

CONDITIONALLY ACCEPTED

NOV 19 2024

THORNTON CITY CLERK

Elections Division
Department of State
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
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REPORT OF CONTRIBUTIONS AND EXPENDITURE
(C.R.S. 1-45-108)

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

SOS ID NUMBER (state and county committees ONLY):

Type of Report:

- Regularly Scheduled Filing.
- 120 days prior to the Election 15 days prior to the Election
 - 90 days prior to the Election 30 days after the Election
 - 30 days prior to the 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:

10/28/23
date

Through

10/27/24

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

1	Funds on Hand at Beginning of Reporting Period (monetary only)
2	Total Monetary Contributions (line 11)
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)
4	Total Monetary Expenditures (line 19)
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is late [Art. XXVIII Sect. 10 (2) (a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate) I hereby certify and to the best of my knowledge or belief all contributions received during this reporting period, including any 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: 10/28/24

Print Candidate Name: Beth Martinez Humenik

Candidate's Signature: [Signature] Date: 10/28/24

(copy)
11/19/24
(copy)
11/19/24

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Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

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Address of Committee/Person:	Beth Martinez Humenik
City, State & Zip Code:	11831 Grape Court, Thornton, CO 80233-1877
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	First Bank, 3990 E. 104th Avenue, Thornton, CO 80233

SOS ID NUMBER (state and county committees ONLY):

N/A

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Termination Report (Termination Reports **MUST** have a Monetary Balance of Zero in Line 5)

Reporting Period Covered:

10/28/23

Through

10/27/24

date

date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$65.00
2	Total Monetary Contributions (line 11)	#VALUE!
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	#VALUE!
4	Total Monetary Expenditures (line 19)	\$65.00
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	#VALUE!

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: 10/28/2024

Print Candidate Name: Beth Martinez Humenik

Candidate's Signature: _____ Date: 10/28/24

DETAILED SUMMARY

Full Name of Committee/Person:

Beth For Mayor

Current Reporting Period:

10/28/23

Through

10/27/24

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")	#VALUE!
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)	#VALUE!
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	#VALUE!
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$65.00
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)	\$65.00
20	Total Monetary Expenditures (Line 18 + Line 19)	\$65.00

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: 10/28/23 Through 10/27/24
date date

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

Total Itemized Contributions: #VALUE!

PLEASE PRINT/TYPER

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u>	5 Address: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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).

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

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

Full Name of Committee/Person: Beth For Mayor

Reporting Period Covered: 10/28/23 date **Through** 10/27/24 date

Total Itemized Expenditures: 65.00

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 8/27/24	4 Name (Last, First): <u>First Bank</u>
2 <u>Amount</u> \$ 10.00	5 Address: <u>3990 E. 104th Avenue</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80233</u>
7 Purpose of Expenditure: <u>Fee</u>	

1 <u>Date Expended</u> 9/11/24	4 Name (Last, First): <u>Boys Town</u>
2 <u>Amount</u> \$ 55.00	5 Address: <u>14100 Crawford Street</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Boys Town, NE 68010</u>
7 Purpose of Expenditure: <u>Donation</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: _____	

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Beth For Mayor

Reporting Period Covered: 10/28/23 **Through** 10/27/24
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): _____
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): _____