

Elections Division
 Department of State
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CONDITIONALLY ACCEPTED Space Below For Office Use Only

DEC 05 2019

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

| | |
|---------------------------------------------------|-----------------------------------------------------------|
| Full Name of Committee/Person: | Beth For Mayor <small>As Shown on Registration</small> |
| Address of Committee/Person: | 11831 Grape Court |
| City, State & Zip Code: | Thornton, CO 80233-1877 |
| Committee Type: | Campaign for Mayor |
| Name and Address of Financial Institution: | 1st Bank, 3990 E. 104th Avenue, Thornton, CO 80233 |

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

Regularly Scheduled Filing.

October 15, 2019 (21 days prior to the November 5, 2019 Municipal Election)

November 1, 2019 (Friday prior to the November 5, 2019 Municipal Election)

December 5, 2019 (30 days after the November 5, 2019 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 **Through** 12/5/19
date 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) | \$12,305.58 |
| 2 | Total Monetary Contributions (line 11) | \$100.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1+ line 2) | \$12,405.58 |
| 4 | Total Monetary Expenditures (line 19) | \$10,185.66 |
| 5 | Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4) | \$2,219.92 |

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: Beth Martinez Humenik

Registered Agent's (Treasurer's) Signature: *Beth Martinez Humenik* Date: 12/05/2019

Print Candidate Name: Beth Martinez Humenik

Candidate's Signature: *Beth Martinez Humenik* Date: 12/05/2019

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

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

Full Name of Committee/Person: Beth For Mayor

Reporting Period Covered: 10/28/19 **Through** 12/5/19
date date

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

Total Itemized Contributions: \$ 100.00

PLEASE PRINT/TYPE

| | |
|-------------------------------------------|-----------------------------------------------------------------|
| 1 <u>Date Accepted</u> 11/15/2019 | 4 Name (Last, First): <u>B. Nikolas</u> |
| 2 <u>Contribution Amount</u> \$ 100.00 | 5 Address: <u>10589 Cooper Place</u> |
| 3 <u>Aggregate Amount*</u> \$ | 6 City/State/Zip: <u>Littleton, CO 80127</u> |
| | 7 Description: <u>Campaign Contribution</u> |
| | 8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u> |
| | 9 Occupation (if applicable, <u>mandatory</u>): <u>Retired</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).

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: Beth For Mayor

Reporting Period Covered: 10/28/19 Through 12/5/19
date date

Total Itemized Expenditures: \$0.00

PLEASE PRINT/TYPE

| | |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| 2 <u>Fair Market Value</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>): _____ |
| | 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> | 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>): _____ |
| | 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> | 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>): _____ |
| | 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> | 5 Address: _____ |
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| | 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> | 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>): _____ |
| | 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."