

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



CONDITIONALLY ACCEPTED
 Space Below For Office Use Only

OCT 15 2019

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Committee to Elect Tamara Pierce <small>As Shown on Registration to Ward II</small>
Address of Committee/Person:	9486 Steele Dr.
City, State & Zip Code:	Thornton, CO 80229
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	Canvas Credit Union 511 E 120th Ave.

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

- Regularly Scheduled Filing.
- October 15, 2019 (21 days prior to the Regular Election)
 - November 1, 2019 (Friday prior to the Regular Election)
 - December 5, 2019 (30 days after the Regular 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:

08/09/19
date

Through

10/14/19
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)	830.00
2	Total Monetary Contributions (line 11)	509.63
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	539.63
4	Total Monetary Expenditures (line 19)	606.24
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	4.63

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 Rollison

Registered Agent's (Treasurer's) Signature:

Austin Rollison

Date

10-14-19

Print Candidate Name:

Tamara Pierce

Candidate's Signature:

Tamara Pierce

Date:

10/14/2019

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Tommie Pierce

Current Reporting Period: 8-29-19 Through 10/10/19

Funds on hand at the beginning of reporting period (Monetary Only):		\$ 30 ⁰⁰
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 593.99
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 11.54
8	Loans Received (Please list on Schedule "C")	\$ X
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ X
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ X
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 605.53
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ X
13	Total Contributions (Line 11 + line 12)	\$ 605.53
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 606.24
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	\$ X
16	Loan Repayments Made (Please list on Schedule "C")	\$ X
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$ X
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ X
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 606.24
20	Total Monetary Expenditures (Line 18 + Line 19)	\$ 606.24

Schedule B - Itemized Expenditures Statement (\$20 or more)

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

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

Reporting Period Covered: 08-09-19 date Through 10-10-19 date

Total Itemized Expenditures: 606.29

PLEASE PRINT/TYPE

1 <u>Date Expended</u> <u>09-18-2019</u>	4 Name (Last, First): <u>Signs on the Cheap</u>
2 <u>Amount</u> \$ <u>245.59</u>	5 Address: <u>11525A Stonehollow Dr</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Austin, TX 78758</u>
	7 Purpose of Expenditure: <u>Yard Signs</u>

1 <u>Date Expended</u> <u>9-23-19</u>	4 Name (Last, First): <u>Wix, Com</u>
2 <u>Amount</u> \$ <u>31.95</u>	5 Address: <u>N/A</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>N/A</u>
	7 Purpose of Expenditure: <u>Website hosting and URL purchase</u>

1 <u>Date Expended</u> <u>10-09-19</u>	4 Name (Last, First): <u>YouPrint</u>
2 <u>Amount</u> \$ <u>103.70</u>	5 Address: <u>8000 Haskell Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Van Nuys CA 91406</u>
	7 Purpose of Expenditure: <u>Palm Cards</u>

1 <u>Date Expended</u> <u>10-03-19</u>	4 Name (Last, First): <u>Bollison Austin</u>
2 <u>Amount</u> \$ <u>200.00</u>	5 Address: <u>7095, Pontiac St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Commerce City CO 800222</u>
	7 Purpose of Expenditure: <u>Campaign Work</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)

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

Reporting Period Covered: 08-09-19 Through 10-14-19
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> <u>10-14-2019</u>	4 Name (Last, First): <u>Bollison, Austin</u>
2 <u>Amount</u> \$ <u>25.00</u>	5 Address: <u>7095 Pontiac St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Commerce City CO 80022</u>
	7 Purpose of Expenditure: <u>Website maintenance</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: _____

Schedule A - Itemized Contributions Statement (\$20 or more)

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

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

Reporting Period Covered: 08-09-19 Through 10/10/19
date date

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

Total Itemized Contributions: 509.63

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> <u>9-5-19</u>	4 Name (Last, First): <u>Rodney Bockenfeld</u>
2 <u>Contribution Amount</u> \$ <u>30.00</u>	5 Address: <u>34623 F 10th Ave</u>
3 <u>Aggregate Amount*</u> \$ <u>30.00</u>	6 City/State/Zip: <u>Watkins CO 80137</u>
	7 Description: <u>Campaign Contribution (check)</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> <u>9-07-19</u>	4 Name (Last, First): <u>Kulmann, Dave</u>
2 <u>Contribution Amount</u> \$ <u>100.00</u>	5 Address: <u>14824 Fillmore Way</u>
3 <u>Aggregate Amount*</u> \$ <u>100.00</u>	6 City/State/Zip: <u>Thornton Colorado 80602</u>
	7 Description: <u>Contribution (online)</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> <u>9-15-19</u>	4 Name (Last, First): <u>Garcia, Zenobia</u>
2 <u>Contribution Amount</u> \$ <u>50.00</u>	5 Address: <u>1561 E 96th PL.</u>
3 <u>Aggregate Amount*</u> \$ <u>50.00</u>	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Description: <u>Contribution (check)</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> <u>08-30-19</u>	4 Name (Last, First): <u>Tamara Pierce</u>
2 <u>Contribution Amount</u> \$ <u>95.09</u>	5 Address: <u>9486 Steele Pl.</u>
3 <u>Aggregate Amount*</u> \$ <u>130.53</u>	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Description: <u>Self Contribution</u>
	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: _____

Reporting Period Covered: _____

Through

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 9-14-19	4 Name (Last, First): Adams County Republican Party
2 <u>Contribution Amount</u> \$ 250.00	5 Address: P.O. Box 350519
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: Westminister CO 80035
	7 Description: Contribution (check)
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 9-21-19	4 Name (Last, First): Nelson, BENEVE
2 <u>Contribution Amount</u> \$ 25.00	5 Address: 5225 DALSAM ST Apt 3
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: Arvada CO 80002
	7 Description: Contribution (check)
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 9-28-19	4 Name (Last, First): Freund, Julia
2 <u>Contribution Amount</u> \$ 20.00	5 Address: 870 W. 134 th Ave #C
3 <u>Aggregate Amount*</u> \$ 20.00	6 City/State/Zip: Westminister CO 80234
	7 Description: Contribution (check)
	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>): _____

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