

Elections Division
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Space Below For Office Use Only

CONDITIONALLY ACCEPTED

OCT 25 2019

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

THORNTON CITY CLERK

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 Committee
Name and Address of Financial Institution:	1st Bank 3990 W. 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:

8/26/19
date

Through

10/10/19
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)	\$0.00
2	Total Monetary Contributions (line 11)	\$20,140.06
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$20,140.06
4	Total Monetary Expenditures (line 19)	\$3,502.83
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$16,637.23

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: Date: 10/24/19

Print Candidate Name: Beth Martinez Humenik

Candidate's Signature: Date: 10/24/19

DETAILED SUMMARY

Full Name of Committee/Person: Beth For Mayor

Current Reporting Period: 8/26/19 **Through** 10/10/19

Funds on hand at the beginning of reporting period (Monetary Only):		
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$20,140.06
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)	\$20,140.06
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$20,140.06
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$3,502.83
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)	\$3,502.83
20	Total Monetary Expenditures (Line 18 + Line 19)	\$3,502.83

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Beth For Mayor

Reporting Period Covered: 8/26/19 **Through** 10/10/19
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): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Purpose: _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ 0.00	

1 <u>Date Accepted</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Purpose: _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ _____	

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): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Comment (optional): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ _____	

1 <u>Date Expended</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Comment (optional): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ _____	

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Beth For Mayor

Reporting Period Covered: 8/26/19 **Through** 10/10/19
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPER

1 <u>Date Accepted</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Purpose: _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ 0.00	

1 <u>Date Accepted</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Purpose: _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ 	

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPER

1 <u>Date Expended</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Comment (optional): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ 	

1 <u>Date Expended</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Comment (optional): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$ 	