Elections Division
Department of State
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
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OCT 11 2021

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Karen Moritzky Bigelow As Shown on Registration		
Address of Committee/Person:	15083 St. Paul Street		
City, State & Zip Code:	Thornton, CO 80602		
Committee Type:	Candidate Committee		
Name and Address of Financial Institution:	FirstBank Holding CO - 12345 W Colfax Ave, Lakewood CO 80215		
SOS ID NUMBER (state and county	y committees ONLY):		N/A
Regularly Scheduled Filing. October 12, 2021 (2 October 29, 2021 (F December 2, 2021 (C Annual - candidates Amended Filing. This amends previous Submit changes or new information ON	LY	21 Municipal Election 1 Municipal Election	n)
Termination Report (Termination Re		1 [10/7/21
Reporting Period Covered:	2/8/21 date	Through	10/7/21 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)		\$0.00
2 Total Monetary Contributions (line 11)			\$19,892.00
3 Total of Monetary Contributions & Beginning Amount (line 1+ line 2)		\$19,892.00 \$11,214.45	
4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)		\$8,677.55	
5 Funds on Hand at End of Reporting Period	(monetary) (line 3 - line 4)		\$0,077.00
	se a penalty of \$50 per day for each d [Art XXVIII Sect. 10 (2) (a)]		
Authorization (Must be completed by either the Rebest of my knowledge or belief all contributions recoduse transferred by a membership organization, are for	eived during this reporting period, include	by certify and declare, uding any contributions r	under penalty of perjury, that to the eccived in the form of membership
Print Registered Agent's (Treasurer's) Name:			
Registered Agent's (Treasurer's) Signature:	-	Date:	
Print Candidate Name: Karen M Bigelow			
Candidate's Signature: Kan M	Bradaw	Date:	10/11/21

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REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(C.R.S. 1-45-108)		
Full Name of Committee/Person:	Karen Moritzky Bigelow As Shown on Registration		
Address of Committee/Person:	15083 St. Paul Street		
City, State & Zip Code:	Thornton, CO 80602		
	Candidate Committee		
Committee Type:	FirstBank Holding CO - 12345	W Colfax Ave I a	kewood CO 80215
Name and Address of Financial Institution:	FlistBank Holding CO - 12545	w Collax Ave, La	xcwood CO 00213
SOS ID NUMBER (state and cou	nty committees ONLY):		N/A
October 29, 2021 (F	21 days prior to the November 2, 2	021 Municipal Ele	ction)
	(30 days after the November 2, 20	21 Municipal Elec	etion)
Annual - candidat	es from prior election held on		
Amended Filing. This amends prev Submit changes or new information C			
Termination Report (Termination	n Reports MUST have a Monetary Balance of	Zero in Line 5)	
Reporting Period Covered:	2/8/21	Through	10/7/21
Declared Total Spending (if applicable): [Art XXVIII, Sect. 4 (1)]	\$ N/A]	date
			Totals Detailed Summary Page
1 Funds on Hand at Beginning of Reporting	ng Period (monetary only)		\$0.00
2 Total Monetary Contributions (line 11)	inning Amount (in a Li line 2)		\$19,892.00 \$19,892.00
5 Total of Monetary Contributions to Englishing		\$11,214.45	
5 Funds on Hand at End of Reporting Per	iod (monetary) (line 3 - line 4)		\$8,677.55
	[Art. XXVIII Sect. 10 (2) (a)]		
Authorization (Must be completed by either the that to the best of my knowledge or belief all co form of membership dues transferred by a membership due to the due	ntributions received during this repor	ting period, includir	nd declare, under penalty of perjury, ng any contributions received in the
Print Registered Agent's (Treasurer's) Name:			
Registered Agent's (Treasurer's) Signature:		Date:	
Print Candidate Name: Karen M Bigelow			
Candidate's Signature:		Date:	10/11/21

DETAILED SUMMARY

Full Name of Committee/Person:	Karen Moritzky Bigelow	

Current Reporting Period: 2/8/21 Through 10/7/21

Funds on h	and at the beginning of reporting period (Monetary Only):	\$0.00
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$19,892.00
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)	\$19,892.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$585.82
13	Total Contributions (Line 11 + line 12)	\$20,477.82
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$11,026.52
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	\$187.93
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)	\$585.82
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$11,214.45
20	Total Monetary Expenditures (Line 18 + Line 19)	\$11,800.27

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

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

Full Name of Committee/Person: Karen Moritzky Bigelow Through 10/7/21 Reporting Period Covered: 2/8/21 WARNING: Please read the instruction page for Schedule "A" before completing! 19.892.00 **Total Itemized Contributions: \$** SEE LIST OF CONTRIBUTIONS ATTACHMENT PLEASE PRINT/TYPE SEE LIST OF CONTRIBUTIONS ATTACHMENT 4 Name (Last, First): 1 Date Accepted 5 Address: 2 Contribution Amount 6 City/State/Zip: 7 Description \$ 19892.00 8 Employer (if applicable, mandatory): 3 Aggregate Amount* 9 Occupation (if applicable, mandatory): \$ 4 Name (Last, First): 1 Date Accepted 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* 9 Occupation (if applicable, <u>mandatory</u>): \$ 4 Name (Last, First): 1 Date Accepted 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* 9 Occupation (if applicable, mandatory): \$ 1 Date Accepted 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Contribution Amount 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* 9 Occupation (if applicable, mandatory):

^{*} 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) [C.R.S. 1-45-108-(1) (a)]

Full Name of Committee	/Person: Karen Moritzl	ky Bigelow		
	Reporting Period Covered:	2/8/21 date	Through	10/7/21 date
		Total Itemized Exp	oenditures:	11,026.52
PLEASE PRINT/TYPE	SEE LIST OF EXPENDIT			
1 Date Expended	4 Name (Last, First): SEE	LIST OF EXPENDITUR	ES ATTACH	MENT
2 Amount	5 Address:			
\$ 11026.52				
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee		*		
E Date Discussion	A Name (Leat Direct):			
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee	0			
1 Date Expended	4 Name (Last, First):			
	5 Address:			
2 Amount	-			x
3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee				
Non-Commutee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				

Schedule C - Loans

	Schedule C -	Luans		
Full Name of Committee/Person: Karen M	Moritzky Bigelow			
Reporting Period		78/21 Throug	10/7/21 date	
<u>I</u>	OANS - Loans Owed by th	ne Committee		
(Use a separate schedule for each [No information copied from such reports shall be purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other sec institution organized under state or federa assures repayment, is evidenced by a written in	sold or used by any person faction of this article to the condition of the loan bears the us	or the purpose of soliciting contri strary, a candidate's candidate cor ual and customary interest rate, is	ributions or for any commercial ommittee may receive a loan from a finan is made on a basis that	ıcial
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
			est Rate:%	
		Total of All Loans T	This Reporting	
		Period:		
		(Place on lin	ine 8 of Detailed Summary Report)	
Loan Amount Received This Reporting Period:				
Principal Amount Paid This Reporting Period:				
Interest Amount Paid This Reporting Period:				
Amount Repaid This Reporting Period:	\$0.00	Total Repayments M		
(Amount Repaid is sum of Principal & Interest entered on Deta	il Summary)	(Sum of Schedule C pa	pages, Place on line 16 of Detailed Summ	iary)
Outstanding Balance:				
TERMS OF LOAN:				
-	Date Loan Received		Due Date for Final Paym	ent
LIST ALL END	ORSERS OR GUA	RANTORS OF THIS I	LOAN	
Full Name	Addre	ess, City, St., Zip	Amount Guarante	ed

Schedule D – Returned Expenditures & Contributions

Full Name of Commit	Karen Moritzky Bigelow	
	Reporting Period Cover	Through 10/7/21 date
		Total Returned Contributions: \$ -
		Total Returned Expenditures: \$ -
	D. Arrows J. Combrill	
/D _v	Returned Contributions reviously reported on Schedule A – Contributions	
(17	eviously reported on Benedule 11 Commonwell	uccopies unit man (em man)
PLEASE PRINT/TYPE		
1 Date Accepted	A N. C. A First	
2 <u>Date Returned</u>		
2 A	6 City/State/Zip: 7 Purpose:	
3 Amount	-	
<u> </u>		
1 Date Accepted		
Date Accepted	4 Name (Last, First):	
2 Date Returned	5 Address:	
	6 City/State/Zip:	
3 Amount	7 Purpose:	
\$		
	Returned Expendi	tures
(Pre	viously reported on Schedule B – Expenditures re	
PLEASE PRINT/TYPE		
1 Date Expended	I	
1 Date Expended	4 Name (Last, First):	
2 <u>Date Returned</u>	5 Address:	
	6 City/State/Zip:	
3 Amount	7 Comment (optional):	
\$		
1 Date Expended	4 Name (Last, First):	
2. Data Paturnad	5 Address:	
2 <u>Date Returned</u>	6 City/State/Zin:	
3 Amount	7 Comment (optional):	
\$ Amount	, Comment (optional):	

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)] [C.R.S. 1-45-108 (1)]

Full Name of Committee/Person: Karen Moritzky Bigelow		
Repor	rting Period Covered: 2/8/21 Through 10/7/21 date	
	Total Itemized Expenditures: \$585.82	
PLEASE PRINT/TYPI		
1 <u>Date Provided</u>	4 Name (Last, First): Carol Banks	
2/9/21	5 Address: 843 West Willow Street	
2 Fair Market Value	6 City/State/Zip: Louisville, CO 80027	
\$500.00	7 Description: Logo Design	
	8 Employer (if applicable, mandatory): self-employed	
3 Aggregate Amount	9 Occupation (if applicable, mandatory): Graphic Designer	
	10 X Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
1 Date Provided	4 Name (Last, First): David Bigelow	
8/7/21	5 Address: 15083 St. Paul Street	
2 Fair Market Value	6 City/State/Zip: Thornton, CO 80602	
\$85.82	7 Description: food/drinks for events on 8/7 & 8/8	
	8 Employer (if applicable, mandatory): Ball Aerospace	
3 Aggregate Amount	9 Occupation (if applicable, mandatory): Program Manager	
	10 X 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):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
3 Magregate Minount	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
1 Date Provided	4 Name (Last, First):	
Dute 1 To Videa	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
2 Tall Warket Value	7 Description:	
	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
3 Aggregate Amount	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
	10 Check box it Coordinated with a Canadate Committee of Foreign arey.	
1 Date Provided	4 Name (Last, First):	
Date Provided	E Address	
2. Pain Mandard X7. 1	C City/State/77im	
2 <u>Fair Market Value</u>	6 City/State/Zip:	
	7 Description:	
- 72	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	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."