

Colorado Secretary of State
Elections Division
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



Space Below For Office Use Only

INDEPENDENT EXPENDITURE REPORT

(1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: _____

Committee Name: _____

As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): _____

Type of Report

Regularly Scheduled Filing.

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 on page 2, line 10)

Reporting Period Covered: _____ **Through:** _____
Begin Date End Date

Reporting Entity Information:

Full Name of Parent Corporation, if applicable: _____
Include any acronyms used.

All Doing-Business-As Names used in Colorado: _____

Address of Home Office: _____
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: _____
Must be the same as listed on committee registration

Colorado Address for Registered Agent: _____

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: _____

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

Print Registered Agent's Name: _____

Registered Agent's Signature: Gwen Benevento Date: _____

* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

Committee Name: _____

Reporting Period Overview

- 1 **Beginning Balance this Period (Committees):** _____
- 2 **Total Donations this Period:** _____
Monetary: _____ Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 3 **Other Receipts (dividends, interest, etc.):** _____
- 4 **Total Independent Expenditures this Period:** _____
Monetary: _____ Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 5 **Total Other Expenditures this Period:** _____
Monetary: _____ Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 6 **Loans received this period:** _____
- 7 **Loans paid this period:** _____
- 8 **Returned Independent Expenditures this Period:** _____
- 9 **Returned Donations this Period:** _____
- 10 **Ending Balance (include monetary expenditures and donations only):** _____

Committee Name: _____

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Non-Itemized Donations

1. Total number of non- itemized donations:	2. Total amount of non-itemized donations: \$
---	---

Other Receipts (dividends, interest, etc.)

1. Total number of other receipts:	2. Total amount of other receipts: \$
------------------------------------	---------------------------------------

Committee Name: _____

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. Monetary Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is broadcast non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. Monetary Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is broadcast non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. Monetary Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is broadcast non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

Committee Name: _____

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	8. Communication is broadcast non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	8. Communication is broadcast non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	8. Communication is broadcast non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

Non-Itemized Independent Expenditures

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
--	--

Committee Name: _____

13 **Schedule C: Other Expenditures (non-independent expenditures)**

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

Non-Itemized Expenditures (other than independent expenditures)

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
--	--

Committee Name: _____

14 **Schedule D: Loans**

Loans Received

1. <u>Date of Loan</u>	4. Loan Source Name: _____ 5. Address: _____
2. <u>Loan Amount</u> \$	6. City/State/Zip: _____ 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____
3. <u>Interest Rate</u>	_____ _____

1. <u>Date of Loan</u>	4. Loan Source Name: _____ 5. Address: _____
2. <u>Loan Amount</u> \$	6. City/State/Zip: _____ 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____
3. <u>Interest Rate</u>	_____ _____

Loan Payments

1. <u>Date of Payment</u>	3. Loan Source Name: _____ 4. Address, City/State/Zip: _____
2. <u>Payment Amount</u> Principal: Interest:	5. Original Loan Amount: _____ 6. Balance: _____ 7. Interest Rate: _____

1. <u>Date of Payment</u>	3. Loan Source Name: _____ 4. Address, City/State/Zip: _____
2. <u>Payment Amount</u> Principal: Interest:	5. Original Loan Amount: _____ 6. Balance: _____ 7. Interest Rate: _____

Committee Name: _____

15 **Schedule E: Returned Donations and Expenditures**

Returned Donations (previously reported on Schedule A)

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

Returned Independent Expenditures (previously reported on Schedule B)

1. <u>Date of Expenditure</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

1. <u>Date of Expenditure</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

16