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REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108 C.R.S.)

Full Name of Committee/Person: Nancy Ford for Arvada City Council
 Address of Committee/Person: 8404 Everett Way Unit C
 City, State & Zip Code: Arvada, CO 80005
 Committee Type: Candidate Committee - local
 Name and Address of Financial Institution: Bank of the West 5805 Carr St 80004

SOS ID NUMBER (state and county committees): _____

Type of Report

- Regularly Scheduled Filing
- Amended Filing (This amends previous report filed on date: _____
 Submitting 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

Declared Total Spending (if applicable) \$ _____
(See XXXX Sec. 10(1))

	Totals	Detailed Summary Page
Funds on Hand at the Beginning of Reporting Period (monetary) (line 1)	\$ 1200.54	
Total Monetary Contributions (line 1)	\$ 36.88	
Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1237.42	
Total Monetary Expenditures (line 1)	\$ 719.19	
Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 518.23	

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 and from permissible sources.

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Nancy Ford

Candidate's Signature: Nancy Ford Date: 12-2-2015

DETAILED SUMMARY

Full Name of Committee/Person: Nancy Ford For Arvada City Council

Current Reporting Period: 10-26-2015 Through 11-28-2015

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	<u>1200.54^{NF}</u>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	<u>20.00</u>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	<u>0.00</u>
8	Loans Received (Please list on Schedule "C")	\$	<u>0.00</u>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	<u>0.00</u>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	<u>16.88</u>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	<u>36.88</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	<u>0.00</u>
13	Total Contributions (Line 11 + line 12)	\$	<u>36.88</u>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	<u>708.76</u>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	<u>10.43</u>
16	Loan Repayments Made (Please list on Schedule "C")	\$	<u>0.00</u>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	<u>0.00</u>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	<u>0.00</u>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	<u>719.19</u>
20	Total Spending (Line 18 + line 19)	\$	<u>719.19</u>

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

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

Full Name of Committee/Person: Nancy Ford For Arvada City Council

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>11-7-2015</u>	4. Name: <u>Office Depot / Office Max</u>
2. <u>Amount</u> \$ <u>33.76</u>	5. Address: <u>9349 Sheridan Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westminster, CO 80030</u>
	7. Purpose of Expenditure: <u>Supplies</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11-7-2015</u>	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ <u>625.00</u>	5. Address: <u>9137 Ridgeline Blvd., Suite 210</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Highlands Ranch, CO 80129</u>
	7. Purpose of Expenditure: <u>advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10-30-2015</u>	4. Name: <u>School House</u>
2. <u>Amount</u> \$ <u>50.00</u>	5. Address: <u>5660 Olde Wadsworth</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80002</u>
	7. Purpose of Expenditure: <u>thank you gift card</u> <input type="checkbox"/> Check box if Electioneering Communication

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

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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Nancy Ford for Arvada City Council

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

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: _____

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> N ^o <u>11-7-2015</u>	4. Name (Last, First): <u>Office Depot / Office Max</u>
2. <u>Date Returned</u> <u>11-11-2015</u>	5. Address: <u>9349 Sheridan Blvd</u>
3. <u>Amount</u> \$ <u>16.88</u>	6. City/State/Zip: <u>Westminster, CO 80030</u>
	7. Comment (Optional): <u>returned supplies</u>

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): _____