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 www.sos.state.co.us



CONDITIONALLY ACCEPTED

OCT 29 2021 Space Below For Office Use Only THORNTON CITY CLERK

## **REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

	(C.R.5. 1-45-100)			
Full Name of Committee/Person:	Conservation Colorado Grassroo	ots Action Fund		
	As Shown on Registration			
Address of Committee/Person:	1536 Wynkooop #510			
City, State & Zip Code:	Denver, CO, 80202			
Committee Type:	527 Political Committee			
Name and Address of Financial Institution:	Alpine Bank   1777 Wynkoop St Denver, CO 80202			
SOS ID NUMBER (state and cour	nty committees ONLY):		N/A	
Regularly Scheduled Filing.           ○ October 12, 2021 (2)           ✓ October 29, 2021 (F)           ○ December 2, 2021 (3)	1 days prior to the November 2, 2 riday prior to the November 2, 20 30 days after the November 2, 202 es from prior election held on ious report filed on (date)	21 Municipal El	ection)	
Submit changes or new information O Termination Report (Termination		Zero in Line 5)		
Reporting Period Covered:         Declared Total Spending (if applicable):       [Art. XXVIII, Sect. 4 (1)]	10/8/21 date \$ N/A	] Through	10/24/21 date	
		1	Totals Detailed Summary Page	
1 Funds on Hand at Beginning of Reporting Period (monetary only)			\$823.30	
2 Total Monetary Contributions (line 11)		\$0.00		
3 Total of Monetary Contributions & Beginning Amount (line 1+ line 2)			\$823.30	
4 Total Monetary Expenditures (line 19)			\$0.00	
5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)		\$823.30		
The appropriate officer shall impose [, Authorization (Must be completed by either the	Art. XXVIII Sect. 10 (2) (a)]			
that to the best of my knowledge or belief all con				

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

form of membership dues transferred by a membership organization, are from permissible sources.

Registered Agent's (Treasurer's) Signature:

Print Candidate Name:

Candidate's Signature:

easurer's) Name:	Rafuel Veincing	Da		
r's) Signature:	ROS VForlan	Date:	10/29/2021	

Date: