary) (line 3 – line 4)	\$	143.59
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep	ie 19)	\$	143.59
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer sl	ne 19) porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for eac [Art. XXVIII Sec. 10(2)(a)]	\$ \$ ch day that	143.59 a report is filed late.
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer st Authorization (Must be completed by	porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate):	\$ \$ \$ I hereby ce	a report is filed late. Priffy and declare, under
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer sl Authorization (Must be completed by penalty of perjury, that to the best of a including any contributions received to	ne 19) porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for eac [Art. XXVIII Sec. 10(2)(a)]	\$ \$ ch day that I hereby ceived during	a report is filed late. Pertify and declare, under this reporting period,
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer sl Authorization (Must be completed by penalty of perjury, that to the best of the second contributions are contributed by the second contributed	no 19) porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions rece	\$ \$ ch day that I hereby ceived during	a report is filed late. Pertify and declare, under this reporting period,
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer sl Authorization (Must be completed by penalty of perjury, that to the best of a including any contributions received to	porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for ear [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions recein the form of membership dues transferred by	\$ \$ ch day that I hereby ceived during	a report is filed late. Pertify and declare, under this reporting period,
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer st Authorization (Must be completed to penalty of perjury, that to the best of a including any contributions received to permissible sources.	porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for ear [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions recein the form of membership dues transferred by	\$ \$ ch day that I hereby ceived during	a report is filed late. Pertify and declare, under this reporting period,
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rej The appropriate officer sl Authorization (Must be completed by penalty of perjury, that to the best of a including any contributions received appermissible sources. Print Registered Agent's Name: Registered Agent's Signature:	porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for ear [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions recein the form of membership dues transferred by	\$ \$ ch day that I hereby ceived during	a report is filed late. Prtify and declare, under this reporting period, ship organization, are from
Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer sl Authorization (Must be completed by penalty of perjury, that to the best of a including any contributions received by permissible sources. Print Registered Agent's Name: Registered Agent's Signature:	porting Period (monetary) (line 3 – line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions recein the form of membership dues transferred by Delocal Walvey	\$ \$ ch day that I hereby ceived during	a report is filed late. Pertify and declare, under this reporting period, ship organization, are from

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Retain Deborah Metzger Mulvey

Current Reporting Period: W33 Nov 12 1 20 Through 10 (12 2)

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 562.74
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 562.74 774.67
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ €
8	Loans Received (Please list on Schedule "C")	\$ 981.65
9	Total of Other Receipts (Interest. Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ MARINAN 1760.32
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 17 60.32
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 2471.65
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
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)	\$ antamus
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 2471.65
20	Total Spending (Line 18 + line 19)	\$ 2471.68

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

Full Name of Committee/Person: 8/27/23 -10/12/23				
WARNIN	G: Please read the instruction page for Schedule "A" before completing!			
PLEASE PRINT/	ТҮРЕ			
1. Date Accepted 10 10 23 2. Contribution Amt.	4. Name (Last, First): Lee Alpert 5. Address:			
\$ 300.00 3. Aggregate Amt. * \$	6. City/State/Zip: Gellywood Village 7. Description: donation 8. Employer (if applicable, mandators): sel?			
Electioneering Communication	9. Occupation (if applicable. mandatory): development			
1. Date Accepted 10 11 23 2. Contribution Amt. \$ 200.00 3. Aggregate Amt. *	4. Name (Last First): Sean Tonnes 5. Address: 6. City/State/Zip: Costle Rock 7. Description: donation			
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory): Self 9. Occupation (if applicable, mandatory): consulting			
2 Contribution Amt. \$ \q.99 3. Aggregate Amt. *	4. Name (Last, First): Cash 5. Address: 6. City/State/Zip: 7. Description: donation			
Check box if Electioneering Communication	8. Employer (if applicable. mandatory): 9. Occupation (if applicable. mandatory):			
1. Date Accepted 1 28 23 2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication	4. Name (Last, First): LORE Finhony Siovert 5. Address 6. City/State/Zip: Costle Pines 7. Description: Lovatton 8. Employer (if applicable, mandatory): BR (C.) 9. Occupation (if applicable, mandatory): LONSUL HING			

^{*} 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 A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person:

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

PLEASE PRINT/	TYPE
1. Date Accepted	4. Name (Last. First): <u>(as \sqrt}</u>
2. Contribution Amt.	5. Address:
\$ 2.00	6. City/State/Zip:
3. Aggregate Amt. * \$	7. Description:
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
Date Accepted	4. Name (Last. First): _ cash
2. Contribution Amt.	
\$ 19.99	
3. Aggregate Amt. *	6. City/State/Zip:
\$	7. Description:
Check box if	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	
\$	5. Address:
3. Aggregate Amt. *	6. City/State/Zip:
\$	7. Description: 8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3 Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	

* 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.]

Full Name of Committee/Person:			
PLEASE PRINT/TYPE			
1. <u>Date Expended</u> 10 5 23 2. <u>Amount</u>	4. Name: Underwood Comme LCC		
\$ 500.00 3.Recipient is (optional):	5. Address: 1500 w thor ten pkuy 6. City/State/Zip: Thornton, Co		
☐ Committee ✓ Non-Committee	7. Purpose of Expenditure: Consulting - mise Check box if Electioneering Communication		
1. Date Expended	4. Name: Seth Jacobsen		
2. Amount	5. Address: PO COY 1140		
3. Recipient is (optional):	6. City/State/Zip: frisco CO		
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:		
1. Date Expended 41.723	4. Name: Pastle Pines Connection		
2. Amount	5. Address: 7437 Village Sq. Dr		
\$ 500.00 3.Recipient is (optional):	6. City/State/Zip: Castle Pines		
☐ Committee	7. Purpose of Expenditure: advertise ment		
☑ Non-Committee	Check box if Electioneering Communication		
1. Date Expended	4. Name: Seasons 52		
2. Amount	5. Address: Park Meadows Dr.		
\$ 115.67 3.Recipient is (optional):	6. City/State/Zip: Lone Tree		
Committee Non-Committee	7. Purpose of Expenditure: Meeting lendor semont		
	Check box if Electioneering Communication		
1. Date Expended	18. Name: Anetot service Cees		
2. Amount	5. Address: www. Analot.com		
\$ (cc.,L\O 3.Recipient is (optional):	6. City/State/Zip:		
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: payment sens		
Non-Committee	☐ Check box if Electioneering Communication		

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

Full Name of Commit	tee/Person:				
PLEASE PRINT/TYPE					
1. Date Expended	4. Name: Abaco				
9/11/23	4. Name: A ba(6				
2. Amount	5. Address: www Aba co 100 m				
\$ 52.98					
3.Recipient is (optional):	6. City/State/Zip:				
Committee	7. Purpose of Expenditure: do maio				
Non-Committee	Check box if Electioneering Communication				
Date Expended					
10/1/23	4. Name: Secretary of State				
2. Amount	5. Address:				
\$ 100.00	J. Address.				
3. Recipient is (optional):	6. City/State/Zip: Denver Co				
Committee	7. Purpose of Expenditure: report				
Non-Committee	☐ Check box if Electioneering Communication				
Date Expended	a check box it electroneering communication				
4	4. Name: Michaela Beacher				
\$ 24 23 2. Amount					
	5. Address:				
\$ 128.00 3.Recipient is (optional):	6. City/State/Zip: Highlands Ranch				
Committee					
Non-Committee					
	☐ Check box if Electioneering Communication				
1. Date Expended	4. Name: 100'x				
10 7/23					
2. Amount	5. Address: www wix, com				
\$ 38.00	6. City/State/Zip:				
3. Recipient is (optional): Committee					
Non-Committee	7. Purpose of Expenditure:				
	Check box if Electioneering Communication				
Date Expended	4 Name: Day pal				
10 1/23	4. Name: Pag Pag				
2. Amount (1, 36	4. Name: Pay pal 5. Address: www.panpal.com				
\$ 25000	6. City/State/Zip:				
3. Recipient is (optional): Committee					
Non-Committee	7 Purpose of Expenditure: SCNICE Cees				
,	Check box if Electioneering Communication				
	Colorado Secretary of State Form Rev. 12/09				
	Solding of State 1 Office 1 Of				

Schedule C - Loans

Full Name of Committee/Person: Committee to Retain Deborahketege Mulvey

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 commercial purpose. [Art. XXVIII. Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan 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 that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII. Sec. 3(8)]

LOAN SOURCE
Name (Last, First or Institution): 5219
Address: 12390 Serena Ct
City/State/Zip:Castle Pines
Original Amount of Loan: \$ 981.65 Interest Rate:
Loan Amount Received This Reporting Period: \$ 981.65 Total of All Loans This Reporting Period: \$ 981.65 (Place on line 8 of Detailed Summary Re
Principal Amount Paid This Reporting Period: \$
Interest Amount Paid This Reporting Period: \$
Amount Repaid This Reporting Period: \$ 981.65 (Amount Repaid is sum of Principal & Interest entered on Detail Summary) Total Repayments Made: \$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Balance: \$ _ 981.65
TERMS OF LOAN: 10/12/23 12/31/23 Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
none		

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Commettee to Retain Deboral, Metroge Muche

Returned Contributions

NONE

(Previously reported on Schedule A - Contributions accepted and then returned to donors)

4. Name (Last, First):

PLEASE PRINT/TYPE

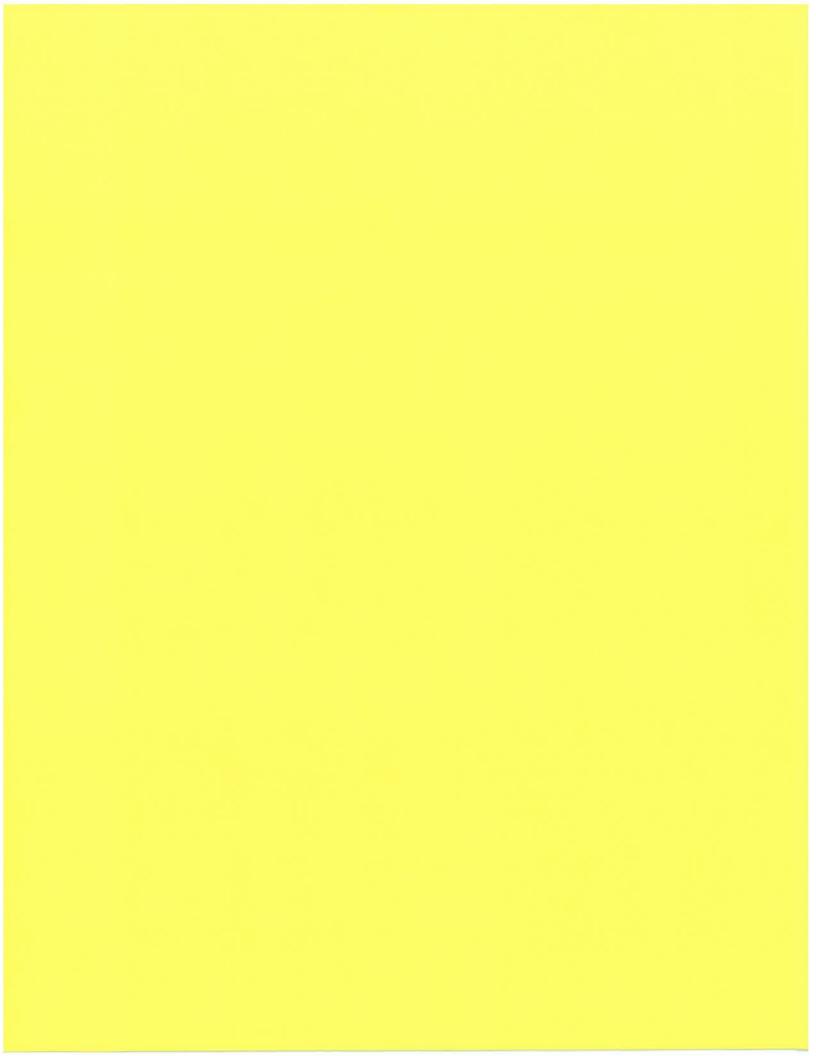
1. Date Accepted

2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
(Previous	Returned Expenditures sly reported on Schedule B – Expenditures returned or refunded to the committee)
(Previous	Returned Expenditures
(Previous	Returned Expenditures
(Previous	Returned Expenditures Sly reported on Schedule B – Expenditures returned or refunded to the committee) 4. Name (Last, First):
(Previous PLEASE PRINT/TYPE 1. Date Expended	Returned Expenditures sly 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	Returned Expenditures Sly 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 3. Amount	Returned Expenditures sly 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	Returned Expenditures sly 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):
PLEASE PRINT/TYPE 1. Date Expended 2. Date Returned 3. Amount \$ 1. Date Expended	Returned Expenditures sly reported on Schedule B – Expenditures returned or refunded to the committee) 4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Comment (Optional):

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

Date Provided 4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 1. Date Provided 4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation: 9. Description: 9. Occupation: 9. Occupation:	Full Name of Com	mittee/Person: Committee to Relain Deborah Kutzger Hulva			
4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10. Date Provided 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10. Date Provided 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10. Date Provided 4. Name (Last, First): 5. Address: 9. Occupation (if applicable, mandatory): 10. Date Provided 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):					
2. Fair Market Value \$	1. Date Provided	4. Name (Last. First):			
7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10. □ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandato	2. Fair Market Value	5. Address:			
S	\$	6. City/State/Zip:			
S. Employer (if applicable, mandatory):		7. Description:			
Secupation (if applicable, mandatory): 10		8. Employer (if applicable, mandatory):			
1. Date Provided 4. Name (Last. First): 5. Address: 6. City/State/Zip: 9. Occupation (if applicable, mandatory): 1. Date Provided 4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 10.		9. Occupation (if applicable, mandatory):			
4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 10. □ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last. First): 5. Address: 2. Fair Market Value \$ 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	Communication				
4. Name (Last. First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 10. □ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last. First): 5. Address: 2. Fair Market Value \$ 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	T. Davida di I				
\$ 6. City/State/Zip: 3. Aggregate Amt. 5 8. Employer (if applicable, mandatory): Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 1. Date Provided 4. Name (Last. First): 2. Fair Market Value 5 6. City/State/Zip: 3. Aggregate Amt. 5 6. City/State/Zip: 4. Description: 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory): 1. 1. 1. 1. 1. 1. 1. 1	1. Date Provided	4. Name (Last, First):			
7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10.	2. Fair Market Value	5. Address:			
7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10.	\$	6. City/State/Zip:			
8. Employer (if applicable, mandatory): Check box if Electioneering Communication	3. Aggregate Amt.				
Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 10. □ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	\$				
10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *					
4. Name (Last, First): 2. Fair Market Value \$ 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory):	-				
4. Name (Last, First): 2. Fair Market Value \$ 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory):					
5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	1. Date Provided	4. Name (Last. First):			
\$ 6. City/State/Zip: 3. Aggregate Amt. \$ 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory):	2. Fair Market Value				
7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory):					
\$ 8. Employer (if applicable, mandatory): Check box if Electioneering 9. Occupation (if applicable, mandatory):	3. Aggregate Amt.				
Check box if Electioneering 9. Occupation (if applicable, mandatory):					

* 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





FCPA SUBMISSION #1 For November 7, 2023 Election

District 2

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





Colorado Secretary of State Rev. 12/09

www.sos.state.co.us

Name of Candidate: Rondle Lee Cole

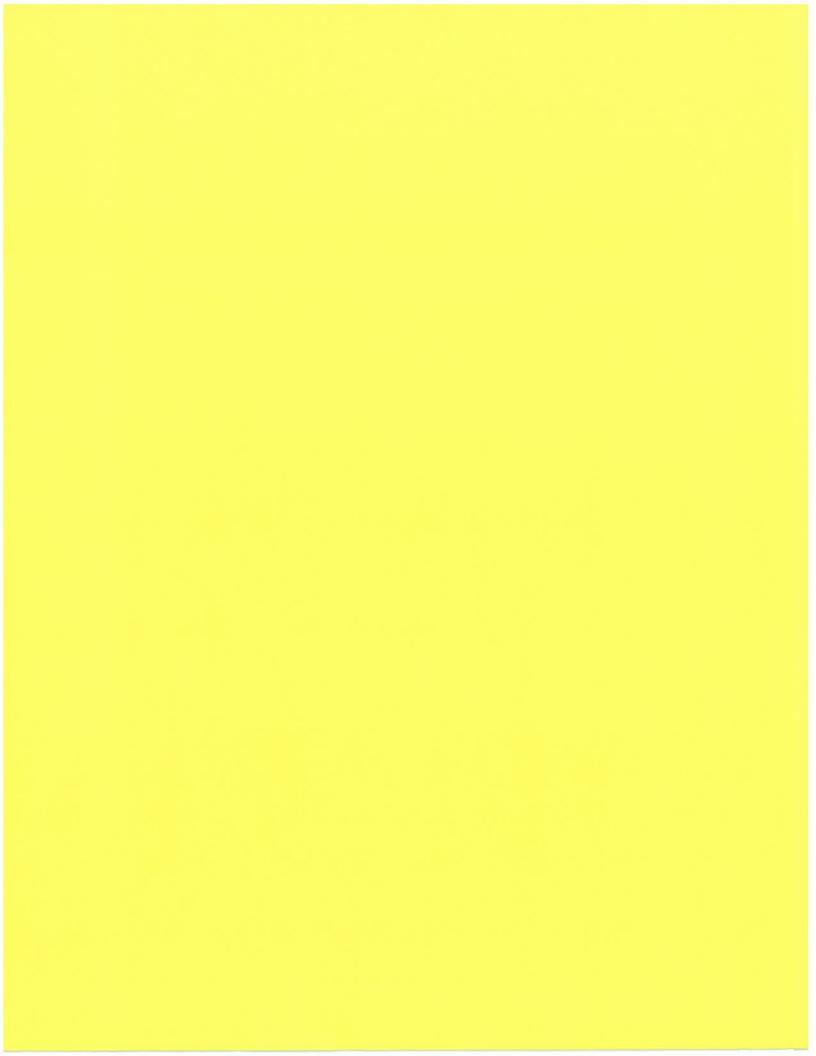
CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS AND

NON-EXPENDITURE OF FUNDS

[1-45-108(1) & 1-45-109, C.R.S.]

This form is for the use of candidates that do **not** have a campaign committee and have not received contributions nor made expenditures. No expenditures have been made on behalf of the candidate.

Address of Candidate: 35 Clare Court	
City, State, Zip: _Castle Pines, CO 80108	
Reporting Period: Beginning Date	Ending DateOctober 12, 2023
	VABLE DURING THIS REPORTING PERIOD 0.00
·	ED DURING THIS REPORTING PERIOD
	0.00
contributions on my behalf nor made any exper	, affirm that no person received ditures on my behalf. No contributions have been ed any contributions nor have I made or incurred any reporting period.
Candidate Signature:Rondle L. Cole	Date: _October 10, 2023





FCPA SUBMISSION #1 For November 7, 2023 Election

District 3

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

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

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

Email:





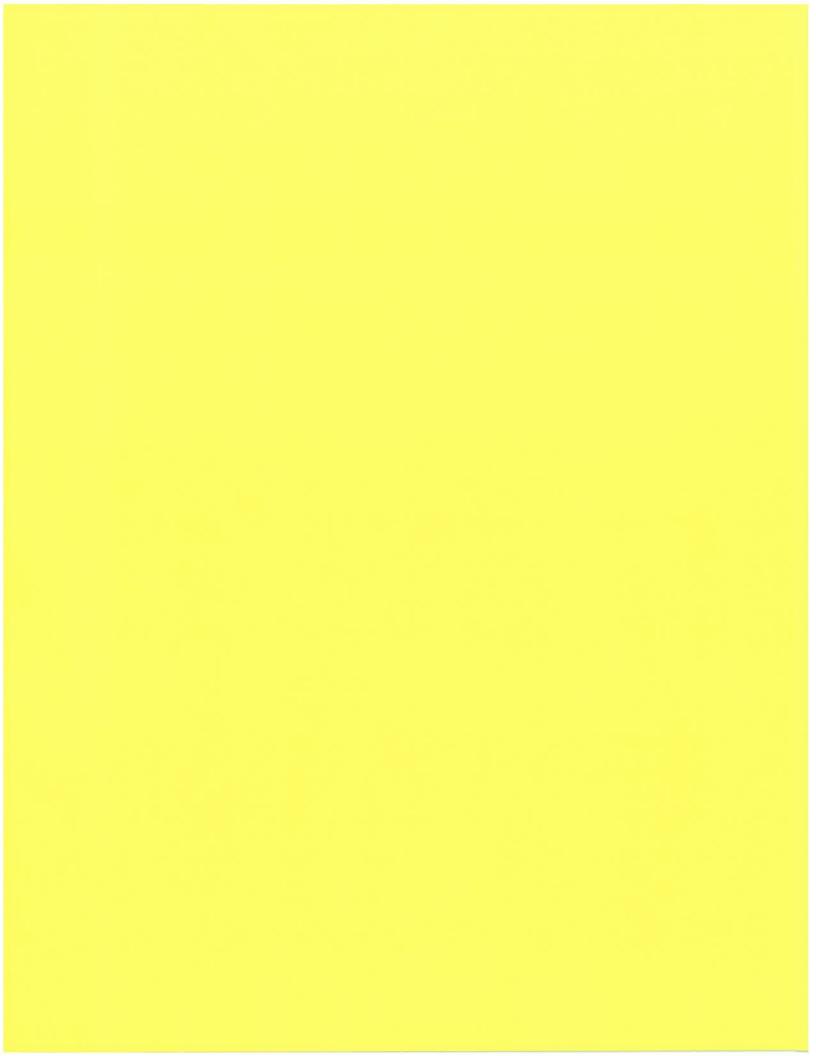
Colorado Secretary of State Rev. 12/09

CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS AND

NON-EXPENDITURE OF FUNDS

[1-45-108(1) & 1-45-109, C.R.S.]

This form is for the use of candidates that do not have a campaign committee and have not received contributions nor made expenditures. No expenditures have been made on behalf of the candidate.			
Name of Candidate:Geoffrey N. Blue			
Address of Candidate: 28 Back Nine Dr.			
City, State, Zip: Castle Pines, CO 80108			
Reporting Period: Beginning Date Ending Date 10/12/23			
CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD			
\$ 0.00			
EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD			
\$ 0.00			
I,Geoffrey N. Blue, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my own behalf during this election reporting period.			



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

www.sos.state.co.us





STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE [1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: Heather Hankins					
Address of Candid	late: <u>7163</u> C	anyo	Npun	t Rd.	
					Zip Code: <u>80/08</u>
Office: City (Pouna)		Distric	ct No.:_3_	Elec./Yr.: <u>2023</u>
					Ending Date 10 12 2023
Total amount of l	Non-Itemized E2	penditi	ıres (\$19.	99 or less):	\$
Expenditures exc	eeding \$19.99 sh	all be it	temized a	nd listed bel	ow.
Date Expended	Amount	N	ame of Re	ecipient	Address
9 / 14/2023 Ci	s.12.17	Gol	addy		21558 Gu Baddy Way Comment / Purpose
Ci	ty	State	Z/p		Comment / Purpose
Timpe		A2	85284	X V.	URL
Date Expended	Amount	N:	ame of Re	cipient	Address
10 12 2023 Cir	\$500	Nove	ella Re	u Estate	5600 5. Quebec St. #1501
Cit	ty	State	Zip		Comment / Purpose
Green wood	Village	Co.	80111	Door H	langer Prohiting
Date Expended	Amount	Na	ame of Re	cipient	Address
10/9/2023	\$ 313.17	S	gns on	theCheap	Address 11525 Ston chollow Partive 2 Comment / Purpose
City		State Zip Com			Comment / Purpose
Austin TX 18758 Campay			1 010 08		
I certify to the best of my knowledge this Statement of Expenditures is true and correct.					
Candidate Signatur	re: Deit Lu	_ Oan	Kon)	Date: 10/16/2023
					Colorado Secretary of State Rev. 12/09



FCPA SUBMISSION #1 For November 7, 2023 Election

Issue Committees

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

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

www.sos.state.co.us





REPORT OF CONTRIBUTIONS AND EXPENDITURES

		(1-45-108, C.R.S.)		
Full	Name of Committee/Person:	CITIZENS FOR A	SETTE	CASTLE PINES
Add	ress of Committee/Person:	715 Shown On Registration		
	, State & Zip Code:	2102 Silver Cr	reek	Dr.
		Corado Somo	5 (5	50021
Com	amittee Type:	Issue.	4	00 101
Nam Insti	e and Address of Financial tution	Independent Broks	506 Cox	the Dinos Pour Charle Pices
	SOS ID NUMBER	(state and county committees):		1,50 1,50 0010.9
	Type of Report			
	Regularly Scheduled Filing Amended Filing. This amend	ds previous report filed on (date)		
	Submit changes or new informat	tion ONLY		
	Termination Report. (Termi	ination Reports MUST Have a Monetary I	Salance of Ze	ro in Line 5)
	Check this box if this Repo	ort Contains Electioneering Commi	mications !	Information
Reporting Period Covered: 8-14-23 Through 10-12-23				
		Date	Antough	Ditte
	Declared Total Spending (if app [Art. XXVIII, Sec. 4(1)]	Date S	i ini ough	Date
			Intough	Date
1 I	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning	of Reporting Period (monetary only)		Totals Detailed Summary Page
1 I	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (li	of Reporting Period (monetary only) ne 11)		Date Totals Detailed Summary Page
1 I 2 7 3 7	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Contributions	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line	2)	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 25,110.00
1 I 2 7 3 7 4 7	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Contributions Total Monetary Expenditures (lin	of Reporting Period (monetary only) ne 11) a & Beginning Amount (line 1 + line ne 19)	2)	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 0.51
1 I 2 7 3 7 4 7	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Contributions Total Monetary Expenditures (lin	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line	2)	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 25,110.00
1 I 2 7 3 7 4 7	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Re	of Reporting Period (monetary only) ne 11) a & Beginning Amount (line 1 + line ne 19)	2) 4) for each d	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 0.59 \$ 25,109.41
1 I 2 1 3 1 4 1 5 I	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Fotal Monetary Contributions (lifter of Monetary Contributions) Fotal Monetary Expenditures (lifter of Republic of R	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line ne 19) porting Period (monetary) (line 3 – line hall impose a penalty of \$50 per day [Art. XXVIII Sec. 10(2)(2) for each d	Totals Detailed Summary Page \$ 0.00 \$ 25,110,00 \$ 35,110,00 \$ 0.51 \$ 25,109,41 ay that a report is filed late.
1 II 2 1 3 1 4 1 5 II	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Expenditures (lin Funds on Hand at the End of Rej The appropriate officer sl uthorization (Must be completed li malty of perjury, that to the best of i	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line ne 19) porting Period (monetary) (line 3 – line thall impose a penalty of \$50 per day	2) for each d a) didate): I he ns received	Totals Detailed Summary Page \$ 0.00 \$ 25,110,00 \$ 35,100,00 \$ 35,100,00 \$ 25,100,00 ay that a report is filed late. Exercise the series of th
1 I 2 1 3 3 4 1 5 I Market I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[An. XXVIII, Sec. 4(1)] Funds on Hand at the Beginning Total Monetary Contributions (liferated of Monetary Expenditures (liferated on Hand at the End of Representation) The appropriate officer statement of the second of the	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line ne 19) porting Period (monetary) (line 3 – line hall impose a penalty of \$50 per day [Art. XXVIII Sec. 10(2)(3) by either the Registered Agent OR the Car my knowledge or belief all contribution	2) for each d a) didate): I he ns received	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 25,110.00 \$ 35,110.00 \$ 25,110.00 ay that a report is filed late. ereby certify and declare, under during this reporting period, nembership organization, are from
1	Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer si uthorization (Must be completed i nalty of perjury, that to the best of i cluding any contributions received is rmissible sources. int Registered Agent's Name:	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line ne 19) porting Period (monetary) (line 3 – line hall impose a penalty of \$50 per day [Art. XXVIII Sec. 10(2)(3) by either the Registered Agent OR the Car my knowledge or belief all contribution	2) for each d a) didate): I he ns received	Totals Detailed Summary Page \$ 0.00 \$ 25,110,00 \$ 35,100,00 \$ 35,100,00 \$ 25,100,00 ay that a report is filed late. Exercise the series of th
1	Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Expenditures (lin Funds on Hand at the End of Rej The appropriate officer si uthorization (Must be completed i nalty of perjury, that to the best of i cluding any contributions received i rmissible sources. int Registered Agent's Name:	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line ne 19) porting Period (monetary) (line 3 – line hall impose a penalty of \$50 per day [Art. XXVIII Sec. 10(2)(3) by either the Registered Agent OR the Car my knowledge or belief all contribution	2) for each d a) didate): I he ns received	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 25,110.00 \$ 35,110.00 \$ 25,110.00 ay that a report is filed late. ereby certify and declare, under during this reporting period, nembership organization, are from
1	Funds on Hand at the Beginning Total Monetary Contributions (li Total of Monetary Expenditures (lin Funds on Hand at the End of Rep The appropriate officer si uthorization (Must be completed i nalty of perjury, that to the best of i cluding any contributions received is rmissible sources. int Registered Agent's Name:	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line ne 19) porting Period (monetary) (line 3 – line hall impose a penalty of \$50 per day [Art. XXVIII Sec. 10(2)(3) by either the Registered Agent OR the Car my knowledge or belief all contribution	2) for each d a) didate): I he ns received	Totals Detailed Summary Page \$ 0.00 \$ 25,110.00 \$ 25,110.00 \$ 35,110.00 \$ 25,110.00 ay that a report is filed late. ereby certify and declare, under during this reporting period, nembership organization, are from

Colorado Secretary of State

Elections Division

1700 Broadway, Ste. 200 Denver, CO 80290

Phone: (303) 894-2200 ext. 6383

Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us

www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES 2010 Revised Reporting Forms

The Report of Contributions and Expenditures is a financial report required for all committees or parties that accept contributions or make expenditures to support or oppose a candidate or an initiative seeking access to the ballot and/or a referendum placed on the ballot by the general assembly. The report is comprised of 7 basic data entry pages along with several informational and instructional pages. The data entry forms consist of the Report of Contributions and Expenditures with the Detail Summary, Schedules A, B, C, D and the Statement of Non-Monetary Contributions. Completion of Schedules A, B, C, D and the Statement of Non-Monetary Contribution forms should be done prior to completion of the Report of Contributions and Expenditures and Detail Summary pages. Listed below are brief descriptions of what each data entry page accomplishes to help you complete and finalize this report.

Report of Contributions and Expenditures (page 1)

A summary page of the committee or party name, address, financial institution, registered agent and the contribution/expenditure totals for a specific reporting period with the **Detailed Summary page** (page 2) that summarizes totals for all other data entry forms. Complete this 2-page form last.

Schedule A

This form is used to report monetary contributions received by the committee or party that exceed \$19.99. (Money received into the committee/party.)

Schedule B

This form is used to report expenditures paid out by the committee or party that exceed \$19.99. (Money expended/paid out by the committee/party.)

Schedule C

This form details loans received and repaid by the committee/party. (Money received by committee from a financial institution and/or repayment of a loan to a financial institution.)

Schedule D

This form allows the committee/party to account for either a contribution or expenditure that has been made and is being returned to the committee/party.

Statement of Non-Monetary Contributions

This form details contributions received that are tangible and can be assessed a fair market value. Expenditures on behalf of a candidate that are coordinated with or controlled by the candidate, candidate's agent or the political party shall be counted as a contribution to and expenditure by the candidate committee or the political party.

If filing the Report of Contributions and Expenditures manually, it MUST be received by the appropriate officer on or before the manual due date. Postmark dates are not recognized. A faxed

report MUST be followed up with the original document within seven calendar days. If you wish to file electronically, please log onto our web site at www.sos.state.co.us and select Campaign Finance and then select Campaign Finance Filing and Inquiry. Instructions for electronic filing may be found on the Campaign Finance page. The candidate and/or registered agent are responsible for the content and accuracy of the report.

Other items available on the Secretary of State website are: Electronic filing instructions, Campaign and Political Finance forms, filing calendars and the Campaign and Political Finance FAQs (Frequently Asked Questions) fact sheet. Please note the Microsoft excel spreadsheet version of the report is no longer available.

State and county committees requiring assistance should contact the Secretary of State's Campaign and Political Finance Support Team at 303-894-2200 ext. 6383. Municipal committees should contact their municipal/town clerk for assistance.

Thank you

Instructions for

REPORT OF CONTRIBUTIONS AND EXPENDITURES DETAILED SUMMARY

Reference Colorado Revised Statute:

1-45-108, C.R.S.

Who uses this form?

All Committees

Purpose of form:

This form is used to summarize the information from all other forms.

Is this form required?

Yes

When do I file this form?

This form must be received by the designated election official on or before the filing due date for the reporting period. Postmarks are not

accepted.

COMPLETING THE FORM

This form uses information contained on other forms; all other applicable forms must be completed prior to filing this summary form.

- STEP 1. Completely fill out the Report of Contributions and Expenditures page until you reach Line 1.
 - > Print or type the full name of the committee
 - > Print or type the address of your committee. Print or type the city, state and zip code of your committee.
 - > Print or type the name of the financial institution where the committee funds are deposited. [1-45-108(1)(a)(IV)(b), C.R.S.]
 - > Print or type the address of the financial institution including city, state and zip code.
 - > Print or type the Secretary of State-issued committee number. This is the committee ID number that was mailed to you shortly after registering with the Secretary of State. If you registered with an election official other than the Secretary of State, you do not file with the Secretary of State's office.
 - > Determine what type of report is being filed.
 - Regularly Scheduled Filings are normal reporting periods as required in 1-45-108 & 1-45-109, C.R.S. (These dates are available through the Campaign and Political Finance manual, your local election official, the calendars provided and the Secretary of State web site www.sos.state.co.us)
 - Amended Filings are reports that correct a previously filed report.
 - Termination Reports are filings that close a committee, indicating the committee is no longer in existence. You must report a zero balance on line #5. (Art. XXVIII, Sec. 2(3), 1-45-106, C.R.S., and the Rules Concerning Campaign and Political Finance 3.3)
 - ➤ Check (図) the appropriate box next to the type of report filed. If this report is an amended filing, print or type the date of the originally filed report being amended.
 - > Print or type the Reporting Period being covered. (The beginning and ending dates)

- Print or type the Declared Total Spending Limit if applicable. (Art. XXVIII, Sec. 4) This is only for candidates that have accepted the Voluntary Spending limits.
- STEP 2. Skip Lines 1-5 and the Authorization portion of the Report of Contributions and Expenditures page (page 1) and go to the Detailed Summary page (page 2).
- STEP 3. On the Detail Summary page of the Report of Contributions and Expenditures form completely fill out the header information and lines 6 through 20.
 - ➤ Line #6 Enter the total amount from Schedule A.
 - ➤ Line #7 Enter the total amount of contributions received this reporting period that were \$19.99 or less.
 - ➤ Line #8 Enter the total amount of all loans received this reporting period. (Schedule C)
 - ➤ Line #9 Enter the total amount of all other receipts. (Example: Interest, Dividends)
 - ➤ Line #10 Enter the total amount of all expenditures returned or refunded to the committee. (Schedule D money coming back to the committee).
 - ➤ Line #11 Enter the sum of Lines #6 through #10.
 - ➤ Line #12 Enter the total amount of all Non-Monetary Contributions from the Statement of Non-Monetary Contributions form.
 - ➤ Line #13 Enter the sum of Line #11 and #12.
 - ➤ Line #14 Enter the total amount from Schedule B.
 - ➤ Line #15 Enter the total amount of all Expenditures \$19.99 or less.
 - ➤ Line #16 Enter the total amount of all loan payments paid this reporting period. (Schedule C)
 - ➤ Line #17 Enter the total amount of contributions returned to the donor. Example: A contributor exceeded contribution limits and the amount exceeding that limit must be returned. (Schedule D money going out of the committee).
 - Line #18 Enter the total amount of expenditures by a third party that are controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)
 - ➤ Line #19 Enter the sum of Lines #14 through #17.
 - ➤ Line #20 Enter the sum of lines #18 and #19. [Art. XXVIII, Sec. 5(3)]
- STEP 4. Return to the Report of Contributions and Expenditures form and complete Lines 1-5.
 - ➤ Line #1 If this is your first Report of Contributions and Expenditures as a committee enter zero (0). If you have previously filed enter the ending balance from line #5 of your most recently filed report.
 - ➤ Line #2 Enter the total amount from Line #11.

- ➤ Line #3 Enter the sum of Lines #1 and #2.
- ➤ Line #4 Enter the total amount from Line #19.
- ➤ Line #5 Enter the difference of Line #3 minus Line #4.
- STEP 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

DETAILED SUMMARY

Full Name of Committee/Person:

Kyle Blakely

Current Reporting Period:

8-14-23

Through

10-1a-23

Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 25,100,00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 10.00
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 25,110.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	s 25,110,00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	sO.59
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)	\$0,59
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0.59 \$ 0.69
20	Total Spending (Line 18 + line 19)	s 0.59

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

 Required to disclose occupation and employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

Accepts contributions of no more than \$50 per year, <u>FROM NATURAL PERSONS ONLY</u>.
 [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation and employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Contribution Limits - State Candidates

(Art. XXVIII, Sec. 3)

Candidates:

- \$525♦ Primary, \$525♦ General if nominated to general election ballot Gov*, Gov/Lt. Gov**, Secretary of State, Attorney General and State Treasurer
- \$200 Primary, \$200 General if nominated to general election ballot State Senate, State House of Representative, State Board of Education, CU Regent, and District Attorney.

Note: Candidates may receive the primary and general election contributions at one time, the contributor must note that the contribution is for both the primary and general election contribution. Candidates must note both contributions on their report. It is preferred that each contribution be given separately; one check written for the primary and one check written for the general, and so noted by the contributor on the check and by the recipient on the report.

Political Committees (State, County, District & Local):

• \$525* per House of Representatives Election Cycle

Political Party (From any person other than Small Donor):

• \$3,175♦ per year no more than \$2,650♦ to state party.

Political Party (From Small Donor):

• \$15,900♦ per year no more than \$13,250♦ to state party.

<u>Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.</u>

^{*} Primary Election

^{**} General Election

[♦] Contribution Limits reflect adjustments made by CPF Rule 12 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- It shall be unlawful for a corporation or labor organization to make contributions to a
 candidate committee or a political party, and to make expenditures expressly advocating the
 election or defeat of a candidate; except that a corporation or labor organization may establish
 a political committee or small donor committee which may accept contributions or dues from
 employees, officeholders, shareholders, or members.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
- Any natural person who is not a citizen of the United States;
- A foreign government; or
- any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political party shall accept a contribution, or make an expenditure, in currency or coin exceeding one hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political
 committee, small donor committee, or political party with the expectation that some or all of
 the amounts of such contribution will be reimbursed by another person. No person shall be
 reimbursed for a contribution made to any candidate committee, issue committee, political
 committee, small donor committee, or political party, nor shall any person make such
 reimbursement except as provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]
- Contributions from professional and volunteer lobbyists to any member of or candidate for the general assembly, or the governor or candidate for governor are prohibited during regular legislative session.
- Political Committees may contribute to a legislator during session, unless the political committee employs, retains, engages, or uses, with or without compensation, a professional or volunteer lobbyist.

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

Full Name of Committee/Person: Kyle Blakely			
WARNING: Please read the instruction page for Schedule "A" before completing!			
PLEASE PRINT/I			
1. Date Accepted	4. Name (Last, First): Vertaga Capital		
2. Contribution Amt.	5. Address:		
\$25,000,00	6. City/State/Zip: Englewood, CO 80112		
3. Aggregate Amt. * \$25,000,00	7. Description: Poch Estate Compainy		
Check box if	8. Employer (if applicable, mandatory):		
Electioneering Communication	9. Occupation (if applicable, mandatory):		
1. Date Accepted	4. Name (Last, First): Ander 500 Conecy		
8-17-23 2. <u>Contribution Amt.</u>	5. Address:		
\$ 100.00	6. City/State/Zip: Castle Proes, CO 90108		
3. Aggregate Amt. *	7. Description:		
2100.00	8. Employer (if applicable, mandatory): Minutemon Press		
Check box if Electioneering	9. Occupation (if applicable, mandatory):		
Communication			
1. Date Accepted			
	4. Name (Last, First):		
2. Contribution Amt.	5. Address:		
\$	6. City/State/Zip:		
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):		
2. Contribution Amt.	5. Address:		
\$	6. City/State/Zip:		
3. Aggregate Amt. *	7. Description:		
\$	8. Employer (if applicable, mandatory):		
☐ Check box if	9. Occupation (if applicable, mandatory):		
Electioneering Communication	•		
A 12 - 15 - 15 - 15 - 15	ts within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate		
Committee Art. XXVI XXVIII, Sec. 2(14).	II, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art.		

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

Full Name of Committee	ee/Person: Kyle Blately
PLEASE PRINT/TYPE	
1. Date Expended	4) 1
9-29-23	4. Name: Stripe
2. Amount	5. Address: 354 Oyster Point Blud.
\$0,59	6. City/State/Zip: Sur Francisco, CA 94090
3.Recipient is (optional): Committee	7. Purpose of Expenditure: Payment Recessing Fee
Non-Committee	
	☐ 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
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	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. Date Expended	
	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
3.Recipient is (optional): Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

	Schedule C - Loa	ns —————	
Full Name of Committee/Person:			
(Use a separate schedule for each loan [No information copied from such reports shall be purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding an loan from a financial institution organized under stat assures repayment, is evidenced by a written in	sold or used by any person for y other section of this article to e or federal law if the loan bear	m 8 and 16 of the purpose of solice the contrary, a can see the usual and cust	he Detailed Summary Report.) iting contributions or for any commercial didate's candidate committee may receive a tomary interest rate, is made on a basic that
LOAN SOURCE			
Name (Last, First or Institution):			
Address:			
City/State/Zip:			
Original Amount of Loan: \$			
Loan Amount Received This Reporting Pe	riod: `\$		all Loans This Reporting Period: \$
Principal Amount Paid This Reporting Pe	riod: \$	_	
Interest Amount Paid This Reporting Peri	od: \$	— 8	
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered or	\$ n Detail Summary)	Total Rep (Sum of	ayments Made: \$ Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Bala	nnce: \$	_	
TERMS OF LOA	AN:Date Loan Recei	ved	Due Date for Final Payment
LIST ALL ENDORS	ERS OR GUARANT	ORS OF THIS	SLOAN
Full Name	Address, City, S	State, Zip	Amount Guaranteed

$Schedule \ D-Returned \ Contributions \ \& \ Expenditures$

(Previo	Returned Contributions usly reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE	
1. 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:
(Previou	Returned Expenditures
PLEASE PRINT/TYPE 1. Date Expended	sly reported on Schedule B – Expenditures returned or refunded to the committee) 4. Name (Last, First):
1. <u>Date Expended</u>	4. Name (Last, First):
Date Expended Date Returned	4. Name (Last, First):
Date Returned Amount	4. Name (Last, First):
Date Expended Date Returned Amount \$	4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Comment (Optional):
Date Expended Date Returned Amount Date Expended	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 Comm	nittee/Person:
PLEASE PRINT/TYPE	
1. Date Provided	4. Name (Last, First):
Fair Market Value	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, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value \$	5. Address: 6. City/State/Zip:
3. Aggregate Amt.	7. Description:
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
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 Electioneering Communication	9. Occupation (if applicable, mandatory): 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."