

Elections Division
 Department of State
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cphelp@sos.state.co.us
 www.sos.state.co.us



NOV 18 2019

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Committee to Elect Tamar Pierce <small>As Shown on Registration</small>
Address of Committee/Person:	9486 Sycamore Dr
City, State & Zip Code:	Thornton CO 80229
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	Canvas Cred. Union 511 F 190th Ave Thornton CO

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:



Regularly Scheduled Filing.

- October 17, 2017 (21 days prior to the November 7, 2017 Municipal Election)
- November 3, 2017 (Friday prior to the November 7, 2017 Municipal Election)
- December 7, 2017 (30 days after the November 7, 2017 Municipal Election)
- Annual - candidates from prior election held on _____



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)

Reporting Period Covered:

10-28-19
date

Through

11-30-19
date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$ 30.39
2	Total Monetary Contributions (line 11)	\$ 100.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	130.39
4	Total Monetary Expenditures (line 19)	130.39
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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

[Art. XXVIII Sect. 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 (Treasurer's) Name: Austin Bellison

Registered Agent's (Treasurer's) Signature: Austin Bellison Date: 11-18-19

Print Candidate Name: Tamar H. Pierce

Candidate's Signature: Tamar H. Pierce Date: 11-18-19

DETAILED SUMMARY

Full Name of Committee/Person:

Committee to elect Tamara Pierce

Current Reporting Period:

10-28-19

Through

11-30-19

	Funds on hand at the beginning of reporting period (Monetary Only):	30.39
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	100.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	0.00
8	Loans Received (Please list on Schedule "C")	0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	100.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	0.00
13	Total Contributions (Line 11 + line 12)	100.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	130.39
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	0.00
16	Loan Repayments Made (Please list on Schedule "C")	0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	130.39
20	Total Monetary Expenditures (Line 18 + Line 19)	130.39

Full Name of Committee/Person: Committee to elect Tamara Pierce

Reporting Period Covered: Through
date date

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

Total Itemized Contributions: \$

PLEASE PRINT/TYPER

1 <u>Date Accepted</u> 11-01-19	4 Name (Last, First): <u>Tamara Pierce</u>
2 <u>Contribution Amount</u> \$ <u>100.00</u>	5 Address: <u>9486 Steele Dr</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton</u>
	7 Description: <u>Cash</u>
	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 Amount</u> \$	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	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 Amount</u> \$	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	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 Amount</u> \$	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Full Name of Committee/Person: Committee to Elect Tamara Price

Reporting Period Covered: 10-28-19 Through 11-30-19
date date

Total Itemized Expenditures: 130,39

PLEASE PRINT/TYPE

1 <u>Date Expended</u> <u>11-01-19</u>	4 Name (Last, First): <u>Rollison, Austin</u>
2 <u>Amount</u> \$ <u>130,39</u>	5 Address: <u>7095 Pontiac St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Commerce City CO 80022</u>
	7 Purpose of Expenditure: <u>Feld Work</u>

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____