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



CONDITIONALLY ACCEPTED

**DECEMBER 2, 2021** 

CITY CLERK'S OFFICE

### **REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

	(**************************************			
Full Name of Committee/Person:	Citizens for Kate Miya			
Address of Committee/Boyson	As Shown on Registration			
Address of Committee/Person:	13376 Cherry CT			
City, State & Zip Code:	Thornton, CO 80241			
Committee Type:	Political			
Name and Address of Financial Institution:	Bank of the West, 12080 Colora	ado Blvd, Thornton,	CO 80241	
SOS ID NUMBER (state and county committees ONLY):			N/A	
<ul> <li>Regularly Scheduled Filing.</li> <li>October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election)</li> <li>October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election)</li> <li>December 2, 2021 (30 days after the November 2, 2021 Municipal Election)</li> <li>Annual - candidates from prior election held on</li> <li>Amended Filing. This amends previous report filed on (date)</li> <li>Submit changes or new information ONLY</li> </ul>				
<b>Termination Report</b> (Termination I	Reports MUST have a Monetary Balance of	Zero in Line 5)		
<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21	
<b>Declared Total Spending</b> (if applicable): [Art. XXVIII, Sect. 4 (1)]	s N/A	]	date	
	<u> </u>	<b>[</b>	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 & Begin	ning Amount (line 1+ line 2)		\$222.23	
			\$7,432.10	
5 Funds on Hand at End of Reporting Perio	<b>(</b> (monetary) (line 3 - line 4)		-\$7,209.87	
	Art. XXVIII Sect. 10 (2) (a)]	•		
Authorization (Must be completed by either the l that to the best of my knowledge or belief all cont form of membership dues transferred by a membe	ributions received during this repor	ting period, including		

Print Registered Agent's (Treasurer's) Name:

Registered Agent's (Treasurer's) Signature:

Print Candidate Name:

Candidate's Signature:

Date:

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

\_\_\_\_\_

# **DETAILED SUMMARY**

Full Name of Committee/Person: Citizens for Kate Miya

Curren	t Reporting Period: 10/25/21 Through	11/27/21
Funds	on hand at the beginning of reporting period (Monetary Only):	\$8,144.96
6	<b>Itemized Contributions \$20 or More</b> [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$222.23
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$0.00
8	Loans Received (Please list on Schedule "C")	\$0.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$222.23
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$0.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$222.23
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$7,432.10
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	\$0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$0.00
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$7,432.10
20	<b>Total Monetary Expenditures</b> (Line 18 + Line 19)	\$7,432.10

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

Full Name of Committee/Person: Citizens for Kate Miya

**Reporting Period Covered:** Through 10/25/21 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	4 Name (Last, First): <u>Stevenson, Charles</u>
10/26/2021	5 Address: 5501 W 95th Pl
2 <u>Contribution Amount</u>	6 City/State/Zip: Westminster, CO 80020
\$ <mark>52.23</mark>	7 Description Credit card
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
\$ 156.69	9 Occupation (if applicable, <u>mandatory</u> ): <u>Retired</u>
1 Date Accepted	4 Name (Last, First): Fung, Adam
10/26/2021	5 Address: <u>1871 S Dunkirk St #105</u>
2 <u>Contribution Amount</u>	6 City/State/Zip: <u>1871 S Dunkirk St #105 Aurora Co 80017</u>
\$ <b>20.00</b>	7 Description Credit card
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ): <u>National guard</u>
\$ 150.00	9 Occupation (if applicable, <u>mandatory</u> ): <u>Service person</u>
1 Date Accepted	4 Name (Last, First): Lathrop, Lynn
1 <u>Date Accepted</u> 10/27/2021	4 Name (Last, First):       Lathrop, Lynn         5 Address:       10553 Clermont Way
-	
10/27/2021	5 Address:     10553 Clermont Way
10/27/2021 2 <u>Contribution Amount</u>	5     Address:     10553 Clermont Way       6     City/State/Zip:     Thornton, CO 80233
10/27/2021 2 <u>Contribution Amount</u> \$ 50.00	4       France (East, FFRs).         5       Address:         10553 Clermont Way         6       City/State/Zip:         7       Description         Credit card
10/27/2021         2       Contribution Amount         \$       50.00         3       Aggregate Amount*	4       France (East, FFRs).         5       Address:         10553 Clermont Way         6       City/State/Zip:         Thornton, CO 80233         7       Description         Credit card         8       Employer (if applicable, mandatory):         Retired
10/27/2021         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$       100.00	4       Name (East, 113).         5       Address:       10553 Clermont Way         6       City/State/Zip:       Thornton, CO 80233         7       Description       Credit card         8       Employer (if applicable, mandatory):       Retired         9       Occupation (if applicable, mandatory):       Retired
10/27/2021         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$       100.00         1       Date Accepted	4       Name (Last, First):       10553 Clermont Way         5       Address:       10553 Clermont Way         6       City/State/Zip:       Thornton, CO 80233         7       Description       Credit card         8       Employer (if applicable, mandatory):       Retired         9       Occupation (if applicable, mandatory):       Retired         4       Name (Last, First):       Sandlian Smith, Pam
10/27/2021         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$       100.00         1       Date Accepted         10/31/2021	4       Name (Last, First):       10553 Clermont Way         5       Address:       10553 Clermont Way         6       City/State/Zip:       Thornton, CO 80233         7       Description       Credit card         8       Employer (if applicable, mandatory):       Retired         9       Occupation (if applicable, mandatory):       Retired         4       Name (Last, First):       Sandlian Smith, Pam         5       Address:       901 Washington St
10/27/2021         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$       100.00         1       Date Accepted         10/31/2021       2         2       Contribution Amount	4       Name (Last, First):       10553 Clermont Way         5       Address:       10553 Clermont Way         6       City/State/Zip:       Thornton, CO 80233         7       Description       Credit card         8       Employer (if applicable, mandatory):       Retired         9       Occupation (if applicable, mandatory):       Retired         4       Name (Last, First):       Sandlian Smith, Pam         5       Address:       901 Washington St         6       City/State/Zip:       Denver, CO 80221

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

	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE		uate		uate
1 Date Accepted	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 Date Accepted	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 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Co	vered:	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE			date		date
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	<ul><li>6 City/State/Zip:</li><li>7 Description</li></ul>				
3 Aggregate Amount*	8 Employer (if applica				
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$       3     Aggregate Amount*       \$	<ol> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>				
1 Date Accepted	4 Name (Last, First):				
2 <u>Contribution Amount</u>	5 Address: 6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):			

Full Name of Committee/Person:		Citizens for Kate Miya				
	Reporting Period Co	vered:	10/25/21	Through	11/27/21	
PLEASE PRINT/TYPE			date		date	
1 Date Accepted	4 Name (Last, First):				_	
2 <u>Contribution Amount</u> 3 <u>Aggregate Amount*</u> \$	<ol> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>	ble, <u>mandatory</u> ):				
1 <u>Date Accepted</u>	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>					
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):				
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$ 3 <u>Aggregate Amount*</u> \$	<ol> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>					
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>					
2 <u>Contribution Amount</u> \$	<ul><li>6 City/State/Zip:</li><li>7 Description</li></ul>					
3 Aggregate Amount*	8 Employer (if applica					
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	<b>Reporting Period Cov</b>	vered:	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE			date		date
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica				
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica				
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$ 3 Aggregate Amount*	<ul><li>7 Description</li><li>8 Employer (if applica)</li></ul>				
\$	9 Occupation (if applic	-			

Full Name of Committee/Person:		Citizens for Kate Miya				
	Reporting Period Cov	vered:	10/25/21	Through	11/27/21	
PLEASE PRINT/TYPE			date		date	
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 <u>Aggregate Amount*</u> \$	<ul><li>8 Employer (if applica</li><li>9 Occupation (if applica</li></ul>					
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 <u>Aggregate Amount*</u>	8 Employer (if applica					
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 <u>Aggregate Amount*</u>	8 Employer (if applica					
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				
1 <u>Date Accepted</u>	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>					
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 <u>Aggregate Amount*</u>	8 Employer (if applica	ble, <u>mandatory</u> ):				
\$	9 Occupation (if applic	cable, <u>mandatory</u> ):				

Full Name of Committee/Person:		Citizens for Kate Miya				
	Reporting Period Co	vered:	10/25/21	Through	11/27/21	
PLEASE PRINT/TYPE			date		date	
1 Date Accepted	4 Name (Last, First):					
2 <u>Contribution Amount</u>	<ol> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application)</li> </ol>					
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				
1 <u>Date Accepted</u>	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>					
2 <u>Contribution Amount</u> \$	<ul><li>6 City/State/Zip:</li><li>7 Description</li></ul>					
3 <u>Aggregate Amount*</u>	<ul><li>8 Employer (if applica</li><li>9 Occupation (if applica</li></ul>					
\$ 						
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$ 3 <u>Aggregate Amount*</u> \$	<ol> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>					
1 Date Accepted	4 Name (Last, First):					
2 <u>Contribution Amount</u> \$	<ol> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 <u>Aggregate Amount*</u>	8 Employer (if applica	ble, <u>mandatory</u> ):				
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Co	vered:	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE			date		date
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	<ul><li>6 City/State/Zip:</li><li>7 Description</li></ul>				
3 Aggregate Amount*	8 Employer (if applica				
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$       3     Aggregate Amount*       \$	<ol> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>				
1 Date Accepted	4 Name (Last, First):				
2 <u>Contribution Amount</u>	5 Address: 6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):			

Full Name of Committee/Person:		Citizens for Kate Miya				
	Reporting Period Co	vered:	10/25/21	Through	11/27/21	
PLEASE PRINT/TYPE			date		date	
1 Date Accepted	4 Name (Last, First):					
2 <u>Contribution Amount</u> 3 <u>Aggregate Amount*</u>	<ol> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application)</li> </ol>					
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):				
\$	9 Occupation (if applied	cable, <u>mandatory</u> ):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$       3     Aggregate Amount*       \$	<ol> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>					
1 Date Accepted	4 Name (Last, First):					
2 <u>Contribution Amount</u> \$	<ol> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>					
3 <u>Aggregate Amount*</u>	8 Employer (if applica	ble, <u>mandatory</u> ):				
\$	9 Occupation (if applie	cable, <u>mandatory</u> ):				

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u>	8 Employer (if applica				
\$	9 Occupation (if appli	cable, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u>	8 Employer (if applica	-			
\$	9 Occupation (if appli	cable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ul><li>6 City/State/Zip:</li><li>7 Description</li></ul>				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if appli	cable, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u> ):			
\$	9 Occupation (if appli	cable, <u>mandatory</u> ):			

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
3 <u>Aggregate Amount*</u> \$	<ol> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>				

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				
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Full Name of Committee/Person:		Citizens for Kat	e Miya		
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Full Name of Committee/Person:		Citizens for Kate Miya				
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Full Name of Committ	ee/Person: Citizens for Ka	te Miya		
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Full Name of Commit	tee/Person: Citizens for Ka	te Miya		
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Full Name of Committee/Person:		Citizens for Kat	e Miya		
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Full Name of Committee/Person:		Citizens for Ka	te Miya		
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#### Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
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### Full Name of Committee/Person:

Citizens for Kate Miya

		<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date	]
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### Full Name of Committee/Person:

Citizens for Kate Miya

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\* 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)

#### **Reporting Period Covered:**

10/25/21	Through	11/
date		(

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

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

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

Citizens for Kate Miya

#### **Reporting Period Covered:**

10/25/21 Through date

11/27/21 date

#### PLEASE PRINT/TYPE

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

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

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

Page 31

Full Name of Committee/Person:

Citizens for Kate Miya

**Reporting Period Covered:** 

10/25/21 **Through** 

11/27/21

date

#### PLEASE PRINT/TYPE

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

Page 32

Full Name of Committee/Person:

Citizens for Kate Miya

**Reporting Period Covered:** 

10/25/21 **Through** 

11/27/21 date

date

#### PLEASE PRINT/TYPE

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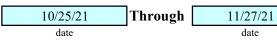
## Schedule A - Itemized Contributions Statement (\$20 or more)

Page 33

Full Name of Committee/Person:

Citizens for Kate Miya

**Reporting Period Covered:** 



#### PLEASE PRINT/TYPE

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

Page 34

Full Name of Committee/Person:

Citizens for Kate Miya

**Reporting Period Covered:** 

10/25/21 Through date

11/27/21 date

#### PLEASE PRINT/TYPE

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

Page 35

Full Name of Committee/Person:		Citizens for Kate Miya				
	Reporting Period Covered	d:	10/25/21 date	Through	11/27/21 date	]
PLEASE PRINT/TYPE						

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

Full Name of Committee/Person:		Citizens for Kat	e Miya			
Reporting Period Covere		vered:	10/25/21 date	Through [	11/27/21 date	]
PLEASE PRINT/TYPE						

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1 Date Accepted	4 Name (Last, First):         5 Address:
2 Contribution Amount	6 City/State/Zip:
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# Schedule A - Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Pe	<b>Citizens for</b>	· Kate Miya		
Repo	orting Period Covered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				

1 Date Accepted	4 Name (Last, First):         5 Address:
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
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1 Date Accepted	4 Name (Last, First):
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2 <u>Contribution Amount</u>	6 City/State/Zip:
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1 Date Accepted	4 Name (Last, First):
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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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1 Date Accepted	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> ):
	mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art

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

Full Name of Committee/Person:		Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

1       Date Accepted         2       Contribution Amount         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applicable, <u>mandatory</u>):</li> </ul>
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	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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1 Date Accepted	4 Name (Last, First):         5 Address:
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1 Date Accepted	4 Name (Last, First):         5 Address:
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* For contribution limits within a co	I mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art

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

Full Name of Committee/Person:		Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

1 Date Accepted	4 Name (Last, First):         5 Address:
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$ 3 Aggregate Amount*	<ul> <li>7 Description</li> <li>8 Employer (if applicable, <u>mandatory</u>):</li> </ul>
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1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
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# Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person:		Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

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

Full Name of Committee/	/Person:	Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

1 Date Accepted	4 Name (Last, First):         5 Address:
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# Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person:       Citizens for Kate Miya					
J	Reporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

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

Full Name of Committee/	/Person:	Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

1 Date Accepted	4 Name (Last, First):
2 <u>Contribution Amount</u> \$	6     City/State/Zip:       7     Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$ 3 Aggregate Amount*	<ul> <li>7 Description</li> <li>8 Employer (if applicable, <u>mandatory</u>):</li> </ul>
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
2 <u>Contribution Amount</u>	6 City/State/Zin:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <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 co	mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art.

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

Full Name of Committee/Person:	Citizens fo	or Kate Miya		
Reporting Period	d Covered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				

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

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

Full Name of Committee/	/Person:	Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

1 Date Accepted	4 Name (Last, First):         5 Address:
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$ 3 Aggregate Amount*	<ul><li>7 Description</li><li>8 Employer (if applicable, <u>mandatory</u>):</li></ul>
\$	9 Occupation (if applicable mandatory):
Ф	
1 Date Accepted	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 Date Accepted	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> ):
	mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art

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

Full Name of Committee/	/Person:	Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

1 Date Accepted	4 Name (Last, First):
2 <u>Contribution Amount</u> \$	5 Address:         6 City/State/Zip:         7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <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 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):       5 Address:
2 <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 co	mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art.

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

Full Name of Committee/Person:		Citizens for Kat	te Miya		
R	eporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					

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

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

Full Name of Committe	ee/Person: Citiz	izens for Kate	e Miya		
	Reporting Period Covered	d: [	10/25/21 date	Through [	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First):				

I	
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 Contribution Amount	6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First):
<del>`</del>	5 Address:
2 Contribution Amount	6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
* For contribution limits within a co	mmittee'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)

Full Name of Committee/Person:		Citizens for Ka	te Miya			
	Reporting Period Co	vered:	10/25/21 date	]Through [	11/27/21 date	
PLEASE PRINT/TYPE						
1 Date Accepted	4 Name (Last, First):					

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

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

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

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

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

Full Name of Committee/Person:		Citizens for Kar	te Miya		
	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				

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

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

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

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

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

Full Name of Committee/Person:		ns for Kate Miya		
<b>Reporting Period Covered:</b>		10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First): 5 Address:			

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

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

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

Citizens for Kate Miya

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

Full Name of Committee/Person:

	Reporting Period Cover	ed:	10/25/21 date	Through [	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First):				
2 <u>Contribution Amount</u>	6 City/State/Zip:				

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

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

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

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

	Reporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ol> <li>6 City/State/Zip:</li> <li>7 Description</li> </ol>				

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

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
		date		date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			

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

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

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

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

Full Name of Committee/Person:     Citizens for Kate Miya		
	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date	
PLEASE PRINT/TYPE		
1 Date Accepted	4 Name (Last, First):	
2 <u>Contribution Amount</u>	5 Address:         6 City/State/Zip:	
\$	7 Description	
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):	
\$	9 Occupation (if applicable, <u>mandatory</u> ):	

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

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

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

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

Full Name of Committe	Name of Committee/Person:         Citizens for Kate Miya				
	Reporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$ 3 <u>Aggregate Amount*</u> \$	<ol> <li>7 Description</li> <li>8 Employer (if applical</li> <li>9 Occupation (if applical</li> </ol>				

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

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

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Full Name of Committ	Ill Name of Committee/Person: Citizens for Kate Miya			
PLEASE PRINT/TYPE	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
1 Date Accepted	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>mano</u> 9 Occupation (if applicable, <u>ma</u>			

1       Date Accepted         2       Contribution Amount         \$	<ul> <li>4 Name (Last, First):</li></ul>
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	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> ):
1       Date Accepted         2       Contribution Amount         \$	<ul> <li>4 Name (Last, First):</li></ul>

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

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Full Name of Committee/Person:       Citizens for Kate Miya				
	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First): 5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

1 Date Accepted

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

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

Full Name of Committ	ee/Person: Citizens	for Kate Miya		
	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE	1			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applicable, mand</li> <li>9 Occupation (if applicable, mar</li> </ul>	atory):		
1 Date Accepted	4 Name (Last, First): 5 Address:			

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

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

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First): 5 Address:			
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description			
3 <u>Aggregate Amount*</u> \$	<ul> <li>8 Employer (if applicable, <u>mandatory</u>):</li> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>			
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1 Data Assantad	4 Name (Lest First)			

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

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

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

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

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

Full Name of Commit	tee/Person:	Citizens for Kat	te Miya		
	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1       Date Accepted         2       Contribution Amount         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application applied)</li> <li>9 Occupation (if applied)</li> </ul>	ble, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
2 <u>Contribution Amount</u>	6 City/State/Zip:				

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

1 Date A	<u>ccepted</u>	4 Name (Last, First):
		5 Address:
2 <u>Contril</u>	oution Amount	6 City/State/Zip:
\$		7 Description
3 Aggreg	gate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$		9 Occupation (if applicable, <u>mandatory</u> ):

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE	1			
<ol> <li>Date Accepted</li> <li>Contribution Amount</li> <li>Aggregate Amount*</li> <li>\$</li> </ol>	5 Address:			
1 Date Accepted	4 Name (Last, First):5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip: 7 Description			

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

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

**Reporting Period Covered:** 

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11/27/21

Full Name of Committee/Person:

Citizens for Kate Miya

10/25/21

Through

	date	date
PLEASE PRINT/TYPE		
1 Date Accepted	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 Date Accepted	4 Name (Last, First):	
	5 Address:	

 2 Contribution Amount
 6 City/State/Zip:

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 7 Description

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

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

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Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First): 5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			

<pre>3 Aggregate Amount* \$</pre>	<ul> <li>8 Employer (if applicable, <u>mandatory</u>):</li> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	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> ):
1       Date Accepted         2       Contribution Amount         \$	<ul> <li>4 Name (Last, First):</li></ul>

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

Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
		date		date
PLEASE PRINT/TYPE	1			
1 Date Accepted	5 Address:			
2 <u>Contribution Amount</u> \$	6 City/State/Zin:			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			

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

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

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

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Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through [	11/27/21
		date		date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First): 5 Address:			
2 <u>Contribution Amount</u> \$	6 City/State/Zin:			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
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2 <u>Contribution Amount</u>	6 City/State/Zip:			
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3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			

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

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

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

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

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Citizens for Kate Miya

		<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PL	EASE PRINT/TYPE				
1	Date Accepted	4 Name (Last, First):5 Address:			
2 \$	Contribution Amount	6 City/State/Zip: 7 Description			
3	Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$		9 Occupation (if applicable, <u>mandatory</u> ):			
1	Date Accepted	4 Name (Last, First): 5 Address:			
2 \$	Contribution Amount	6 City/State/Zip: 7 Description			
3	Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			

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

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

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

Full Name of Committee/Person:         Citizens for Kate Miya				
DI FACE DDINT/TVDI	Reporting Period Covere		25/21 Through ate	11/27/21 date
PLEASE PRINT/TYPI           1         Date Accepted	4 Name (Last, First): 5 Address:			
2 <u>Contribution Amoun</u>	<u>nt</u> 6 City/State/Zip: 7 Description			
3 <u>Aggregate Amount</u> * \$	<ul><li>8 Employer (if applicable,</li><li>9 Occupation (if applicable)</li></ul>			

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

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

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

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

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Full Name of Committee/Person:		Citizens for Ka	te Miya		
PLEASE PRINT/TYPE	Reporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
1 <u>Date Accepted</u> 2 <u>Contribution Amount</u>	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> </ul>				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u> ):			
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u> ):			
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			

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

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

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

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Full Name of Committ	ee/Person: Citizens for Kate Miya
PLEASE PRINT/TYPE	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
1     Date Accepted       2     Contribution Amount       \$	4 Name (Last, First):         5 Address:         6 City/State/Zip:         7 Description
3 <u>Aggregate Amount*</u> \$	<ul> <li>8 Employer (if applicable, <u>mandatory</u>):</li> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>
1 Date Accepted	4 Name (Last, First):       5 Address:
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description
3 <u>Aggregate Amount*</u> \$	<ul> <li>8 Employer (if applicable, <u>mandatory</u>):</li> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>

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

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

Full Name of Committee/Person:		Citizens for Kar	te Miya			
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date	
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application)</li> <li>9 Occupation (if application)</li> </ol>	able, <u>mandatory</u> ):				
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>Name (Last, First):</li> <li>Address:</li> <li>City/State/Zip:</li> <li>Description</li> <li>Employer (if application)</li> <li>Occupation (if application)</li> </ol>	able, <u>mandatory</u> ):				

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

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

Full Name of Committee/Person:		Citizens for Kar	te Miya			
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date	
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application)</li> <li>9 Occupation (if application)</li> </ol>	able, <u>mandatory</u> ):				
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>Name (Last, First):</li> <li>Address:</li> <li>City/State/Zip:</li> <li>Description</li> <li>Employer (if application)</li> <li>Occupation (if application)</li> </ol>	able, <u>mandatory</u> ):				

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

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

Full Name of Committee/Person:		Citizens for Ka	te Miya		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if applica</li> </ol>	ble, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application of application)</li> <li>9 Occupation (if application)</li> </ol>	ble, <u>mandatory</u> ):			

1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
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3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$	9 Occupation (if applicable, <u>mandatory</u> ):
1 Date Accepted	4 Name (Last, First): 5 Address:
1 <u>Date Accepted</u> 2 <u>Contribution Amount</u>	
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# Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person:		Citizens for Kat	e Miya			
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date	]
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):				
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application applied)</li> <li>9 Occupation (if applied)</li> </ol>	able, <u>mandatory</u> ):				

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

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

Full Name of Committee/Person:		Citizens for Kat	te Miya		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>Name (Last, First):</li> <li>Address:</li> <li>City/State/Zip:</li> <li>Description</li> <li>Employer (if applica</li> <li>Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):			

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

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

Full Name of Committee/Person:		Citizens for Kat	e Miya		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>Name (Last, First):</li> <li>Address:</li> <li>City/State/Zip:</li> <li>Description</li> <li>Employer (if applica</li> <li>Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>Name (Last, First):</li> <li>Address:</li> <li>City/State/Zip:</li> <li>Description</li> <li>Employer (if application applied)</li> <li>Occupation (if applied)</li> </ol>	able, <u>mandatory</u> ):			

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

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

Full Name of Committ	ee/Person: Citizens for Kate Miya
PLEASE PRINT/TYPE	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	4 Name (Last, First):         5 Address:         6 City/State/Zip:         7 Description         8 Employer (if applicable, mandatory):         9 Occupation (if applicable, mandatory):
1       Date Accepted         2       Contribution Amount         \$	<ul> <li>4 Name (Last, First):</li></ul>

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

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

Full Name of Committee/Person:		Citizens for Kat	te Miya		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$	<ol> <li>Name (Last, First):</li> <li>Address:</li> <li>City/State/Zip:</li> <li>Description</li> <li>Employer (if applica</li> <li>Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application applied)</li> <li>9 Occupation (if applied)</li> </ol>	able, <u>mandatory</u> ):			

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

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

Full Name of Committ	tee/Person: Citizens for Kate Miya
PLEASE PRINT/TYPE	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	4 Name (Last, First):         5 Address:         6 City/State/Zip:         7 Description         8 Employer (if applicable, mandatory):         9 Occupation (if applicable, mandatory):
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	4 Name (Last, First):         5 Address:         6 City/State/Zip:         7 Description         8 Employer (if applicable, mandatory):         9 Occupation (if applicable, mandatory):

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

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

Full Name of Committee/Person:		Citizens for Ka	te Miya		
PLEASE PRINT/TYPE	Reporting Period Cov	/ered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applicate)</li> <li>9 Occupation (if applicate)</li> </ol>	ole, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applicate)</li> <li>9 Occupation (if applicate)</li> </ol>	ole, <u>mandatory</u> ):			

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

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

Full Name of Committee/Person:		Citizens for Kat	e Miya		
	Reporting Period Cove	ered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE	Τ				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicable				
\$	9 Occupation (if applical	ble, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicable	e, <u>mandatory</u> ):			
\$	9 Occupation (if applical	ble, <u>mandatory</u> ):			

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

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

Full Name of Committee/Person:		Citizens for Kat	e Miya		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ul>	able, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application applied)</li> <li>9 Occupation (if applied)</li> </ol>	able, <u>mandatory</u> ):			

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

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

Full Name of Committ	ee/Person: Citizens for Kate Miya
PLEASE PRINT/TYPE	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ul> <li>4 Name (Last, First):</li></ul>
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ul> <li>4 Name (Last, First):</li></ul>

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

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

Full Name of Committee/Person:		Citizens for Ka	te Miya		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applica</li> <li>9 Occupation (if appli</li> </ol>	able, <u>mandatory</u> ):			

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

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

Full Name of Committ	citizens for Kate Miya
PLEASE PRINT/TYPE	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ul> <li>4 Name (Last, First):</li></ul>
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ul> <li>4 Name (Last, First):</li></ul>

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

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

Full Name of Committ	ee/Person: Citizens for Kate Miya
PLEASE PRINT/TYPE	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	4 Name (Last, First):
1       Date Accepted         2       Contribution Amount         \$	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> ):

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

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

Full Name of Committee/Person:		Citizens for Ka	te Miya		
PLEASE PRINT/TYPE	Reporting Period Cov	ered:	10/25/21 date	Through	11/27/21 date
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	<ul><li>6 City/State/Zip:</li><li>7 Description</li></ul>				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u> ):			
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			
	[				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u> ):			
\$	9 Occupation (if applic	able, <u>mandatory</u> ):			

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

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

Full Name of Committee/Person:		Citizens for Kat	e Miya		
PLEASE PRINT/TYPE	Reporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applicate</li> <li>9 Occupation (if applicate</li> </ul>	ble, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applicate</li> <li>9 Occupation (if applicate</li> </ol>	ble, <u>mandatory</u> ):			

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

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

Full Name of Committee/Person:		Citizens for Kar	te Miya		
PLEASE PRINT/TYPE	Reporting Period Cov	vered:	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if applical</li> <li>9 Occupation (if applical</li> </ol>	ble, <u>mandatory</u> ):			
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$       \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Description</li> <li>8 Employer (if application)</li> <li>9 Occupation (if application)</li> </ol>	ble, <u>mandatory</u> ):			

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

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

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

Full Name of Committ	ee/Person: Citizens for Kat	te Miya		
PLEASE PRINT/TYPE	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
1       Date Accepted         2       Contribution Amount         \$	6 City/Stata/Zin:			
1       Date Accepted         2       Contribution Amount         \$	5 Address			

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

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

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

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#### Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date	
PLEASE PRINT/TYPE		date		date	
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u> \$	7 Description				
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):				
\$	9 Occupation (if applicable, <u>mandatory</u> ):				
	1				
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>				
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 Date Accepted	4 Name (Last, First):				

5 Address:

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

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

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

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#### Full Name of Committee/Person:

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Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE		date		date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	5 Address:			
1 Date Accepted	5 Address:			
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description			
3 <u>Aggregate Amount*</u> \$	<ul> <li>8 Employer (if applicable, <u>mandatory</u>):</li> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>			

1 Date Accepted

4 Name (Last, First):5 Address:

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

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

#### 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	Through	11/27/21
PLEASE PRINT/TYPE		date		date
1 Date Accepted	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 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

1 Date Accepted

5 Address:

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

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

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

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#### Full Name of Committee/Person:

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Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE		date		date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First):			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	5 . 1 1			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

1 Date Accepted

 4 Name (Last, First):

 5 Address:

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

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

#### 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	Through	11/27/21
PLEASE PRINT/TYPE		date		date
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
	-			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

1 Date Accepted

5 Address:

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

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

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

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#### Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
		date		date
PLEASE PRINT/TYPE				
1 Date Accepted	5 Address			
2 <u>Contribution Amount</u>				
\$ 3 Aggregate Amount*	<ul> <li>7 Description</li> <li>8 Employer (if applicable, <u>mandatory</u>):</li> </ul>			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
	1			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

1 Date Accepted

4 Name (Last, First): 5 Address:

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

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

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

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#### Full Name of Committee/Person:

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
		date		date
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
	1			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
	1			

1 Date Accepted

4 Name (Last, First): 5 Address:

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

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

#### 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	Through	11/27/21
PLEASE PRINT/TYPE		date		date
1       Date Accepted         2       Contribution Amount         \$       3         3       Aggregate Amount*         \$	6 City/Stata/Zin:			
[				
1 Date Accepted	4 Name (Last, First): 5 Address:			
2 <u>Contribution Amount</u> \$	6 City/State/Zip: 7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			

1 Date Accepted

5 Address:

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

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

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

**Page 100** 

#### **Full Name of Committee/Person:**

r

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE		date		date
1       Date Accepted         2       Contribution Amount         \$	5 Address:         6 City/State/Zip:         7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			

5 Address:

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

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

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

**Page 101** 

#### **Full Name of Committee/Person:**

r

Citizens for Kate Miya

	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
PLEASE PRINT/TYPE		date		date
1       Date Accepted         2       Contribution Amount         \$	5 Address:         6 City/State/Zip:         7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	<ul><li>4 Name (Last, First):</li><li>5 Address:</li></ul>			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			

5 Address:

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

r

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

\* 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				
I	Reporting Period Covered:	10/25/21 date	Through	11/27/21 date
		Total Itemized Ex	penditures:	7,432.10
PLEASE PRINT/TYPE				.,
1       Date Expended         10/25/21         2         Amount         \$         297.49         3         Recipient is (optional):         Committee		Cennyson St , CO 80212		
Non-Committee		Campaign literature		
1       Date Expended         10/25/21         2       Amount         \$       50.00         3       Recipient is (optional):	5 Address: <u>11151</u> 6 City/State/Zip: <u>Thornto</u>	Thornton Colorado Blvd. on, CO 80233		
Committee Non-Committee	7 Purpose of Expenditure:	Trunk or Treat Candy Par	rtner	
1 Date Expended	4 Name (Last, First): Newto	n, Jeremy		
10/25/21 2 <u>Amount</u>	5 Address: 2761 E	93rd Pl		
\$ 232.75         3 Recipient is (optional):         Committee	6 City/State/Zip:       Thornto         7 Purpose of Expenditure:	on CO 80229 Payroll		
Non-Committee				
1       Date Expended         10/26/21         2       Amount         \$       153.98         3       Recipient is (optional):         Committee		o Win Harper St Ana, CA 92703 Outreach to votes (texting	g)	
Non-Committee		\		

Full Name of Committee	e/Person: Citizens for Kate Miya
	<b>Reporting Period Covered:</b> 10/25/21 <b>Through</b> 11/27/21
PLEASE PRINT/TYPE	date date
1 Date Expended	4 Name (Last, First): Facebook
10/26/21	- Nume (Lust, 1113t).
2 <u>Amount</u>	5 Address: 1601 Willow Road
\$ 25.58	6 City/State/Zip: Menlo Park, CA 94025
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure: Voter outreach
Non-Committee	
1 Date Expended	4 Name (Last, First): Newton, Jeremy
10/28/21	5 Address: 2761 E 93rd Pl
2 <u>Amount</u>	
\$ 204.00         3 Recipient is (optional):	6 City/State/Zip: Thornton CO 80229
Committee	7 Purpose of Expenditure: Payroll
Non-Committee	
1 <u>Date Expended</u> 10/29/21	4 Name (Last, First): Zemek, Joe
2 <u>Amount</u>	5 Address: 1090 W 69th Ave
\$ 500.00	6 City/State/Zip: Denver CO 80221
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure: Payroll
Non-Committee	
1 Date Expended	4 Name (Last, First): ROBODIAL.ORG
11/1/21	
2 <u>Amount</u>	5 Address: 4601 North Fairfax Drive, Suite 1200
\$ 21.90	6 City/State/Zip: Arlington, VA 22203
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure: Voter outreach
Non-Committee	

Full Name of Committee/Person:       Citizens for Kate Miya				
	Reporting Period Covered:	10/25/21	Through	11/27/21
		date		date
PLEASE PRINT/TYPE	DAVI	IGHT CAFÉ		
1 <u>Date Expended</u>	4 Name (Last, First): DAYL	IGHT CAFE		
11/1/21 2 <u>Amount</u>	5 Address: 3924 E	120th Ave		
\$ 34.89	6 City/State/Zip: Thornto	n, CO 80233		
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:	Food for volunteers		
Non-Committee				
1 Date Expended	4 Name (Last, First): Faceboo	ok		
11/2/21 2 Amount	5 Address: 1601 W	illow Road		
\$ 50.00 3 Recipient is (optional):	6 City/State/Zip: <u>Menlo P</u>	Park, CA 94025		
Committee	7 Durmage of Exmanditures	Voter outreach		
	7 Purpose of Expenditure:	Voter outreach		
Non-Committee				
1 Date Expended	4 Name (Last, First): Act Blu	le		
1 <u>Date Expended</u> 11/3/21	4 Name (Last, Flist). $$			
2 <u>Amount</u>	5 Address: P.O. Bo	x 441146.		
\$ 60.13	6 City/State/Zip: Somervi	ille, MA 02144		
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:	Fee for processing		
Non-Committee				
L				
1 <u>Date Expended</u>	4 Name (Last, First): Scale to	o Win		
11/4/21 2 <u>Amount</u>	5 Address: 13742 H	Iarper St		
\$ 173.06		na, CA 92703		
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:	Voter outreach		
Non-Committee	-			

Full Name of Committe	e/Person: Citizens for Kate Miya
	Reporting Period Covered:         10/25/21         Through         11/27/21
DI FACE DDINT/TVDE	date date
PLEASE PRINT/TYPE	$A \rightarrow A = A = A = A = A = A = A = A = A = $
1 <u>Date Expended</u> 11/5/21	4 Name (Last, First): Amazon
2 <u>Amount</u>	5 Address: 410 Terry Ave N
\$ 23.84	6 City/State/Zip: Seattle, WA 98109
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure: Thank you notes
Non-Committee	
·	
1 Date Expended	4 Name (Last, First): USPS.com
11/8/21 2 Amount	5 Address: 8300 NE Underground Dr # 210
\$ 60.00         3 Recipient is (optional):	6 City/State/Zip: Kansas City, MO 64161
Committee	7 Dumon of Europe literation Statute
	7 Purpose of Expenditure: <u>Stamps</u>
Non-Committee	
1 Date Expended	4 Name (Last, First): Act Blue
11/9/21 2 Amount	5 Address: P.O. Box 441146.
\$ 104.90           3 Recipient is (optional):	6 City/State/Zip: Somerville, MA 02144
Committee	7 Purpose of Expenditure: Fee for processing
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First): Ruth Baranowski Tidalo, LLC
11/9/21 2 <u>Amount</u>	5 Address: 10430 W 47th Pl
\$ 650.00	6 City/State/Zip: Wheat Ridge, CO, 80033
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure: Graphic design
Non-Committee	

Full Name of Committee/Person: Citizens fo			Miya		
	Reporting Period Cover	red:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1         Date Expended           10/25/21         2           2         Amount           4         4780, 50	-	5351 Tenn	yson St		
\$ 4789.58         3 Recipient is (optional):         Committee         Non-Committee	6 City/State/Zip:	Denver, CC ure: <u>N</u>	failers		
1     Date Expended       2     Amount	4 Name (Last, First): 5 Address:				
\$       3     Recipient is (optional):	6 City/State/Zip:				
Committee Non-Committee	7 Purpose of Expendit	ure:			
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u> \$	5 Address: 6 City/State/Zip:				
3 <u>Recipient is (optional):</u> Committee Non-Committee	7 Purpose of Expenditu	ure:			
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u> \$ 3 <u>Recipient is (optional):</u>	5 Address: 6 City/State/Zip:				
Committee	7 Purpose of Expendito	ure:			

Full Name of Committee/Person:         Citizens for Kate Miya						
	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21		
		date		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>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 Amount	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
	1					
1 Date Expended	4 Name (Last, First):					
2 Amount	5 Address:					
\$						
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
L	1					

Full Name of Committe	e/Person: Citizens fo	r Kate Miya		
	<b>Reporting Period Covere</b>		Through	11/27/21
PLEASE PRINT/TYPE		date		date
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$           3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure			
Non-Committee		·		
1 <u>Date Expended</u>	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure	:		
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure	:		
Non-Committee				

	Full Name of Committee/Person:         Citizens for Kate Miya					
10/25/21	Through	11/27/21				
date		date				
	date					

Full Name of Committee/Person:         Citizens for Kate Miya						
	Reporting Period Covered:	10/25/21	Through	11/27/21		
	1 8	date		date		
PLEASE PRINT/TYPE						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	C CitalState /7:00					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	C Cita/State/Zine					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 <u>Date Expended</u>	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 <u>Date Expended</u>	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						

Full Name of Committee/Person:         Citizens for Kate Miya						
	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21		
		date		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>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
<u>i</u>						
2 <u>Amount</u>						
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						

Full Name of Committee/Person:         Citizens for Kate Miya					
I	Reporting Period Covered:	10/25/21 date	Through	11/27/21 date	
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u> \$	5 Address: 6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
<ul><li>\$</li><li>3 <u>Recipient is (optional):</u></li></ul>	6 City/State/Zip:				
Committee	7 Purpose of Expenditure:				
Non-Committee					
	1				
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>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
<ul><li>\$</li></ul>	6 City/State/Zip:				
Committee	7 Purpose of Expenditure:				
Non-Committee					

		× ×	,	0	
Full Name of Committee/Person:         Citizens for Kate Miya					
	Departing Davied Covered	10/25/21	Thursday	11/27/21	
	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date	
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u> \$	6 City/State/Zin				
3 Recipient is (optional):					
Committee	7 Purpose of Expenditure:				
	/ Turpose of Experiature.				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>					
\$ 2 D ::: (; (; ))	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
	-				
1 Date Expended	4 Name (Last, First):				
2 Amount	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 Amount	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					

Full Name of Committee/Person:       Citizens for Kate Miya						
	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21		
PLEASE PRINT/TYPE		date		date		
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u> \$	6 City/State/Zin					
3 <u>Recipient is (optional):</u> Committee	7 Purpose of Expenditure:					
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u> \$ 3 <u>Recipient is (optional):</u>	( CitalState /7:					
Committee	7 Purpose of Expenditure:					
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u> 3 <u>Recipient is (optional):</u>	5 Address: 6 City/State/Zip:					
Committee	7 Purpose of Expenditure:					
1 <u>Date Expended</u> 2 <u>Amount</u> \$	4 Name (Last, First): 5 Address: 6 City/State/Zip:					
3 <u>Recipient is (optional):</u> Committee Non-Committee	7 Purpose of Expenditure:					

Full Name of Committee/Person:     Citizens for Kate Miya					
		ato 1911ya			
	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21	
		date		date	
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>					
\$           3 Recipient is (optional):	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>					
\$           3 Recipient is (optional):	6 City/State/Zip:				
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 Amount	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 Amount	5 Address:				
\$					
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
L					

Full Name of Committee/Person:     Citizens for Kate Miya					
Full Name of Committee	Person: Citizens for K	ate Miya			
	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21	
	Reporting Foriou Covercut	date		date	
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
\$           3 Recipient is (optional):	6 City/State/Zip:				
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 Amount	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 Amount	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 <u>Date Expended</u>	4 Name (Last, First):				
2 Amount	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					

Full Name of Committe	e/Person: Citizens for K	ate Miya			
	<b>Reporting Period Covered:</b>		10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
	1				
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					
1 Date Expended	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:				
\$	6 City/State/Zip:				
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditure:				
Non-Committee					

Full Name of Committee/Person:     Citizens for Kate Miya						
	<b>Reporting Period Covered:</b>		10/25/21 date	Through	11/27/21 date	
PLEASE PRINT/TYPE						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 <u>Date Expended</u>	4 Name (Last, First):					
2 Amount	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 Amount	5 Address:					
\$	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure:					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2 <u>Amount</u>	5 Address:					
\$           3 Recipient is (optional):	6 City/State/Zip:					
Committee	7 Purpose of Expenditure:					
Non-Committee						

Schedule D	- Itemizeu Expenditures	Statement (\$200	i morej	1 age 10
Full Name of Committe	e/Person: Citizens for Ka	ate Miya		
	<b>Reporting Period Covered:</b>	10/25/21	Through	11/27/21
		date		date
PLEASE PRINT/TYPE				
1 Date Expended	4 Name (Last, First):			
2 Amount	5 411			
2 <u>Amount</u> \$	6 City/State/Zine			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	1 Name (Last First):			
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				

Senedule D - Remized Expenditures Statement (\$20 of more)				
Full Name of Committe	e/Person: Citizens for K	ate Miya		
	<b>Reporting Period Covered:</b>	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>	5 Address: 6 City/State/Zip:			
\$           3 Recipient is (optional):	0 City/State/Zip.			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2. Amount	5 Address:			
2 <u>Amount</u> \$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>	0			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>				
\$ 2 Provincent is (antional):	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				

Schedule B - Itemized Expenditures Statement (\$20 or more) Pag						e 2
Full Name of Committe	<b>Person:</b> Citizer	ns for Kate	e Miya			
	Reporting Period Cov	vered:	10/25/21 date	] Through [	11/27/21 date	
PLEASE PRINT/TYPE           1         Date Expended	4 Name (Last, First)	):				
2 Amount \$	5 Address: 6 City/State/Zip:					
2 <u>Amount</u>	5 Address:					

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

7 Purpose of Expenditure:

Committee

Non-Committee

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

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

0

Full Name of Committee	Person: Citizens for Kate Miya
	Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
PLEASE PRINT/TYPE	
1 Date Expended	4 Name (Last, First):
2 <u>Amount</u> \$ 3 <u>Recipient is (optional):</u>	5 Address:         6 City/State/Zip:
Committee Non-Committee	7 Purpose of Expenditure:
1 Date Expended	4 Name (Last, First):
2 Amount \$ 3 Recipient is (optional):	5 Address:         6 City/State/Zip:
Committee	7 Purpose of Expenditure:
1 Date Expended	4 Name (Last, First):
2 <u>Amount</u> \$ 3 <u>Recipient is (optional):</u>	5 Address:         6 City/State/Zip:
Committee Non-Committee	7 Purpose of Expenditure:
1 Date Expended	4 Name (Last, First):
2 Amount \$ 3 Recipient is (optional):	5 Address:         6 City/State/Zip:
Committee	7 Purpose of Expenditure:

Schedule B - Itemized Expenditures Statement (\$20 or more) Page 2				
Full Name of Committe	ee/Person: Citizens for Kate	Miya		
	Reporting Period Covered:	10/25/21 date	Through	11/27/21 date
PLEASE PRINT/TYPE				
1 Date Expended	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zin:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zin:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 <u>Amount</u>				
\$           3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
	/ Fulpose of Expenditure.			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 Amount	5 Address:			

2 <u>Amount</u>	5 Address:
\$	6 City/State/Zip:
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure:
Non-Committee	

## Schedule C - Loans

Full Name of Committee/Person:	Citizens for Kate Miya			
Reporting	g Period Covered:	10/25/21	Through	11/27/21
Keporena		date	Through	date
	LOANS - Loans O	wed by the Committee		
(Use a separate schedu	le for each loan. This form is		e Detailed Summary R	eport.)
[No information copied from such repo purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding au institution organized under sta assures repayment, is evidenced by	rts shall be sold or used by an ny other section of this article te or federal law if the loan be	y person for the purpose of to the contrary, a candidate ars the usual and customary	soliciting contribution 's candidate committee y interest rate, is made	s or for any commercial e may receive a loan from a financial on a basis that
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate	::%
		Total of	All Loans This R	eporting
		Period:		\$0.00
			(Place on line 8 of 1	Detailed Summary Report)
Loan Amount Received This Reporting P	eriod:			
Principal Amount Paid This Reporting Pe	riod:			
Interest Amount Paid This Reporting Peri	od:			
Amount Repaid This Reporting Period:	\$0.00		payments Made:	
(Amount Repaid is sum of Principal & Interest ente	red on Detail Summary)	(Sum o	f Schedule C pages, Pl	ace on line 16 of Detailed Summary)
Outstanding Balance:				
TERMS OF LOAN:				
	Date Loan R	eceived		Due Date for Final Payment
LIST AL	L ENDORSERS OR	GUARANTORS	OF THIS LOA	<u>N</u>
Full Name		Address, City, St.,	Zip	Amount Guaranteed

## Schedule C - Loans

Full Name of Committee/Person:	Citizens for Kate Miy	a		
Reporting	Period Covered:	10/25/21 date	Through	11/27/21 date
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan:\$			Interest Rate:	
Loan Amount Received This Reporting Per Principal Amount Paid This Reporting Peri Interest Amount Paid This Reporting Perio	od:			
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entere	\$0.00 d on Detail Summary)	0		
Outstanding Balance:				
TERMS OF LOAN:	Date Loan F	Received	-	Due Date for Final Payment
LIST ALI	L ENDORSERS OF	R GUARANTOR	<u>RS OF THIS LOAN</u>	

Full Name	Address, City, St., Zip	Amount Guaranteed

## Schedule C - Loans

Citizens for Kate Miya	l		
Period Covered:	10/25/21 date	Through	11/27/21 date
		Interest Rate:	
riod:			
d:			
\$0.00 d on Detail Summary)			
			Due Date for Final Payment
L ENDORSERS OR	GUARANTOR	RS OF THIS LOAN	
	Period Covered:	riod:	Period Covered:       10/25/21       Through         date       Interest Rate:         riod:       Interest Rate:         iod:       S0.00         od on Detail Summary)       Interest Rate:

Full Name	Address, City, St., Zip	Amount Guaranteed

## Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person:	Citizens for Kate Miya			
	<b>Reporting Period Covered:</b>		Through	11/27/21
	]	date Fotal Returned	Contributions:	date
		Total Returned	Expenditures:	\$ -

**Returned Contributions** 

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

#### PLEASE PRINT/TYPE

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

#### **Returned Expenditures**

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

#### PLEASE PRINT/TYPE

\$

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

# Schedule D – Returned Expenditures & Contributions

Full Name of Commit	tee/Person:	Citizens for Kate Miya
		Reporting Period Covered:   10/25/21   Through   11/27/21     date   date
		Returned Contributions
(Pro	eviously reported	d on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE		
1 Date Accepted		
	4 Name (La	st, First):
2 Date Returned	5 Address:	
	6 City/State	/Zip:
3 Amount	7 Purpose:	
\$	Ĩ	
1 Date Accepted	4 Name (La	et Firet).
		5, 115.).
2 Date Returned	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       Date Expended         2       Date Returned	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> </ul>
3 <u>Amount</u> \$	0       City/State/Zip.         7       Comment (optional):
1 Date Expended	4 Name (Last, First):
2 Date Returned	5 Address: 6 City/State/Zip:
3 <u>Amount</u> \$	7 Comment (optional):

# Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person:	Citizens for Kate Miya			
	Reporting Period Covered:		Through	11/27/21 date
		date		date

### **Returned Contributions**

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

#### PLEASE PRINT/TYPE

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

[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
Repo	ting Period Covered: 10/25/21 Through 11/27/21
	date date
	Total Itemized Expenditures:\$0.00
PLEASE PRINT/TYPI	
1 Date Provided	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 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*
	Γ
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 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*
1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*
1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*
1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u> ):
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):
	10 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."

		v		i ugu
Full Name of	Committee/Person:	Citizens for Kate Miya		
Repo	rting Period Covered:	10/25/21	Through	11/27/21
	L	date		date
PLEASE PRINT/TYP				
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical			
3 Aggregate Amount	9 Occupation (if applic			
	10 Check box if C	oordinated with a Cand	lidate/Candidate Committ	ee or Political Party.*
	1			
1 Date Provided	4 Name (Last, First): _			
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical			
3 Aggregate Amount	9 Occupation (if applic			
	10 Check box if C	oordinated with a Canc	lidate/Candidate Commit	ee or Political Party.*
r	T			
1 Date Provided				
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical			
3 Aggregate Amount	9 Occupation (if applic			
	10 Check box if C	oordinated with a Cand	lidate/Candidate Commit	ee or Political Party.*
	4 34 (7			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical			
3 Aggregate Amount	9 Occupation (if applic			
	10 Check box if C	oordinated with a Canc	lidate/Candidate Commit	ee or Political Party.*
1 Date Provided	4 Name (Last, First): _			
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:	1 1		
	8 Employer (if applical			
3 <u>Aggregate Amount</u>	9 Occupation (if applic			
	10 Check box if C	oordinated with a Cand	lidate/Candidate Commit	ee 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."

Full Name of	Committee/Person:	Citizens for Kate Miva		T ugo t
	rting Period Covered:	10/25/21	Through	11/27/21
100		date	o ugu	date
PLEASE PRINT/TYPI	E			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat	ble, mandatory):		
3 Aggregate Amount	9 Occupation (if applic			
			idate/Candidate Committee	e or Political Party.*
				5
1 Date Provided	4 Name (Last, First):			
1 Dute 110/labo	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat	le mandatory):		
3 Aggregate Amount	9 Occupation (if applicat			
5 Aggregate Amount			idate/Candidate Committee	a ar Dalitical Darty *
	10 Check box II Co	bordinated with a Cand	idate/Candidate Committee	e or Political Party.*
1 Date Provided				
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat			
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u> ):		
	10 Check box if Co	oordinated with a Cand	idate/Candidate Committee	e or Political Party.*
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat	ole, mandatory):		
3 Aggregate Amount	9 Occupation (if applic			
			idate/Candidate Committee	e or Political Party.*
				5
1 Date Provided	4 Name (Last, First):			
- <u></u>	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
		la mandatarra).		
2 A	8 Employer (if applicat	• /		
3 Aggregate Amount	9 Occupation (if applic			
* Note: If coordinated them as			idate/Candidate Committee	e or Political Party.* VIII, Sec. 2(9) states: "Expenditures that
				expenditures, and expenditures by the

candidate committee."

Full Name of Committee/Person: Citizens for Kate Miya				
Repor	orting Period Covered: 10/25/21 Through 11/27/21			
-	date date			
PLEASE PRINT/TYPE	E			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	9 Employee (if annicable mandatam)			
3 Aggregate Amount	<ul> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>			
5 <u>Arggregate Athount</u>	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
	To check box if coordinated with a candidate/candidate committee of 1 onitear 1 arty.			
1 Date Provided	4 Name (Last, First):			
1 Date Flovided				
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
-	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, mandatory):			
3 Aggregate Amount				
3 Aggregate Amount				
<u> </u>	10         Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Data Dua-data	4 Name (Lest First):			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, mandatory):			

10 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."

Full Name of Committee/Person: Citizens for Kate Miya				
Repor	orting Period Covered: 10/25/21 Through 11/27/21			
-	date date			
PLEASE PRINT/TYPE	E			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	9 Employer (if anniashis, mandatary)			
3 Aggregate Amount	<ul> <li>9 Occupation (if applicable, <u>mandatory</u>):</li> </ul>			
5 <u>Arggregate Athount</u>	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
	To check box if coordinated with a candidate/candidate committee of 1 onitear 1 arty.			
1 Date Provided	4 Name (Last, First):			
1 Date Flovided				
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
-	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, mandatory):			
3 Aggregate Amount				
3 Aggregate Amount				
<u> </u>	10         Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Data Dua-data	4 Name (Lest First):			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, mandatory):			

10 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."

Page 6

Full Name of	Committee/Person: Citizens for Kate Miya		
Repo	ting Period Covered: 10/25/21 T	hrough	11/27/21
	date		date
PLEASE PRINT/TYPE			
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):		
	10 Check box if Coordinated with a Candidate/Can	ndidate Commit	tee or Political Party.*
			J
1 Date Provided	4 Name (Last, First):		
	4 Name (Last, First): 5 Address:		
2 Fair Market Value	6 City/State/Zin:		
	7 Description:		
	· · · · · · · · · · · · · · · · · · ·		
2.4			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):	111	
	10   Check box if Coordinated with a Candidate/Card	ndidate Commit	tee or Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):		
	10 Check box if Coordinated with a Candidate/Can	ndidate Commit	tee or Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):		
5 <u>riggregate rinouni</u>	10 Check box if Coordinated with a Candidate/Can	didate Commit	tee or Political Party *
			tee of 1 ontical 1 arty.
1 Data Provided	A Name (Last First):		
1 Date Provided	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 Aggregate Amount	9 Occupation (if applicable, mandatory):		

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."

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Full Name of	Committee/Person: Citizens for Kate Miya		
Repo	ting Period Covered: 10/25/21 T	hrough	11/27/21
	date		date
PLEASE PRINT/TYPE			
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):		
	10 Check box if Coordinated with a Candidate/Can	ndidate Commit	tee or Political Party.*
			J
1 Date Provided	4 Name (Last, First):		
	4 Name (Last, First): 5 Address:		
2 Fair Market Value	6 City/State/Zin:		
	7 Description:		
	· · · · · · · · · · · · · · · · · · ·		
2.4			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):	111	
	10   Check box if Coordinated with a Candidate/Card	ndidate Commit	tee or Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):		
	10 Check box if Coordinated with a Candidate/Can	ndidate Commit	tee or Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, <u>mandatory</u> ):		
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):		
5 <u>riggregate rinouni</u>	10 Check box if Coordinated with a Candidate/Can	didate Commit	tee or Political Party *
			tee of 1 ontical 1 arty.
1 Data Provided	A Name (Last First):		
1 Date Provided	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 Aggregate Amount	9 Occupation (if applicable, mandatory):		

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."

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Full Name of	Citizens for Kate Miya			
Repor	orting Period Covered: 10/25/21 Through 11/27/21			
	date date			
PLEASE PRINT/TYPE	E			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/Stata/Zin			
	7 Description:			
	9 Employer (Fennlischle, mendeterm):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
J <u>Aggregate Amount</u>	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
	10 Check box II Coordinated with a Candidate/Candidate Committee or Political Party.			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
-	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
5 <u>Aggregate Amount</u>	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
	10 Check box II Coordinated with a Candidate/Candidate Committee or Political Party.*			
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1 Date Provided	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 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
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	7 Description:			
	8 Employer (if applicable, mandatory):			
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Check box if Coordinated with a Candidate/Candidate Committee or Political Party.\*

Full Name of	Citizens for Kate Miya			
Repor	orting Period Covered: 10/25/21 Through 11/27/21			
	date date			
PLEASE PRINT/TYPE	E			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/Stata/Zin			
	7 Description:			
	9 Employer (Fennlischle, mendeterm):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
J <u>Aggregate Amount</u>	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
	10 Check box II Coordinated with a Candidate/Candidate Committee or Political Party.			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
-	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, <u>mandatory</u> ):			
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
5 <u>Aggregate Amount</u>	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
	10 Check box II Coordinated with a Candidate/Candidate Committee or Political Party.*			
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1 Date Provided	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 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u> ):			
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/Stata/7in			
	7 Description:			
	8 Employer (if applicable, mandatory):			
3 Aggregate Amount	9 Occupation (if applicable, mandatory):			

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Full Name of	Committee/Person: Citizer	ns for Kate Miya		
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		date		date
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1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
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	8 Employer (if applicable, m	andatory):		
3 Aggregate Amount	9 Occupation (if applicable,	mandatory):		
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1 Date Provided	4 Name (Last, First):			
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3 Aggregate Amount	9 Occupation (if applicable,			
	10 Check box if Coordin	nated with a Cand	idate/Candidate Committe	e or Political Party.*
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	8 Employer (if applicable, <u>m</u>	andatory):		
3 Aggregate Amount	9 Occupation (if applicable,	mandatory):		
	10 Check box if Coordin	nated with a Cand	lidate/Candidate Committe	e or Political Party.*
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, m	andatory):		
3 Aggregate Amount	9 Occupation (if applicable,	-		
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1 Date Provided	4 Name (Last, First):			
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	7 Description:	1		
	8 Employer (if applicable, <u>m</u>			
3 Aggregate Amount	9 Occupation (if applicable.	mandatory):		

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