

CONDITIONALLY ACCEPTED

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



NOV 29 2021 Date Below For Office Use Only

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Friends of Tony Unrein <small>As Shown on Registration</small>
Address of Committee/Person:	8011 E 148th Dr
City, State & Zip Code:	Thornton, CO 80602
Committee Type:	Candidate
Name and Address of Financial Institution:	1st Bank – 13600 Colorado Blvd Thornton, CO 80602

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

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

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

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

Reporting Period Covered:

10/25/21
date

Through

11/27/21
date

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

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$1,286.62
2	Total Monetary Contributions (line 11)	\$500.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$1,786.62
4	Total Monetary Expenditures (line 19)	\$913.09
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$873.53

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: Tony Unrein

Candidate's Signature: [Signature] Date: November 29, 2021

DETAILED SUMMARYFull Name of Committee/Person: **Friends of Tony Unrein**

Current Reporting Period:

10/25/21

Through

11/27/21

Funds on hand at the beginning of reporting period (Monetary Only):		\$1,286.62
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$500.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$500.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$500.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$373.09
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$540.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$913.09
20	Total Monetary Expenditures (Line 18 + Line 19)	\$913.09

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

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

Full Name of Committee/Person: Friends of Tony Unrein

Reporting Period Covered: 10/25/21 Through 11/27/21
date date

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

Total Itemized Contributions: \$ 500.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/24/2021	4 Name (Last, First): Comcast Financial Agency Corporation
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 1701 JFK Blvd
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: Philadelphia, PA 19103
	7 Description: Check
	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: Friends of Tony Unrein

Reporting Period Covered:

10/25/21
date

Through

11/27/21
date

Total Itemized Expenditures:

373.09

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 11/2/21	4 Name (Last, First): <u>Satire Brewing</u>
2 <u>Amount</u> \$ 373.09	5 Address: <u>12136 Grant Circle</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Purpose of Expenditure: <u>Election Night Celebration</u>

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

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

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

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Tony Unrein

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

Total Returned Contributions: \$ 540.00

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> 10/12/21	4 Name (Last, First): <u>Kulmann, Dave</u>
2 <u>Date Returned</u> 11/25/21	5 Address: <u>14824 Fillmore Way</u>
3 <u>Amount</u> \$ 540.00	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Purpose: <u>Returned Donation</u>

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

Returned Expenditures

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

PLEASE PRINT/TYPE

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

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

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: Friends of Tony Unrein

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

Total Itemized Expenditures:

\$0.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First): NONE
	5 Address: _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

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

1 <u>Date Provided</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

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

1 <u>Date Provided</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Fair Market Value</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>): _____
	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."

*** FAX RX REPORT ***

RECEPTION OK

JOB NO.	5116
DESTINATION ADDRESS	7204089680
SUBADDRESS	
DESTINATION ID	
ST. TIME	11/29 21:24
TX/RX TIME	04' 39
PGS.	7
RESULT	OK