



## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

<b>Full Name of Committee/Person:</b>	Conservation Colorado Grassroots Action Fund <small>As Shown on Registration</small>
<b>Address of Committee/Person:</b>	1536 Wynkoop St. #510, Denver, CO, 80202
<b>City, State &amp; Zip Code:</b>	Denver, CO, 80202
<b>Committee Type:</b>	527 Political Committee
<b>Name and Address of Financial Institution:</b>	Alpine Bank   1777 Wynkoop St Denver, CO 80202

**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	<b>Funds on Hand at Beginning of Reporting Period</b> (monetary only)	\$823.30
2	<b>Total Monetary Contributions</b> (line 11)	\$0.00
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1+ line 2)	\$823.30
4	<b>Total Monetary Expenditures</b> (line 19)	\$823.30
5	<b>Funds on Hand at End of Reporting Period</b> (monetary) (line 3 - line 4)	\$0.00

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:

Rafael Veintanilla

Registered Agent's (Treasurer's) Signature:

Rafael Veintanilla

Date:

12/02/2021

Print Candidate Name:

Candidate's Signature:

Date:

## DETAILED SUMMARY

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Current Reporting Period:

10/25/21

Through

11/27/21

<b>Funds on hand at the beginning of reporting period (Monetary Only):</b>		<b>\$823.30</b>
6	<b>Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "A")	<b>\$0.00</b>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	<b>\$0.00</b>
8	<b>Loans Received</b> (Please list on Schedule "C")	<b>\$0.00</b>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	<b>\$0.00</b>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	<b>\$0.00</b>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	<b>\$0.00</b>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	<b>\$0.00</b>
13	<b>Total Contributions</b> (Line 11 + line 12)	<b>\$0.00</b>
14	<b>Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "B")	<b>\$374.08</b>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 and less)	<b>\$0.00</b>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	<b>\$0.00</b>
17	<b>Returned Contributions (To Donor)</b> (Please list on Schedule "D")	<b>\$449.22</b>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties <b>only</b> )	<b>\$0.00</b>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	<b>\$823.30</b>
20	<b>Total Monetary Expenditures</b> (Line 18 + Line 19)	<b>\$823.30</b>

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

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

Full Name of Committee/Person: Conservation Colorado Grassroots Action Fund

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: \$ -

## PLEASE PRINT/TYPE

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

Page 2

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**Reporting Period Covered:**

10/25/21

**Through**

11/27/21

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Page 3

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Page 7

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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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2 <u>Contribution Amount</u> \$ <span style="background-color: yellow;">                    </span>	6 City/State/Zip: _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ <span style="background-color: yellow;">                    </span>	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).

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 date date

**PLEASE PRINT/TYPE**

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

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

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

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

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

date

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

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

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

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

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

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

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

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

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	5 Address: _____
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\$	7 Description _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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\$	7 Description _____
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\$	9 Occupation (if applicable, <u>mandatory</u> ): _____

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

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

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

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	7 Description _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u> ): _____
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
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\$	9 Occupation (if applicable, <u>mandatory</u> ):

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

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

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

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

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

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

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

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

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**Full Name of Committee/Person:** Conservation Colorado Grassroots Action Fund

**Reporting Period Covered:**

10/25/21 **Through** 11/27/21  
date date

**PLEASE PRINT/TYPE**

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

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

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

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

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

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

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**Full Name of Committee/Person:** Conservation Colorado Grassroots Action Fund

**Reporting Period Covered:**

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

PLEASE PRINT/TYPE

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

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

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

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

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

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

Page 95

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

Through

11/27/21

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date

PLEASE PRINT/TYPE

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

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

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**Full Name of Committee/Person:** Conservation Colorado Grassroots Action Fund

**Reporting Period Covered:**

10/25/21

date

**Through**

11/27/21

date

**PLEASE PRINT/TYPE**

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

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

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

Page 98

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

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

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

Page 99

**Full Name of Committee/Person:** Conservation Colorado Grassroots Action Fund

**Reporting Period Covered:**

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

PLEASE PRINT/TYPE

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

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

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



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

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

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

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Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

Page 101

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

Through

11/27/21

date

date

PLEASE PRINT/TYPE

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

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

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

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

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

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

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

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

date

Through

11/27/21

date

Total Itemized Expenditures:

374.08

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/30/21	4 Name (Last, First): <u>AMM Political Strategies, LLC</u>
2 <u>Amount</u> \$ <u>374.08</u>	5 Address: <u>507 Sylvania Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Fort Worth, TX 76111</u>
	7 Purpose of Expenditure: <u>Get out the vote texts</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 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

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

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

Page 2

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

10/25/21

date

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11/27/21

date

PLEASE PRINT/TYPE

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

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

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

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

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

Page 3

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

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date

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11/27/21

date

PLEASE PRINT/TYPE

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

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

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

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

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

Page 4

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

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10/25/21

date

Through

11/27/21

date

PLEASE PRINT/TYPE

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

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

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

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

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

Page 5

Full Name of Committee/Person:

Conservation Colorado Grassroots Action Fund

Reporting Period Covered:

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date

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11/27/21

date

PLEASE PRINT/TYPE

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

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

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

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



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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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



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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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PLEASE PRINT/TYPE

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

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

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

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

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

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Full Name of Committee/Person:

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

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

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

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



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Full Name of Committee/Person:

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

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

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

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