Amendment

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

| Full Name of Committee/Person: | Citizens for Kate Miya |
| :--- | :--- |
| Address of Committee/Person: | 13376 Cherry Court |
| City, State \& Zip Code: | Thornton, CO 80241 |
| Committee Type: | Political |
| Name and Address of Financial Institution: | Bank of the West 12080 Colorado Blvd, Thornton, CO 80241 |

SOS ID NUMBER (state and county committees ONLY): $\square$
Type of Report:
Regularly Scheduled Filing.
( October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election)
$\square$ October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election)
$\square$ December 2, 2021 (30 days after the November 2, 2021 Municipal Election)
$\square$ Annual - candidates from prior election held on


Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY
$\square$ Termination Report (Termination Reports MUST have a Monetary Balance of Zero in Line 5)


The appropriate officer shall impose a penalty of $\$ 50$ per day for each day that a report is filed late. |Art. XXYIII Sect. 10 (2) (a)|
Authorization (Must be completed by either the Registered Agent OR the Candidate) I hearty 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:
Registered Agent's (Treasurer's) Signature:


Date: $\qquad$
Print Candidate Name: \&ate Mi yes
Candidate's signature: 5
Date: $\qquad$

## DETAILED SUMMARY

Full Name of Committee/Person:
Citizens for Kate Miya


## 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


WARNING: Please read the instruction page for Schedule "A" before completing! 13891.69
Total Itemized Contributions: $\$$
PLEASE PRINT/TYPE See attached




| 1 Date Accepted | 4 Name (Last, First): <br> 5 Address: |
| :---: | :---: |
| 2 Contribution Amount | 6 City/State/Zip: |
| S | 7 Description |
| 3 Aggregate Amount | 8 Employer (if applicable, mandatory): |
| \$ | 9 Occupation (if applicable, mandatory): |

