

Elections Division
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UCI 11 2021

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	The Committee to Elect Roberta Ayala <small>As Shown on Registration</small>
Address of Committee/Person:	3316 E. 115th Dr.
City, State & Zip Code:	Thornton, CO 80233
Committee Type:	
Name and Address of Financial Institution:	First Bank 3990 East 104th Avenue Thornton, CO 80233

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

Regularly Scheduled Filing.

- October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election)
- October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election)
- December 2, 2021 (30 days after the November 2, 2021 Municipal Election)
- Annual - candidates from prior election held on _____

Amended Filing. This amends previous report filed on (date) _____
 Submit changes or new information **ONLY**

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

Reporting Period Covered:

1/1/21 **Through** 10/12/21
date date

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

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$0.00
2	Total Monetary Contributions (line 11)	\$16,174.99
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$16,174.99
4	Total Monetary Expenditures (line 19)	\$8,525.33
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$7,649.66

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 10 (2) (a)]

Authorization (Must be completed by either the Registered Agent **OR** the Candidate) I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

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

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Roberta Ayala

Candidate's Signature: Roberta Ayala Date: 10/11/21

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

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

Full Name of Committee/Person: The Committee to Elect Roberta Ayala

Reporting Period Covered: 1/1/21 Through 10/12/21

date

Through

10/12/21

date

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

Total Itemized Contributions: \$ 16,084.99

PLEASE PRINT/TYPE

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

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

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

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

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

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

Full Name of Committee/Person: The Committee to Elect Roberta Ayala

Reporting Period Covered:

1/1/21
date

Through

10/12/21
date

Total Itemized Expenditures:

8,525.33

PLEASE PRINT/TYPE

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

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

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

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

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

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

Full Name of Committee/Person: The Committee to Elect Roberta Ayala

Reporting Period Covered: 1/1/21 **Through** 10/12/21
date date

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

Total Itemized Contributions: \$ 16,084.99

PLEASE PRINT/TYPE

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

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

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

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

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: The Committee to Elect Roberta Ayala

Reporting Period Covered: 1/1/21 **Through** 10/12/21
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

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

PLEASE PRINT/TYPE

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

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

Returned Expenditures

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

PLEASE PRINT/TYPE

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

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

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]
[C.R.S. 1-45-108 (1)]

Full Name of Committee/Person: The Committee to Elect Roberta Ayala

Reporting Period Covered:

1/1/21

date

Through

10/12/21

date

Total Itemized Expenditures:

\$2,803.86

PLEASE PRINT/TYPE

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

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

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

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

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

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."