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Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
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www.sos.state.co.us



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

Full Name of Committee/Person:	PALM FOR CITY COUNCIL
As Shown On Registration	
Address of Committee/Person:	7029 UPHAM ST.
City, State & Zip Code:	ARVADA, CO 80003
Committee Type:	CANDIDATE COMMITTEE
Name and Address of Financial Institution:	U.S. BANK 58 TH /INDEPENDENCE ARVADA

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: Through
Date 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)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0.00
4	Total Monetary Expenditures (line 19)	\$ 0.00 646.68
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

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: DAVID A. PALM

Registered Agent's Signature: *David A. Palm* Date: 9/18/15

Print Candidate Name: DAVE PALM

Candidates Signature: *David A. Palm* Date: 9/18/15

DETAILED SUMMARY

Full Name of Committee/Person: PALM FOR CITY COUNCIL

Current Reporting Period: 7/15/15 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")	\$	0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0.00
8	Loans Received (Please list on Schedule "C")	\$	0.00
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)	\$	0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	0.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	646.68 0.00
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)	\$	646.68 0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	646.68 0.00
20	Total Spending (Line 18 + line 19)	\$	646.68 0.00

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STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: DAVE PALM

Address of Candidate: 7029 UPHAM ST.

City: ARVADA State: CO Zip Code: 80003

Office: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date 7/15/15 Ending Date 9/14/15

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 0.00

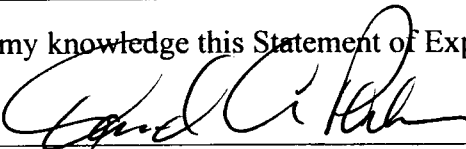
Expenditures exceeding \$19.99 shall be itemized and listed below. (SEE ATTACHMENT)

Date Expended	Amount	Name of Recipient		Address
	\$			
	City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient		Address
	\$			
	City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient		Address
	\$			
	City	State	Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature:  Date: 9/18/15

