

Colorado Secretary of State
 Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108, C.R.S.)

Full Name of Committee/Person: Kathy Drulard For Arvada City Council
As Shown On Registration

Address of Committee/Person: 10452 W 77 PL

City, State & Zip Code: Arvada Colorado 80005

Committee Type: election committee

Name and Address of Financial Institution: Chase Bank 8015 Kipling

SOS ID NUMBER (state and county committees): _____

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 in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: 10 26 2015 Through 11 28 2015
Date Date

Declared Total Spending (if applicable) \$ 793.00
[Art. XXVIII, Sec. 4(1)]

| | | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 2032.00 |
| 2 | Total Monetary Contributions (line 11) | \$ 793.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 2825.00 |
| 4 | Total Monetary Expenditures (line 19) | \$ 793.00 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 2032.00 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 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 Name: _____ Date: _____

Registered Agent's Signature: _____

Print Candidate Name: Kathy Drulard

Candidates Signature: [Signature] Date: 11/30/2015

DETAILED SUMMARY

Full Name of Committee/Person:

Current Reporting Period:

10-1-2013

Through

11-21-2013

| | | |
|----|--|----------------------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ 2032.60 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ 0000 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ 0000 |
| 8 | Loans Received (Please list on Schedule "C") | \$ 793 ⁰⁰ |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ 0000 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ 0000 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ 793 ⁰⁰ |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ 0000 |
| 13 | Total Contributions (Line 11 + line 12) | \$ 793 ⁰⁰ |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ 793 ⁰⁰ |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ 0000 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ 0000 |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ 000 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ 0000 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ 793 ⁰⁰ |
| 20 | Total Spending (Line 18 + line 19) | \$ 793 ⁰⁰ |

Schedule C - Loans

Full Name of Committee/Person: Kathy Drulard for Arvada city council

LOANS - Loans Owed by the Committee
 (Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
 [No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(c)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): Drulard, Kathy
 Address: 10452 W 77 PL
 City/State/Zip: ARVADA Colorado 80005
 Original Amount of Loan: \$ 793⁰⁰ Interest Rate: 0000

Loan Amount Received This Reporting Period: \$ 793⁰⁰
 Principal Amount Paid This Reporting Period: \$ 0
 Interest Amount Paid This Reporting Period: \$ 0
 Amount Repaid This Reporting Period: \$ 0
 (Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total of All Loans This Reporting Period: \$ 793⁰⁰
 (Place on line 8 of Detailed Summary Report)

Total Repayments Made: \$ 0
 (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 793⁰⁰

TERMS OF LOAN: 10-26-15 11-30-15
 Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

| Full Name | Address, City, State, Zip | Amount Guaranteed |
|----------------------|--------------------------------------|-------------------------|
| <u>Kathy Drulard</u> | <u>10452 W 77 PL Arvada CO 80005</u> | <u>793⁰⁰</u> |
| | | |
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