

Colorado Secretary of State
 Elections Division
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 Denver, CO 80290
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108, C.R.S.)

Full Name of Committee/Person:	David Jones for Arvada <small>As Shown On Registration</small>
Address of Committee/Person:	8498 Rogers Loop
City, State & Zip Code:	Arvada, CO 80007
Committee Type:	Candidate Committee
Name and Address of Financial Institution	First Bank 6355 Ward Road, Arvada, CO 80004

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: 1/1/15 Date Through 9/14/15 Date

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

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 8
2	Total Monetary Contributions (line 11)	\$ 13,697.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 13,697.00
4	Total Monetary Expenditures (line 19)	\$ 8,635.20
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 5,061.80

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: David Jones

Candidates Signature: _____ Date: 9/19/15

DETAILED SUMMARY

Full Name of Committee/Person: David Jones for ArVada

Current Reporting Period: 1/1/15 Through 9/14/15

Funds on hand at the beginning of reporting period (Monetary Only)		\$	0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	5,265.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	7.00
8	Loans Received (Please list on Schedule "C")	\$	8,425.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	13,697.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	13,697.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	8,635.20
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$	0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	8,635.20
20	Total Spending (Line 18 + line 19)	\$	8,635.20

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

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

Full Name of Committee/Person: David Jones for Arvada**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/12/15	4. Name (Last, First): Szabo, Libby
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: 7267 Beedh ct.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Arvada, Co 80005
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 8/12/15	4. Name (Last, First): May, Amy
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 16786 W 62 nd Pl
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Golden, Co 80403
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): Sender Wasserman Wadsworth
	9. Occupation (if applicable, <u>mandatory</u>): Office Manager

1. <u>Date Accepted</u> 8/14/15	4. Name (Last, First): Thunell, William
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 7758 Virgil Ct.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Arvada, Co 80007
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): Sonsio, Inc.
	9. Occupation (if applicable, <u>mandatory</u>): CPA

1. <u>Date Accepted</u> 8/12/15	4. Name (Last, First): Benedict, Angela
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 16465 W 62 nd Ln.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Arvada, Co 80403
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): Digital Globe, Inc.
	9. Occupation (if applicable, <u>mandatory</u>): SAP Business Systems Analyst

* 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)

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted 8/12/15	4. Name (Last, First): <u>Call, Ivan</u>
2. Contribution Amt. \$ 100.00	5. Address: <u>PO Box 460053</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Denver, CO 80246</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Karsh Fulton Gabler Joseph PC</u>
	9. Occupation (if applicable, mandatory): <u>Attorney</u>

1. Date Accepted 8/12/15	4. Name (Last, First): <u>Lewis, Robert</u>
2. Contribution Amt. \$ 100.00	5. Address: <u>15331 W. 73rd Pl.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted 8/8/15	4. Name (Last, First): <u>Haymond, Darrin</u>
2. Contribution Amt. \$ 50.00	5. Address: <u>5357 Parfet St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 8/12/15	4. Name (Last, First): <u>Huss, Kathleen</u>
2. Contribution Amt. \$ 250.00	5. Address: <u>7509 Searest Ct.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Options Healthcare Group</u>
	9. Occupation (if applicable, mandatory): <u>Broker</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)

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule “A” before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>8/12/15</u>	4. Name (Last, First): <u>Barone, Frank</u>
2. <u>Contribution Amt.</u> \$ <u>95.00</u>	5. Address: <u>12946 W. 81ST Pl.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> <u>8/12/15</u>	4. Name (Last, First): <u>Heeb, Joe</u>
2. <u>Contribution Amt.</u> \$ <u>40.00</u>	5. Address: <u>7235 Nile St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> <u>8/12/15</u>	4. Name (Last, First): <u>Rosier, Donald</u>
2. <u>Contribution Amt.</u> \$ <u>60.00</u>	5. Address: <u>6583 S. Xenophon St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Littleton, CO 80127</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> <u>8/25/15</u>	4. Name (Last, First): <u>Rolfson, Brian</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>6288 Halman Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Apex Emergency Group</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Doctor</u>

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

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/12/15	4. Name (Last, First): <u>Dinegar, Christina</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>13725 W. 31st Ave.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Golden, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Homemaker</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Homemaker</u>

1. <u>Date Accepted</u> 8/13/15	4. Name (Last, First): <u>Dalton, Joan</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>12144 Pine Valley Cir</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Peyton, CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Homemaker</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Homemaker</u>

1. <u>Date Accepted</u> 8/19/15	4. Name (Last, First): <u>Petersen, Lea</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>17154 W 65th Cir</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 8/14/15	4. Name (Last, First): <u>Gruber, Lorraine</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>8316 Devinney St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</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)

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule “A” before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/24/15	4. Name (Last, First): <u>Trust Hall Insurance Services, Inc.</u>
2. <u>Contribution Amt.</u> \$ 300.00	5. Address: <u>7502 W. 80th Ave. Ste 180</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 8/30/15	4. Name (Last, First): <u>Smith, CRAIG</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>13605 W. 67th Place</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 9/1/15	4. Name (Last, First): <u>Morgan, Vivian</u>
2. <u>Contribution Amt.</u> \$ 225.00	5. Address: <u>181 Dogwood Ext</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Jesup, GA 31545</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 8/31/15	4. Name (Last, First): <u>Carson, Michael</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>13882 W. 68th Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</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)

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/3/15	4. Name (Last, First): <u>Integrated People Solutions LLC</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>600 12th St. Suite 115</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Golden, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Eric Pringle 100%</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/4/15	4. Name (Last, First): <u>Scott, Tiffany</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>7326 Orion St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Homemaker</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Homemaker</u>

1. <u>Date Accepted</u> 9/1/15	4. Name (Last, First): <u>Larson, Lisa</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14888 W. 57th DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GOLDEN, CO 80403</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Catalina Realty</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>BROKER</u>

1. <u>Date Accepted</u> 8/13/15	4. Name (Last, First): <u>Fogarty, Janet</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>4394 E. ORchard Ln.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial, CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</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)

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>8/10/15</u>	4. Name (Last, First): <u>Nelson, Jeff</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: <u>8437 Wilkerson Ct</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>8/3/15</u>	4. Name (Last, First): <u>Baker, Fred</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>5690 Webster St. 2nd Floor</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, Co 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, mandatory): <u>Ojala & Company</u>
	9. Occupation (if applicable, mandatory): <u>Partner</u>

1. Date Accepted <u>8/6/15</u>	4. Name (Last, First): <u>Jones, Michael</u>
2. Contribution Amt. \$ <u>250.00</u>	5. Address: <u>15802 W. 79th Pl</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, mandatory): <u>SnapBooster</u>
	9. Occupation (if applicable, mandatory): <u>Owner</u>

1. Date Accepted <u>9/9/15</u>	4. Name (Last, First): <u>Trznadel, Reesha</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>15705 W. 67th Pl</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, mandatory): <u>United States Government Dept of Energy</u>
	9. Occupation (if applicable, mandatory): <u>Attorney</u>

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

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Gordon, Jason</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>15519 W 75th Pl</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Sheffield Homes</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</u>

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Bean, Gary</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>38 East Fieldstone Village DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Rock Springs, GA 30739</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Installed Parts Group LLC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>owner</u>

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Wride, Kenton</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>17714 W 77th Ln</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Instat Services, Inc.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Principal Biostatistician</u>

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Pratt-Boyer, Freda</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>301 North Hall St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Potosi, MO 63664</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</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)

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

Full Name of Committee/Person: David James For Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/7/15	4. Name (Last, First): <u>Beck, Ken</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6756 Taft St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Century Link</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Asst. VP</u>

1. <u>Date Accepted</u> 9/7/15	4. Name (Last, First): <u>Young, Heather</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>6945 Indiana Ct. #700</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>MBS Crossfit</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</u>

1. <u>Date Accepted</u> 9/7/15	4. Name (Last, First): <u>Gillespie, J Brian and Charlotte</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>957 W. Aspen Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Paletine, IL 60067</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>EOIR Technologies</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Director</u>

1. <u>Date Accepted</u> 9/7/15	4. Name (Last, First): <u>Barker, Larry</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>16394 W 77th Ln</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Otter Box</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>General Manager</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)

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

Full Name of Committee/Person: David Jones for Arvada

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/4/15	4. Name (Last, First): <u>Field, Josh</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14440 East 6th Ave</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>AURORA, Co 80011</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>The Big Tomato Garden Center</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</u>

1. <u>Date Accepted</u> 9/12/15	4. Name (Last, First): <u>Call, John and Marilyn</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7223 Routh Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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).

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

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

Full Name of Committee/Person: David Jones For Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 7/28/15	4. Name: <u>Tanner Jones Internet Properties</u>
2. <u>Amount</u> \$ 427.44	5. Address: <u>15808 W. 79th Pl</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80007</u>
	7. Purpose of Expenditure: <u>Website Design</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/4/15	4. Name: <u>The Printery</u>
2. <u>Amount</u> \$ 165.71	5. Address: <u>5735 Independence St.</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>Advertising - Flyers & Business Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/6/15	4. Name: <u>The Printery</u>
2. <u>Amount</u> \$ 51.05	5. Address: <u>5735 Independence St.</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>Advertising - Envelopes</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/10/15	4. Name: <u>Tanner Jones Internet Properties</u>
2. <u>Amount</u> \$ 150.15	5. Address: <u>15802 W 79th Pl</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80007</u>
	7. Purpose of Expenditure: <u>Website Design</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/12/15	4. Name: <u>3 Sons Italian Restaurant</u>
2. <u>Amount</u> \$ 377.88	5. Address: <u>14805 W. 64th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80007</u>
	7. Purpose of Expenditure: <u>Advertising Meet & Greet</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: David Jones for Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/4/15	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 437.00	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 - Newspaper Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/9/15	4. Name: <u>Office Depot</u>
2. <u>Amount</u> \$ 125.37	5. Address: <u>12505 W. 52nd Ave.</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>Advertising - Supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/9/15	4. Name: <u>Office Depot</u>
2. <u>Amount</u> \$ 86.35	5. Address: <u>5275 Wadsworth Blvd</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>Advertising Supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/10/15	4. Name: <u>The Digital Frontier</u>
2. <u>Amount</u> \$ 1,238.40	5. Address: <u>5910 Ingalls St. Unit A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80003</u>
	7. Purpose of Expenditure: <u>Advertising - Signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/9/15	4. Name: <u>Mustang Volleyball club</u>
2. <u>Amount</u> \$ 250.00	5. Address: <u>13355 W 80th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80005</u>
	7. Purpose of Expenditure: <u>Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: David Jones for Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/12/15	4. Name: <u>Office Depot</u>
2. <u>Amount</u> \$ 52.23	5. Address: <u>12505 W. 52nd Ave</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>Advertising - Posters</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/10/15	4. Name: <u>eSigns.com</u>
2. <u>Amount</u> \$ 1,213.63	5. Address: <u>PO Box 38205</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Houston, TX 77238</u>
	7. Purpose of Expenditure: <u>Advertising - Signs</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/12/15	4. Name: <u>The Printery</u>
2. <u>Amount</u> \$ 2,493.88	5. Address: <u>5735 Independence St.</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>Advertising - Signs</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/12/15	4. Name: <u>The Printery</u>
2. <u>Amount</u> \$ 131.00	5. Address: <u>5735 Independence St.</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>Advertising - Postcards</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/12/15	4. Name: <u>48 Hour Print</u>
2. <u>Amount</u> \$ 418.41	5. Address: <u>159 Thomas East Burgin Parkway 3rd FL</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Quincy, MA 02169</u>
	7. Purpose of Expenditure: <u>Advertising - Postcards</u> <input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: David Jones for Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/11/15</u>	4. Name: <u>United States Postal Service</u>
2. <u>Amount</u> \$ <u>1,016.70</u>	5. Address: <u>1100 Johnson Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Golden, CO 80401</u> 7. Purpose of Expenditure: <u>Campaign Mailing</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

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 C - Loans

Full Name of Committee/Person: David Jones for Arvada

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(e)] 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): Jones, David

Address: 8498 Rogers Loop

City/State/Zip: Arvada, CO 80007

Original Amount of Loan: \$ 4,400.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 4,400.00 Total of All Loans This Reporting Period: \$ 8,425.00
 (Place on line 8 of Detailed Summary Report)

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

Outstanding Balance: \$ 4,400.00

TERMS OF LOAN: _____
 Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
David Jones	8498 Rogers Loop, Arvada, CO 80007	

Schedule C - Loans

Full Name of Committee/Person: David Jones for ArVada

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(e)] 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): Jones, David

Address: 8498 Rogers Loop

City/State/Zip: ArVada, CO 80007

Original Amount of Loan: \$ 4,025.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 4,025.00

Total of All Loans This Reporting Period: \$ 8,425.00
 (Place on line 8 of Detailed Summary Report)

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

Outstanding Balance: \$ 4,025.00

TERMS OF LOAN: _____
 Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
David Jones	8498 Rogers Loop, ArVada CO 80007	