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

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REPORT OF ELECTIONEERING COMMUNICATION

[Art. XXVIII, Sec. 2(7)(a); Art. XXVIII Sec. 6; 1-45-108(2), C.R.S.]

For use by a person who has expended \$1,000 or more per year on electioneering communications.

Name of person/entity:						
Address (Physical):City:		St.:	Zip:			
Mailing Address: City:		City:	St.:	Zip:		
Te	Telephone No.:					
E-	E-Mail:					
	this an amended report?	YES* report filed on (date):				
Reporting Period: Beginning Date: Ending Date:						
1.	Funds on Hand at the Beginning of Reporting P	eriod (monetary + non-monetary	y) \$			
2.	Total Contributions of \$250 or More (monetary + n	on-monetary)	\$			
3.	Total Expenditures		\$			
4.	Funds on Hand at the End of the Reporting Peri	od	\$			
	The Secretary of State shall impose a penalty of \$50 per day for each day that a report is filed late. [Art. XXVIII, Sec. 10(2)(a) & Art. XXVIII, Sec. 6(1)]					
A	uthorization (must be completed)					
Print Entity Representative Contact Name:			Da	ite:		
Signature of Entity Representative:			Da	.te:		

Itemized Contribution for Electioneering Communications (\$250 or more) [Art. XXVIII, Sec. 6(1)]

Name of person/entity:				
PLEASE PRINT/TYPE				
1. Date Accepted	4. Name (last, first):			
	5. Address:			
2. Contribution Amt.	6. City/State/Zip:			
3.	7. Description:			
☐ Monetary	8. Employer (mandatory if applicable):			
☐ Non-Monetary	9. Occupation (mandatory if applicable):			
1. Date Accepted				
Ti <u>Butte Free produ</u>	4. Name (last, first):			
2 Contribution Amt	5. Address:			
2. <u>Contribution Amt.</u>	6. City/State/Zip:			
3.	7. Description:			
□ Monetary	8. Employer (mandatory if applicable):			
☐ Non-Monetary	9. Occupation (mandatory if applicable):			
1. Date Accepted	4. Name (last, first):			
	5. Address:			
2. Contribution Amt.	6. City/State/Zip:			
	7. Description:			
3.				
☐ Monetary	8. Employer (mandatory if applicable):			
☐ Non-Monetary	9. Occupation (mandatory if applicable):			
1. Date Accepted	4 Name of the state of the stat			
	4. Name (last, first):			
2. Contribution Amt.	5. Address:			
	6. City/State/Zip:			
3.	7. Description:			
☐ Monetary	8. Employer (mandatory if applicable):			
☐ Non-Monetary	9. Occupation (mandatory if applicable):			

Name of person/entity:					
PLEASE PRINT/TYPE					
1. <u>Date Expended</u>	3. Name (last, first):				
	4. Address:				
	5. City/State/Zip:				
2. Amount	6. Method of Communication(s):				
\$	7. Name of Candidate referred to:				
	8. Purpose of Expenditure:				
1. <u>Date Expended</u>	3. Name (last, first):				
	4. Address:				
	5. City/State/Zip:				
2. Amount	6. Method of Communication(s):				
\$	7. Name of Candidate referred to:				
	8. Purpose of Expenditure:				
1. <u>Date Expended</u>	3. Name (last, first):				
	4. Address:				
	5. City/State/Zip:				
2. Amount	6. Method of Communication(s):				
\$	7. Name of Candidate referred to:				
	8. Purpose of Expenditure:				
1. Date Expended					
	3. Name (last, first):				
	4. Address:				
2. Amount	5. City/State/Zip:				
	6. Method of Communication(s):				
\$	7. Name of Candidate referred to:				
	8. Purpose of Expenditure:				