

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



Space Below For Office Use Only

**CONDITIONALLY ACCEPTED**

**DECEMBER 2, 2021**

**CITY CLERK'S OFFICE**

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

<b>Full Name of Committee/Person:</b>	Citizens for Kate Miya
As Shown on Registration	
<b>Address of Committee/Person:</b>	13376 Cherry CT
<b>City, State &amp; Zip Code:</b>	Thornton, CO 80241
<b>Committee Type:</b>	Political
<b>Name and Address of Financial Institution:</b>	Bank of the West, 12080 Colorado Blvd, Thornton, CO 80241

**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 (date)  
Submit changes or new information **ONLY**



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

**Reporting Period Covered:**

10/25/21

date

**Through**

11/27/21

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)	\$222.23
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$222.23
4	Total Monetary Expenditures (line 19)	\$7,432.10
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	-\$7,209.87

**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: \_\_\_\_\_

Registered Agent's (Treasurer's) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Candidate Name: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DETAILED SUMMARY

Full Name of Committee/Person:

Citizens for Kate Miya

Current Reporting Period:

10/25/21

Through

11/27/21

<b>Funds on hand at the beginning of reporting period (Monetary Only):</b>		<b>\$8,144.96</b>
6	<b>Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "A")	<b>\$222.23</b>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	<b>\$0.00</b>
8	<b>Loans Received</b> (Please list on Schedule "C")	<b>\$0.00</b>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	<b>\$0.00</b>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	<b>\$0.00</b>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	<b>\$222.23</b>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	<b>\$0.00</b>
13	<b>Total Contributions</b> (Line 11 + line 12)	<b>\$222.23</b>
14	<b>Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "B")	<b>\$7,432.10</b>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 and less)	<b>\$0.00</b>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	<b>\$0.00</b>
17	<b>Returned Contributions (To Donor)</b> (Please list on Schedule "D")	<b>\$0.00</b>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	<b>\$0.00</b>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	<b>\$7,432.10</b>
20	<b>Total Monetary Expenditures</b> (Line 18 + Line 19)	<b>\$7,432.10</b>

# 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: 10/25/21 Through 11/27/21  
date date

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

Total Itemized Contributions: \$ 222.23

PLEASE PRINT/TYPE

1 Date Accepted 10/26/2021	4 Name (Last, First): Stevenson, Charles
2 Contribution Amount \$ 52.23	5 Address: 5501 W 95th Pl
3 Aggregate Amount* \$ 156.69	6 City/State/Zip: Westminster, CO 80020
	7 Description Credit card
	8 Employer (if applicable, mandatory): Retired
	9 Occupation (if applicable, mandatory): Retired

1 Date Accepted 10/26/2021	4 Name (Last, First): Fung, Adam
2 Contribution Amount \$ 20.00	5 Address: 1871 S Dunkirk St #105
3 Aggregate Amount* \$ 150.00	6 City/State/Zip: 1871 S Dunkirk St #105 Aurora Co 80017
	7 Description Credit card
	8 Employer (if applicable, mandatory): National guard
	9 Occupation (if applicable, mandatory): Service person

1 Date Accepted 10/27/2021	4 Name (Last, First): Lathrop, Lynn
2 Contribution Amount \$ 50.00	5 Address: 10553 Clermont Way
3 Aggregate Amount* \$ 100.00	6 City/State/Zip: Thornton, CO 80233
	7 Description Credit card
	8 Employer (if applicable, mandatory): Retired
	9 Occupation (if applicable, mandatory): Retired

1 Date Accepted 10/31/2021	4 Name (Last, First): Sandlian Smith, Pam
2 Contribution Amount \$ 100.00	5 Address: 901 Washington St
3 Aggregate Amount* \$ 200.00	6 City/State/Zip: Denver, CO 80221
	7 Description Credit card
	8 Employer (if applicable, mandatory): Rangeview Library District
	9 Occupation (if applicable, mandatory): Librarian

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

Page 2

**Full Name of Committee/Person:** Citizens for Kate Miya

**Reporting Period Covered:**

10/25/21

date

**Through**

11/27/21

date

**PLEASE PRINT/TYPE**

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: _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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	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> ): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

Page 3

Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

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> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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\$ _____	6 City/State/Zip: _____
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\$ _____	6 City/State/Zip: _____
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\$ _____	8 Employer (if applicable, <u>mandatory</u> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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\$ _____	6 City/State/Zip: _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

Page 4

Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

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> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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\$ _____	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	7 Description: _____
\$ _____	8 Employer (if applicable, <u>mandatory</u> ): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

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> ): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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date

PLEASE PRINT/TYPE

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> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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date

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date

PLEASE PRINT/TYPE

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> ): _____

  

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: _____
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Full Name of Committee/Person:

Citizens for Kate Miya

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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

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

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1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

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

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

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

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**Full Name of Committee/Person:** Citizens for Kate Miya

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date date

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

\$	7 Description
3 <u>Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):

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

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

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

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

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

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

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



\$	9 Occupation (if applicable, <u>mandatory</u> ): _____
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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> ): _____

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2 <u>Contribution Amount</u> \$	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	7 Description: _____
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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: _____
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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> ): _____

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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> ): _____
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2 <u>Contribution Amount</u>	5 Address: _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
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\$ _____	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

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\$ _____	7 Description _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u>	6 City/State/Zip: _____
\$ _____	7 Description _____
3 <u>Aggregate Amount*</u>	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: _____
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	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
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## Schedule A - Itemized Contributions Statement (\$20 or more)

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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): _____
------------------------	-----------------------------

	5 Address: _____
2 <u>Contribution Amount</u>	6 City/State/Zip: _____
\$ _____	7 Description _____
3 <u>Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
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\$ _____	7 Description _____
3 <u>Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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## Schedule A - Itemized Contributions Statement (\$20 or more)

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
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	5 Address: _____
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## Schedule A - Itemized Contributions Statement (\$20 or more)

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1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
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3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

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2 <u>Contribution Amount</u>	6 City/State/Zip: _____

\$	7 Description
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	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$	7 Description
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\$	9 Occupation (if applicable, <u>mandatory</u> ):

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

\$	7 Description
3 <u>Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):

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

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

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

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\$ _____	7 Description _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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2 <u>Contribution Amount</u> \$ _____	5 Address: _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____ 5 Address: _____ 6 City/State/Zip: _____ 7 Description: _____ 8 Employer (if applicable, <u>mandatory</u> ): _____ 9 Occupation (if applicable, <u>mandatory</u> ): _____
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10/25/21

Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____ 5 Address: _____
------------------------	---

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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11/27/21

date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____



2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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11/27/21

date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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11/27/21

date

date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

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date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount*</u> \$	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 A - Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person:

Citizens for Kate Miya

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date

PLEASE PRINT/TYPE

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____

2 <u>Contribution Amount</u>	6 City/State/Zip: _____
\$ _____	7 Description _____
3 <u>Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u> ): _____
\$ _____	9 Occupation (if applicable, <u>mandatory</u> ): _____

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

Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

Total Itemized Expenditures:

7,432.10

## PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/25/21	4 Name (Last, First): <u>C &amp; D PRINTING</u>
2 <u>Amount</u> \$ <u>297.49</u>	5 Address: <u>5351 Tennyson St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Purpose of Expenditure: <u>Campaign literature</u>

1 <u>Date Expended</u> 10/25/21	4 Name (Last, First): <u>City of Thornton</u>
2 <u>Amount</u> \$ <u>50.00</u>	5 Address: <u>11151 Colorado Blvd.</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>Trunk or Treat Candy Partner</u>

1 <u>Date Expended</u> 10/25/21	4 Name (Last, First): <u>Newton, Jeremy</u>
2 <u>Amount</u> \$ <u>232.75</u>	5 Address: <u>2761 E 93rd Pl</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Purpose of Expenditure: <u>Payroll</u>

1 <u>Date Expended</u> 10/26/21	4 Name (Last, First): <u>Scale to Win</u>
2 <u>Amount</u> \$ <u>153.98</u>	5 Address: <u>13742 Harper St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Santa Ana, CA 92703</u>
	7 Purpose of Expenditure: <u>Outreach to votes (texting)</u>



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

Page 2

Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/26/21	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ 25.58	5 Address: <u>1601 Willow Road</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Menlo Park, CA 94025</u>
	7 Purpose of Expenditure: <u>Voter outreach</u>

1 <u>Date Expended</u> 10/28/21	4 Name (Last, First): <u>Newton, Jeremy</u>
2 <u>Amount</u> \$ 204.00	5 Address: <u>2761 E 93rd Pl</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Purpose of Expenditure: <u>Payroll</u>

1 <u>Date Expended</u> 10/29/21	4 Name (Last, First): <u>Zemek, Joe</u>
2 <u>Amount</u> \$ 500.00	5 Address: <u>1090 W 69th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80221</u>
	7 Purpose of Expenditure: <u>Payroll</u>

1 <u>Date Expended</u> 11/1/21	4 Name (Last, First): <u>ROBODIAL.ORG</u>
2 <u>Amount</u> \$ 21.90	5 Address: <u>4601 North Fairfax Drive, Suite 1200</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Arlington, VA 22203</u>
	7 Purpose of Expenditure: <u>Voter outreach</u>

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

Page 3

Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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11/27/21

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 11/1/21	4 Name (Last, First): <u>DAYLIGHT CAFÉ</u>
2 <u>Amount</u> \$ 34.89	5 Address: <u>3924 E 120th Ave</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>Food for volunteers</u>

1 <u>Date Expended</u> 11/2/21	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ 50.00	5 Address: <u>1601 Willow Road</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Menlo Park, CA 94025</u>
	7 Purpose of Expenditure: <u>Voter outreach</u>

1 <u>Date Expended</u> 11/3/21	4 Name (Last, First): <u>Act Blue</u>
2 <u>Amount</u> \$ 60.13	5 Address: <u>P.O. Box 441146.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Somerville, MA 02144</u>
	7 Purpose of Expenditure: <u>Fee for processing</u>

1 <u>Date Expended</u> 11/4/21	4 Name (Last, First): <u>Scale to Win</u>
2 <u>Amount</u> \$ 173.06	5 Address: <u>13742 Harper St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Santa Ana, CA 92703</u>
	7 Purpose of Expenditure: <u>Voter outreach</u>

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

Page 4

Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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11/27/21

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 11/5/21	4 Name (Last, First): <u>Amazon</u>
2 <u>Amount</u> \$ 23.84	5 Address: <u>410 Terry Ave N</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Seattle, WA 98109</u>
	7 Purpose of Expenditure: <u>Thank you notes</u>

1 <u>Date Expended</u> 11/8/21	4 Name (Last, First): <u>USPS.com</u>
2 <u>Amount</u> \$ 60.00	5 Address: <u>8300 NE Underground Dr # 210</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Kansas City, MO 64161</u>
	7 Purpose of Expenditure: <u>Stamps</u>

1 <u>Date Expended</u> 11/9/21	4 Name (Last, First): <u>Act Blue</u>
2 <u>Amount</u> \$ 104.90	5 Address: <u>P.O. Box 441146.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Somerville, MA 02144</u>
	7 Purpose of Expenditure: <u>Fee for processing</u>

1 <u>Date Expended</u> 11/9/21	4 Name (Last, First): <u>Ruth Baranowski Tidalo, LLC</u>
2 <u>Amount</u> \$ 650.00	5 Address: <u>10430 W 47th Pl</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge, CO, 80033</u>
	7 Purpose of Expenditure: <u>Graphic design</u>

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Full Name of Committee/Person:

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1 <u>Date Expended</u> 10/25/21	4 Name (Last, First): C & D PRINTING
2 <u>Amount</u> \$ 4789.58	5 Address: 5351 Tennyson St
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: Denver, CO 80212
	7 Purpose of Expenditure: Mailers

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:

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

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Full Name of Committee/Person:

Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

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

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Full Name of Committee/Person:

Citizens for Kate Miya

Reporting Period Covered:

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11/27/21

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

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Full Name of Committee/Person:

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11/27/21

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	



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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

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

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	



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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

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: _____ _____

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

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

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Full Name of Committee/Person: Citizens for Kate Miya

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PLEASE PRINT/TYPE

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: _____ _____

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

Page 22

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: _____
<input type="checkbox"/> Committee	_____
<input type="checkbox"/> Non-Committee	_____

## Schedule C - Loans

**Full Name of Committee/Person:** Citizens for Kate Miya

**Reporting Period Covered:** 10/25/21  
date

**Through** 11/27/21  
date

**LOANS - Loans Owed by the Committee**

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)

[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

## LOAN SOURCE

Name (Last, First or Institution): \_\_\_\_\_

Address:

City/State/Zip: \_\_\_\_\_

Original Amount of Loan:	\$	Interest Rate:	%
--------------------------	----	----------------	---

### Total of All Loans This Reporting

<b>Period:</b>	\$0.00
(Place on line 8 of Detailed Summary Report)	

Loan Amount Received This Reporting Period:

Principal Amount Paid This Reporting Period:

Interest Amount Paid This Reporting Period:

Amount Repaid This Reporting Period:	\$0.00
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)	

<b>Total Repayments Made:</b>	<b>\$0.00</b>
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)	

Outstanding Balance:

TERMS OF LOAN: \_\_\_\_\_  
Date Loan Received

Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

[illegible]

## Page 2

## Citizens for Kate Miya

10/25/21

date

11/27/21

date

Name (Last, First or Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period:  

Principal Amount Paid This Reporting Period:

Interest Amount Paid This Reporting Period:

Amount Repaid This Reporting Period:	\$0.00
--------------------------------------	--------

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Outstanding Balance:

TERMS OF LOAN:

Date Loan Received

Due Date for Final Payment

[illegible]

## Page 3

## Citizens for Kate Miya

10/25/21

date

11/27/21

date

Name (Last, First or Institution): \_\_\_\_\_

Address:

City/State/Zip: \_\_\_\_\_

Original Amount of Loan:      \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period:

Principal Amount Paid This Reporting Period:

Interest Amount Paid This Reporting Period:

Amount Repaid This Reporting Period:	\$0.00
--------------------------------------	--------

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Outstanding Balance:

TERMS OF LOAN:

Date Loan Received

Due Date for Final Payment

[illegible]



## Schedule D – Returned Expenditures & Contributions

**Full Name of Committee/Person:** Citizens for Kate Miya

**Reporting Period Covered:** 10/25/21 **Through** 11/27/21  
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):

## Schedule D – Returned Expenditures & Contributions

Page 2

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered: 10/25/21

date

Through

11/27/21

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:
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):

## Schedule D – Returned Expenditures & Contributions

Page 3

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered: 10/25/21

date

Through

11/27/21

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 <u>Amount</u>	7 Purpose:	
\$		

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

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

# 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

**Reporting Period Covered:**

10/25/21

date

**Through**

11/27/21

date

**Total Itemized Expenditures:**

\$0.00

PLEASE PRINT/TYPE

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 applicable, <u>mandatory</u> ): _____
3 <u>Aggregate Amount</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): _____
	5 Address: _____
2 <u>Fair Market Value</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u> ): _____
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	5 Address: _____
2 <u>Fair Market Value</u>	6 City/State/Zip: _____
	7 Description: _____
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	5 Address: _____
2 <u>Fair Market Value</u>	6 City/State/Zip: _____
	7 Description: _____
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	7 Description: _____
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3 <u>Aggregate Amount</u>	9 Occupation (if applicable, <u>mandatory</u> ): _____
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\* 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."

# Statement of Non-Monetary Contributions

Page 2

**Full Name of Committee/Person:** Citizens for Kate Miya

**Reporting Period Covered:** 10/25/21  
date

**Through** 11/27/21  
date

**PLEASE PRINT/TYPE**

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u>	5 Address: _____
	6 City/State/Zip: _____
	7 Description: _____
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	9 Occupation (if applicable, <u>mandatory</u> ): _____
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2 <u>Fair Market Value</u>	5 Address: _____
	6 City/State/Zip: _____
	7 Description: _____
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	9 Occupation (if applicable, <u>mandatory</u> ): _____
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2 <u>Fair Market Value</u>	5 Address: _____
	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount</u>	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____
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2 <u>Fair Market Value</u>	5 Address: _____
	6 City/State/Zip: _____
	7 Description: _____
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	9 Occupation (if applicable, <u>mandatory</u> ): _____
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1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u>	5 Address: _____
	6 City/State/Zip: _____
	7 Description: _____
3 <u>Aggregate Amount</u>	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): _____
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# Statement of Non-Monetary Contributions

Page 3

**Full Name of Committee/Person:** Citizens for Kate Miya

**Reporting Period Covered:** 10/25/21

date

**Through**

11/27/21

date

**PLEASE PRINT/TYPE**

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
	6 City/State/Zip:
	7 Description:
3 <u>Aggregate Amount</u>	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:
	6 City/State/Zip:
	7 Description:
3 <u>Aggregate Amount</u>	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:
	6 City/State/Zip:
	7 Description:
3 <u>Aggregate Amount</u>	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:
	6 City/State/Zip:
	7 Description:
3 <u>Aggregate Amount</u>	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:
	6 City/State/Zip:
	7 Description:
3 <u>Aggregate Amount</u>	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.*

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# Statement of Non-Monetary Contributions

Page 4

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

## PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</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> ):
	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:
	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> ):
	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:
	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> ):
	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:
	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> ):
	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:
	6 City/State/Zip:
3 <u>Aggregate Amount</u>	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
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# Statement of Non-Monetary Contributions

Page 5

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

## PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</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> ):
	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:
	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> ):
	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:
	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> ):
	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:
	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> ):
	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:
	6 City/State/Zip:
3 <u>Aggregate Amount</u>	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
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# Statement of Non-Monetary Contributions

Page 6

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

## PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</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:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</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:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</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:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</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:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</u>	9 Occupation (if applicable, <u>mandatory</u> ):
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

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# Statement of Non-Monetary Contributions

Page 7

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

## PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</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:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</u>	9 Occupation (if applicable, <u>mandatory</u> ):
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1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
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	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount</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."

# Statement of Non-Monetary Contributions

Page 8

Full Name of Committee/Person: Citizens for Kate Miya

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

## PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First):
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	6 City/State/Zip:
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# Statement of Non-Monetary Contributions

Page 9

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# Statement of Non-Monetary Contributions

Page 10

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