

Elections Division
Department of State
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Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Jan for Mayor <small>As Shown on Registration</small>
Address of Committee/Person:	14824 Fillmore Way
City, State & Zip Code:	Thornton, CO 80602
Committee Type:	Candidate
Name and Address of Financial Institution:	1st Bank -- 13600 Colorado Blvd. Thornton, CO 80602

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

☒ Regularly Scheduled Filing.

☐ October 17, 2023 (21 days prior to the November 7, 2023 Municipal Election)

☒ November 3, 2023 (Friday prior to the November 7, 2023 Municipal Election)

☐ December 12, 2023 (35 days after the November 7, 2023 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:

10/13/23

date

Through

10/29/23

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)	\$35,804.58
2	Total Monetary Contributions (line 11)	\$9,410.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$45,214.58
4	Total Monetary Expenditures (line 19)	\$34,983.23
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$10,231.35

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: David Kulmann

Registered Agent's (Treasurer's) Signature:

Date: 11/3/2023

Print Candidate Name: Jan Kulmann

Candidate's Signature: Jan Kulmann

Date: 11/3/2023

DETAILED SUMMARY

Full Name of Committee/Person:

Jan for Mayor

Current Reporting Period:

10/13/23

Through

10/29/23

Funds on hand at the beginning of reporting period (Monetary Only):		\$35,804.58
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$9,410.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$9,410.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$9,410.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$34,983.23
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
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)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$34,983.23
20	Total Monetary Expenditures (Line 18 + Line 19)	\$34,983.23

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

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

Full Name of Committee/Person: Jan for Mayor

Reporting Period Covered:

10/13/23

date

Through

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date

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

Total Itemized Contributions: \$ 9,410.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/13/2023	4 Name (Last, First): <u>Stokes, Greg</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>15575 Willow Street</u>
3 <u>Aggregate Amount*</u> \$ 300.00	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/20/2023	4 Name (Last, First): <u>Deorio, Vincent</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>1335 South Inca Street</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80223</u>
	7 Description <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Red Homes</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>CEO</u>

1 <u>Date Accepted</u> 10/21/2023	4 Name (Last, First): <u>Lokitz, Nancy</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1105 Laurel Creek Dr</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Shreveport, LA 71106</u>
	7 Description <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/21/2023	4 Name (Last, First): <u>Shuster, Richard</u>
2 <u>Contribution Amount</u> \$ 10.00	5 Address: <u>24 Flora Way</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Golden, CO 80401</u>
	7 Description <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

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Full Name of Committee/Person: Jan for Mayor

Reporting Period Covered:

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Through

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date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/21/2023	4 Name (Last, First): Feik, Blake
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 16949 West 69th Circle
3 <u>Aggregate Amount*</u> \$ 150.00	6 City/State/Zip: Arvada, CO 80007
	7 Description Card
	8 Employer (if applicable, <u>mandatory</u>): North Valley Bank
	9 Occupation (if applicable, <u>mandatory</u>): Banker

1 <u>Date Accepted</u> 10/21/2023	4 Name (Last, First): Koenig, Matthew
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 13475 Cherry Way
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Thornton, CO 80241
	7 Description Card
	8 Employer (if applicable, <u>mandatory</u>): City of Thornton
	9 Occupation (if applicable, <u>mandatory</u>): Engineer

1 <u>Date Accepted</u> 10/21/2023	4 Name (Last, First): Kulmann, Paula
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 12 Beecher Rd
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Wolcott, CT 06716
	7 Description Card
	8 Employer (if applicable, <u>mandatory</u>): PMEA
	9 Occupation (if applicable, <u>mandatory</u>): HR

1 <u>Date Accepted</u> 10/23/2023	4 Name (Last, First): Huff, Jim
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 12520 Grant Drive #100
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Thornton, CO 80241
	7 Description Check
	8 Employer (if applicable, <u>mandatory</u>): Retired
	9 Occupation (if applicable, <u>mandatory</u>):

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

date

Through

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date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/23/2023	4 Name (Last, First): Moskowitz, Jay
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 12136 West Bayaud Avenue Suite 200
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Lakewood, CO 80228
	7 Description: Card
	8 Employer (if applicable, <u>mandatory</u>): Vivage/Beecan
	9 Occupation (if applicable, <u>mandatory</u>): CEO

1 <u>Date Accepted</u> 10/23/2023	4 Name (Last, First): Beasley, Michael
2 <u>Contribution Amount</u> \$ 250.00	5 Address: 303 South Broadway, Suite 200-321
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80209
	7 Description: Card
	8 Employer (if applicable, <u>mandatory</u>): 5280 Strategies
	9 Occupation (if applicable, <u>mandatory</u>): Consultant

1 <u>Date Accepted</u> 10/23/2023	4 Name (Last, First): Roberts, Katelyn
2 <u>Contribution Amount</u> \$ 250.00	5 Address: 7568 S Jasmine Way
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Centennial, CO 80112
	7 Description: Card
	8 Employer (if applicable, <u>mandatory</u>): 76 Group
	9 Occupation (if applicable, <u>mandatory</u>): Consultant

1 <u>Date Accepted</u> 10/26/2023	4 Name (Last, First): Hiraga, Eric
2 <u>Contribution Amount</u> \$ 150.00	5 Address: 2434 N Clarkson St
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80205
	7 Description: Card
	8 Employer (if applicable, <u>mandatory</u>): Matrix Design Group
	9 Occupation (if applicable, <u>mandatory</u>): Executive

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

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Through

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date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/27/2023	4 Name (Last, First): Walsh, Sean
2 <u>Contribution Amount</u> \$ 300.00	5 Address: 1065 Emerson St. #B
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80218
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): Self-Employed
	9 Occupation (if applicable, <u>mandatory</u>): Consultant

1 <u>Date Accepted</u> 10/27/2023	4 Name (Last, First): Siegrist, Diana
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 12412 YORK ST
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Thornton, CO 80241
	7 Description: Card
	8 Employer (if applicable, <u>mandatory</u>): Capelis Salon and Spa
	9 Occupation (if applicable, <u>mandatory</u>): Owner

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): Sheet Metal Workers #9
2 <u>Contribution Amount</u> \$ 150.00	5 Address: 1515 West 47th Ave. Suite B
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80211
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 10/27/2023	4 Name (Last, First): Feik, Blake
2 <u>Contribution Amount</u> \$ 25.00	5 Address: 16949 West 69th Circle
3 <u>Aggregate Amount*</u> \$ 175.00	6 City/State/Zip: Arvada, CO 80007
	7 Description: Card
	8 Employer (if applicable, <u>mandatory</u>): North Valley Bank
	9 Occupation (if applicable, <u>mandatory</u>): Banker

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

date

Through

10/29/23

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): Nelson, Steve
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 12642 Madison Way
3 <u>Aggregate Amount*</u> \$ 225.00	6 City/State/Zip: Thornton, CO 80241
	7 Description Card
	8 Employer (if applicable, <u>mandatory</u>): Retired
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): Carlson, Scott
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 12460 1st St
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Eastlake, CO 80614
	7 Description Check
	8 Employer (if applicable, <u>mandatory</u>): Carlson
	9 Occupation (if applicable, <u>mandatory</u>): Developer

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): Pipefitters Local No 208 PAC
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 6350 Broadway Suite 1
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80216
	7 Description Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): Colorado Restaurant Association
2 <u>Contribution Amount</u> \$ 200.00	5 Address: 8547 E Arapahoe Rd J-318
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Greenwood Village, CO 80112
	7 Description Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

date

Through

10/29/23

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): <u>Andronova, Tatiana</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>8402 E 55th Ave</u>
3 <u>Aggregate Amount*</u> \$ 750.00	6 City/State/Zip: <u>Denver, CO 80238</u>
	7 Description: <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Zions Bancorporation</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Credit Risk Management</u>

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): <u>Loucks, Stacie</u>
2 <u>Contribution Amount</u> \$ 1500.00	5 Address: <u>4700 East 6th Avenue Parkway</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80220</u>
	7 Description: <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): <u>Grimes, Duke</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>224 Glenwood Court</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Great Falls, MT 59405</u>
	7 Description: <u>Card</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Mid-States Distributing</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Policy Manager</u>

1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): <u>Industrial Property Rights PAC</u>
2 <u>Contribution Amount</u> \$ 1500.00	5 Address: <u>2318 Curtis Street</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80205</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

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date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/17/2023	4 Name (Last, First): HT Parterre LP
2 <u>Contribution Amount</u> \$ 1500.00	5 Address: 1144 15th St Suite 2600
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80202
	7 Description: 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>):

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>):

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

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

Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

date

Through

10/29/23

date

Total Itemized Expenditures:

34,983.23

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/15/23	4 Name (Last, First): <u>Point Blank Consulting</u>
2 <u>Amount</u> \$ 2016.69	5 Address: <u>330 Crown Oak Centre Dr</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Longwood, FL 32750</u>
	7 Purpose of Expenditure: <u>Text Messages</u>

1 <u>Date Expended</u> 10/16/23	4 Name (Last, First): <u>Sir Speedy</u>
2 <u>Amount</u> \$ 113.23	5 Address: <u>742 Kalamath St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80204</u>
	7 Purpose of Expenditure: <u>Postcards</u>

1 <u>Date Expended</u> 10/18/23	4 Name (Last, First): <u>Mittera</u>
2 <u>Amount</u> \$ 19542.00	5 Address: <u>5000 Osage St. #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80221</u>
	7 Purpose of Expenditure: <u>Mailers</u>

1 <u>Date Expended</u> 10/18/23	4 Name (Last, First): <u>Horizon Reprographics</u>
2 <u>Amount</u> \$ 734.48	5 Address: <u>1030 W Ellsworth Ave Unit G</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80202</u>
	7 Purpose of Expenditure: <u>Walk Pieces</u>

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

date

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date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/20/23	4 Name (Last, First): <u>Mittera</u>
2 <u>Amount</u> \$ <u>1608.47</u>	5 Address: <u>5000 Osage St. #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80221</u>
	7 Purpose of Expenditure: <u>Mailer</u>

1 <u>Date Expended</u> 10/23/23	4 Name (Last, First): <u>Point Blank Consulting</u>
2 <u>Amount</u> \$ <u>7000.00</u>	5 Address: <u>330 Crown Oak Centre Dr</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Longwood, FL 32750</u>
	7 Purpose of Expenditure: <u>Digital Ads</u>

1 <u>Date Expended</u> 10/23/23	4 Name (Last, First): <u>Point Blank Consulting</u>
2 <u>Amount</u> \$ <u>1768.81</u>	5 Address: <u>330 Crown Oak Centre Dr</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Longwood, FL 32750</u>
	7 Purpose of Expenditure: <u>Text Messages</u>

1 <u>Date Expended</u> 10/23/23	4 Name (Last, First): <u>Charity Meinhart Design</u>
2 <u>Amount</u> \$ <u>56.25</u>	5 Address: <u>754 Flower Dr.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Grand Junction, CO 81506</u>
	7 Purpose of Expenditure: <u>Design Work</u>

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

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Full Name of Committee/Person:

Jan for Mayor

Reporting Period Covered:

10/13/23

date

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date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/24/23	4 Name (Last, First): Thornton Community Band
2 <u>Amount</u> \$ 50.00	5 Address: 750 W 96th Ave
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: Thornton, CO 80260
	7 Purpose of Expenditure: Advertising

1 <u>Date Expended</u> 10/24/23	4 Name (Last, First): Mittera
2 <u>Amount</u> \$ 1524.05	5 Address: 5000 Osage St. #100
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: Denver, CO 80221
	7 Purpose of Expenditure: Mailer

1 <u>Date Expended</u> 10/25/23	4 Name (Last, First): Charity Meinhart Design
2 <u>Amount</u> \$ 393.75	5 Address: 754 Flower St
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: Grand Junction, CO 81506
	7 Purpose of Expenditure: Design Work

1 <u>Date Expended</u> 10/29/23	4 Name (Last, First): Anedot
2 <u>Amount</u> \$ 175.50	5 Address: 555 Hilton Ave Suite 106
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: Baton Rouge, LA 70808
	7 Purpose of Expenditure: Fundraising Expenses

Schedule C - Loans

Full Name of Committee/Person: Jan for Mayor

Reporting Period Covered: 10/13/23
date

Through 10/29/23
date

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): NONE

Address: _____

City/State/Zip: _____

Original Amount of Loan:	\$	Interest Rate:	%
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Total of All Loans This Reporting

Period:	\$0.00
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(Place on line 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
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(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made:	\$0.00
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(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

[illegible]

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Jan for Mayor

Reporting Period Covered: 10/13/23 Through 10/29/23
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

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):	NONE
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, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]

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

Full Name of Committee/Person: Jan for Mayor

Reporting Period Covered: 10/13/23
date

Through 10/29/23
date

Total Itemized Expenditures: \$0.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First): NONE
	5 Address:
2 <u>Fair Market Value</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
3 <u>Aggregate Amount</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):
	5 Address:
2 <u>Fair Market Value</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
3 <u>Aggregate Amount</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):
	5 Address:
2 <u>Fair Market Value</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
3 <u>Aggregate Amount</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):
	5 Address:
2 <u>Fair Market Value</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
3 <u>Aggregate Amount</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):
	5 Address:
2 <u>Fair Market Value</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
3 <u>Aggregate Amount</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."