



## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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 Town Clerk on or before the manual due date. Postmark dates are not recognized. An emailed report **MUST** be followed up with the original document within seven calendar days.

**Municipal** committees should contact the Town Clerk for assistance. **DO NOT FILE WITH TRACER.**

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), 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](http://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 (☒) 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.



## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

|                                           |  |
|-------------------------------------------|--|
| Full Name of Committee/Person:            |  |
| As Shown On Registration                  |  |
| Address of Committee/Person:              |  |
| City, State & Zip Code:                   |  |
| Committee Type:                           |  |
| Name and Address of Financial 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:

Date

Through

Date

Declared Total Spending (if applicable)

[Art. XXVIII, Sec. 4(1)]

\$

|   |                                                                           | Totals Detailed Summary Page |
|---|---------------------------------------------------------------------------|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only)        | \$                           |
| 2 | Total Monetary Contributions (line 11)                                    | \$                           |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$                           |
| 4 | Total Monetary Expenditures (line 19)                                     | \$                           |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) | \$                           |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sec. 10(2)(a)]

**Authorization** (Must be completed by either the Registered Agent **OR** the Candidate): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: \_\_\_\_\_

Registered Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: \_\_\_\_\_

Current Reporting Period: \_\_\_\_\_

Through \_\_\_\_\_

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

## 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, FROM NATURAL PERSONS ONLY. [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.

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

\* 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:** \_\_\_\_\_**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

|                                                                          |                                                         |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| 1. <u>Date Accepted</u>                                                  | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$                                        | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$                                         | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|                                                                          |                                                         |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| 1. <u>Date Accepted</u>                                                  | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$                                        | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$                                         | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|                                                                          |                                                         |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| 1. <u>Date Accepted</u>                                                  | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$                                        | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$                                         | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|                                                                          |                                                         |
|--------------------------------------------------------------------------|---------------------------------------------------------|
| 1. <u>Date Accepted</u>                                                  | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$                                        | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$                                         | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

**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>                                                                                     | 4. Name: _____                                                                                                                     |
| 2. <u>Amount</u><br>\$                                                                                      | 5. Address: _____                                                                                                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____<br>7. Purpose of Expenditure: _____<br><input type="checkbox"/> Check box if Electioneering Communication |

|                                                                                                             |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Expended</u>                                                                                     | 4. Name: _____                                                                                                                     |
| 2. <u>Amount</u><br>\$                                                                                      | 5. Address: _____                                                                                                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____<br>7. Purpose of Expenditure: _____<br><input type="checkbox"/> Check box if Electioneering Communication |

|                                                                                                             |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Expended</u>                                                                                     | 4. Name: _____                                                                                                                     |
| 2. <u>Amount</u><br>\$                                                                                      | 5. Address: _____                                                                                                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____<br>7. Purpose of Expenditure: _____<br><input type="checkbox"/> Check box if Electioneering Communication |

|                                                                                                             |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Expended</u>                                                                                     | 4. Name: _____                                                                                                                     |
| 2. <u>Amount</u><br>\$                                                                                      | 5. Address: _____                                                                                                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____<br>7. Purpose of Expenditure: _____<br><input type="checkbox"/> Check box if Electioneering Communication |

|                                                                                                             |                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Expended</u>                                                                                     | 4. Name: _____                                                                                                                     |
| 2. <u>Amount</u><br>\$                                                                                      | 5. Address: _____                                                                                                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____<br>7. Purpose of Expenditure: _____<br><input type="checkbox"/> Check box if Electioneering Communication |

## 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 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 Report)

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: \_\_\_\_\_

### Returned Contributions

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

**PLEASE PRINT/TYPE**

|                         |                              |
|-------------------------|------------------------------|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____            |
| 3. <u>Amount</u>        | 6. City/State/Zip: _____     |
| \$                      | 7. Purpose: _____            |

|                         |                              |
|-------------------------|------------------------------|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____            |
| 3. <u>Amount</u>        | 6. City/State/Zip: _____     |
| \$                      | 7. Purpose: _____            |

### Returned Expenditures

*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)*

**PLEASE PRINT/TYPE**

|                         |                              |
|-------------------------|------------------------------|
| 1. <u>Date Expended</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____            |
| 3. <u>Amount</u>        | 6. City/State/Zip: _____     |
| \$                      | 7. Comment (Optional): _____ |

|                         |                              |
|-------------------------|------------------------------|
| 1. <u>Date Expended</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____            |
| 3. <u>Amount</u>        | 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.]

**Full Name of Committee/Person:** \_\_\_\_\_

PLEASE PRINT/TYPE

|                                                                          |                                                                                                                  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Provided</u>                                                  | 4. Name (Last, First): _____                                                                                     |
| 2. <u>Fair Market Value</u><br>\$                                        | 5. Address: _____                                                                                                |
| 3. <u>Aggregate Amt.</u><br>\$                                           | 6. City/State/Zip: _____                                                                                         |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                                                                            |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____                                                            |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____                                                          |
|                                                                          | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

|                                                                          |                                                                                                                  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Provided</u>                                                  | 4. Name (Last, First): _____                                                                                     |
| 2. <u>Fair Market Value</u><br>\$                                        | 5. Address: _____                                                                                                |
| 3. <u>Aggregate Amt.</u><br>\$                                           | 6. City/State/Zip: _____                                                                                         |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                                                                            |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____                                                            |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____                                                          |
|                                                                          | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

|                                                                          |                                                                                                                  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1. <u>Date Provided</u>                                                  | 4. Name (Last, First): _____                                                                                     |
| 2. <u>Fair Market Value</u><br>\$                                        | 5. Address: _____                                                                                                |
| 3. <u>Aggregate Amt.</u><br>\$                                           | 6. City/State/Zip: _____                                                                                         |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                                                                            |
|                                                                          | 8. Employer (if applicable, <u>mandatory</u> ): _____                                                            |
|                                                                          | 9. Occupation (if applicable, <u>mandatory</u> ): _____                                                          |
|                                                                          | 10. <input type="checkbox"/> 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."