Elections Division Department of State 1700 Broadway, Ste. 200

Denver, CO 80290 (303) 894-2200 ext. 6383 Ph:

(303) 869-4861 Fax: Email: cpfhelp@sos.state.co.us

Registered Agent's (Treasurer's) Signature:

www.sos.state.co.us



#### **CONDITIONALLY ACCEPTED** OCT 29 2021 THORNTON CITY CLERK

Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-108) Full Name of Committee/Person: Citizens for Kate Miya As Shown on Registration Address of Committee/Person: 13376 Cherry Ct Thornton, CO 80241 City, State & Zip Code: Political Committee Type: Bank of the West, 12080 Colorado Blvd, Thornton, CO 80241 Name and Address of Financial Institution: SOS ID NUMBER (state and county committees ONLY): N/A Type of Report: Regularly Scheduled Filing. October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election) October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election) December 2, 2021 (30 days after the November 2, 2021 Municipal Election) Annual - candidates from prior election held on Amended Filing. This amends previous report filed on (datc) Submit changes or new information ONLY Termination Report (Termination Reports MUST have a Monetary Balance of Zero in Line 5) 10/24/21 **Reporting Period Covered:** 10/8/21 Through date Declared Total Spending (if applicable): [Art N/A XXVIII, Sect. 4 (1)] **Totals Detailed Summary Page** Funds on Hand at Beginning of Reporting Period (monetary only) \$4.948.10 \$3,934.00 2 | Total Monetary Contributions (line 11) \$8,882.10 Total of Monetary Contributions & Beginning Amount (line 1+ line 2) Total Monetary Expenditures (line 19) \$737.14 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4) \$8,144.96 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)]

form of membership dues transferred by a membership organization, are from permissible sources. Print Registered Agent's (Treasurer's) Name: Date 10139 12021

Authorization (Must be completed by either the Registered Agent OR the Candidate) I hearby 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

Print Candidate Name:	Kate Miya	
Candidate's Signature:	Jarem -	Date: 10(29/2021

Elections Division Department of State

Department of State
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us



### **CONDITIONALLY ACCEPTED OCT 29 2021** THORNTON CITY CLERK Space Below For Office Use Only

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(C.R.S. 1-45-108)				
Full Name of Committee/Person:	Citizens for Kate Miya				
Address of Committee/Person:	As Shown on Registration 13376 Cherry Ct				
City, State & Zip Code:	Thornton, CO 80241	•			
Committee Type:	Political				
Name and Address of Financial Institution:	Bank of the West, 12080 Colorac	lo Blvd, Thornto	n, CO 80241		
SOS ID NUMBER (state and courtype of Report:	nty committees ONLY):		N/A		
Regularly Scheduled Filing.  October 12, 2021 (2  October 29, 2021 (F	1 days prior to the November 2, 20 Friday prior to the November 2, 202 30 days after the November 2, 202	21 Municipal Ele	ction)		
Annual - candidate	es from prior election held on				
Reporting Period Covered:  Declared Total Spending (if applicable): [Art.	PNLY a Reports MUST have a Monetary Balance of Z  10/8/21 date	ero in Line 5) <b>Through</b>	10/24/21 date		
XXVIII, Sect. 4 (1)]	φ 1\/A		Totals Detailed Summary Page		
1 Funds on Hand at Beginning of Reportin	g Period (monetary only)		\$4,948.10		
2 Total Monetary Contributions (line 11)			\$3,934.00		
3 Total of Monetary Contributions & Begin	nning Amount (line 1+ line 2)		\$8,882.10		
4 Total Monetary Expenditures (line 19)			\$737.14		
5 Funds on Hand at End of Reporting Peri	od (monetary) (line 3 - line 4)		\$8,144.96		
The appropriate officer shall impose	e a penalty of \$50 per day for each d Art. XXVIII Sect. 10 (2) (a)]	lay that a report i	s filed late.		
<b>Authorization</b> (Must be completed by either the that to the best of my knowledge or belief all corform of membership dues transferred by a membership dues transferred by a membership due to the due to th	ntributions received during this reporti	ng period, includir			
Print Registered Agent's (Treasurer's) Name:					
Registered Agent's (Treasurer's) Signature:	_	Date:			
Print Candidate Name:					

### **DETAILED SUMMARY**

Full Name of Committee/Person: Citizens for Kate Miya

Current Reporting Period: 10/8/21 Through 10/24/21

Funds on h	nand 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")	\$ 3,934.00
7	<b>Total of Non-Itemized Contributions</b> (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	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$3,934.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$123.60
13	<b>Total Contributions</b> (Line 11 + line 12)	\$4,057.60
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$737.14
15	<b>Total of Non-Itemized Expenditures</b> (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	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties <b>only</b> )	\$0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$737.14
20	<b>Total Monetary Expenditures</b> (Line 18 + Line 19)	\$737.14

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

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

Full Name of Committee/Person: Citizens for Kate Miya

_		_	
Reporting Period Covered:	10/8/21	Through	10/24/21
-	date	='	date

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

**Total Itemized Contributions:** \$ 3,934.00 PLEASE SEE ATTACHED PLEASE PRINT/TYPE 1 Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: \$ 7 Description 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): \$ 1 Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: 7 Description 3 Aggregate Amount\* 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 1 Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* \$ 9 Occupation (if applicable, mandatory): 1 Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* 9 Occupation (if applicable, mandatory): \$

<sup>\*</sup> 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)]

<b>Full Name of Committe</b>	e/Person: Citizens for Ka	te Miya		
	Reporting Period Covered:	10/8/21	Through	10/24/21
		date	· —	date
		Total Itemized Ex	xpenditures:	737.14
PLEASE PRINT/TYPE	PLEASE SEE ATTACHED			
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				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			_
Non-Committee				
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				_
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**

Full Name of Committee/Person:	Citizens for Kate Miya			
Reporting	Period Covered:	10/8/21 date	Through	10/24/21 date
(Use a separate schedule [No information copied from such reports purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any institution organized under state assures repayment, is evidenced by a	other section of this article to or federal law if the loan bears	r line item 8 and 16 of the berson for the purpose of s the contrary, a candidate' s the usual and customary	oliciting contributions s candidate committee interest rate, is made of	or for any commercial may receive a loan from a financial on a basis that
LOAN SOURCE  Name (Last, First or Institution):  Address:				
City/State/Zip: Original Amount of Loan: \$			Interest Rate:	%
			All Loans This Re	
Loan Amount Received This Reporting Per Principal Amount Paid This Reporting Peri				
Interest Amount Paid This Reporting Period				
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered	\$0.00 d on Detail Summary)		payments Made: Schedule C pages, Pla	\$0.00 ce on line 16 of Detailed Summary)
Outstanding Balance: TERMS OF LOAN:	Date Loan Rec	eived		Due Date for Final Payment
LIST ALL	ENDORSERS OR	GUARANTORS (	OF THIS LOAN	<u>\</u>
Full Name	A	ddress, City, St., Z	Zip	Amount Guaranteed

## **Schedule D – Returned Expenditures & Contributions**

<b>Full Name of Commit</b>	ttee/Person: Cit	izens for Kate Miya
		Reporting Period Covered: 10/8/21 Through 10/24/21 date  Total Returned Contributions: \$ -
		Total Returned Expenditures: \$ -
(Pr	eviously reported on	Returned Contributions  Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE		
1 Date Accepted	4 Name (Last, F	rst):
2 <u>Date Returned</u>	5 Address:	
2. A	6 City/State/Zip:	
3 Amount \$	7 Purpose:	
1 Date Accepted	4 Name (Last, F	rst):
2 <u>Date Returned</u>	5 Address:	
	6 City/State/Zip:	
3 Amount \$	7 Purpose:	
Ψ		
(Puo	wiewalu weneuted en C	Returned Expenditures
(Pre	viousiy reported on S	chedule $B$ – Expenditures returned or refunded to the committee)
PLEASE PRINT/TYPE		
1 <u>Date Expended</u>	4 Name (Last, Fi	rst):
2 <u>Date Returned</u>	5 Address:	
	6 City/State/Zip:	
3 Amount	7 Comment (opt	onal):
\$		
1 Date Expended		
_	4 Name (Last, Fi	rst):
2 <u>Date Returned</u>	5 Address:	
3 Amount	<ul><li>6 City/State/Zip:</li><li>7 Comment (opt</li></ul>	onal):
\$ Amount	/ Comment (opt	Oliai).

## **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: Citizens for Kate Miya				
Repor	ting Period Covered:	10/8/21	Through	10/24/21
		date	1 T4 1 T5 1 24 1	date
PLEASE PRINT/TYPE	7	10ta	l Itemized Expenditures:	\$123.60
1 Date Provided	4 Name (Last, First): 1	Vouven Marv		
10/8/21		10111 Grove Loop u	unit A	
2 Fair Market Value	<del>-</del>	Westminter CO 8003		
\$43.60	· -	Postcard stamps	) i	
ψ+3.00	8 Employer (if applical	•		
3 Aggregate Amount	9 Occupation (if applic			_
\$95.83		•	andidate/Candidate Committee	or Political Party *
·	TO CHOCK SON II C	ooramatea with a ce	mordate/ Candidate Committee	of Fondeur Larty.
1 Date Provided	4 Name (Last, First): V	Welsh, Mary		
10/8/21		10145 Filmore ST		
2 Fair Market Value	_	Thornton, CO 80229		
\$40.00	_ · · · -	Postcard stamps		
	8 Employer (if applical	ble, mandatory):		
3 Aggregate Amount	9 Occupation (if applic	· · · · · · · · · · · · · · · · · · ·		
\$90.00			andidate/Candidate Committee	or Political Party.*
	<u> </u>			•
1 Date Provided	4 Name (Last, First): (	Gromley, Mark		
10/9/21		13715 ash cir		
2 Fair Market Value	6 City/State/Zip:	Thornton, CO 80602	,	
\$40.00	7 Description: I	Postcard stamps		
	8 Employer (if applical	ble, <u>mandatory</u> ):	Denver Transit Operators	
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u> ):	Document Control Specialis	st
\$140.00	10 Check box if C	oordinated with a Ca	andidate/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 applical	ble, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applic	cable, <u>mandatory</u> ):		
	10 Check box if C	oordinated with a Ca	andidate/Candidate Committee	or Political Party.*
	I			
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 applical			
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u> ):		

<sup>\*</sup> 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."

**Reporting Period Covered:** 

10/8/21

Through

10/24/21 date

date

### **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: 6 City/State/Zip:
3 Amount \$	7 Purpose:
1 <u>Date Accepted</u>	4 Name (Last, First):
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:
3 Amount \$	7 Purpose:
(Pre	Returned Expenditures viously reported on Schedule B – Expenditures returned or refunded to the committee)
1 <u>Date Expended</u>	4 Name (Last, First):
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:
3 Amount \$	7 Comment (optional):
1 <u>Date Expended</u>	4 Name (Last, First):
2 <u>Date Returned</u>	5 Address:
	6 City/State/Zip: