

Colorado Secretary of State
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Space Below For Office Use Only

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

Full Name of Committee/Person: Safe Streets Accord
As Shown On Registration

Address of Committee/Person: 8531 W 71st Cir
City, State & Zip Code: Aurora CO 80004

Committee Type: ISSUE

Name and Address of Financial Institution: First Bank 6353 Ward Rd Aurora CO

SOS ID NUMBER (state and county committees): 81-3734500

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: Sept 18 2018 Through Oct 12 2018
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)	\$ 6892.71
2 Total Monetary Contributions (line 11)	\$ 9220.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 16112.71
4 Total Monetary Expenditures (line 19)	\$ 8402.23
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 7710.48

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: Vicse Owens
 Registered Agent's Signature: [Signature] Date: 10/16/18
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: ~~High~~ Safe Streets Fund

Current Reporting Period: 9/18/18 Through 10/12/18

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	6892.71
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	9220.10
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	-
8	Loans Received (Please list on Schedule "C")	\$	-
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	-
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	-
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	9220.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	-
13	Total Contributions (Line 11 + line 12)	\$	9220.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	8402.23
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	-
16	Loan Repayments Made (Please list on Schedule "C")	\$	-
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	-
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	8402.23 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	8402.23
20	Total Spending (Line 18 + line 19)	\$	8402.23

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

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

Full Name of Committee/Person: Safe Streets Avada

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

PLEASE PRINT/TYPE

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>): _____

See Attached

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>): _____

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).

Contributions

Name	Address	Employer	Occupation	Amount	Date
John Marriott	5595 Carr st arvada, co 80002	Self	Business Owner	500	10/4/2018
Gordon Reusink	8101 Ralston RD Arvada CO 80002	City of Arvada	Management	150	10/4/2018
Gordon Phair	2311 Locust ST Denver CO 80207	Arvada Urban Renewal	Management	150	10/4/2018
Burton Knight	6278 Devinney Cir Arvada CO 80004	City of Arvada	Management	200	10/4/2018
Linda Haley	6980 Orchard CT Arvada CO 80007	City of Arvada	Management	200	10/4/2018
Bryan Archer	5363 W 83rd Ave Arcada CO 80003	City of Arvada	Management	150	10/4/2018
Ryan Stachelcki	3880 Brentwood 5T Wheat Ridge CO 80033	City of Arvada	Management	150	10/4/2018
Chris Daly	6386 Umber CIR Arvada CO 80403	City of Arvada	Management	250	10/4/2018
Reylenn Properties LLC	444 S Cedros Ave STE 180 Solona Beach CA 92075			5000	10/4/2018
RRCEA Two LLC	7353 South Alton Way Suite 100 Centinennial CO 80112			2000	10/4/2018
Ken Fellman	3773 Cherry Creek N Dr, Denver, CO 80209	Self	Business Owner	470	10/4/2018

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

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

Full Name of Committee/Person: Safe Streets Fund

PLEASE PRINT/TYPE

1. Date Expended <u>5/20/18</u>	4. Name: <u>ECA</u>
2. Amount <u>\$ 125</u>	5. Address: <u>4905 W 60th Ave</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>Flyers</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5-2-18</u>	4. Name: <u>Mountain Media Producer CO</u>
2. Amount <u>\$ 2500</u>	5. Address: <u>18529 W 84th 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>Video</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10-6-18</u>	4. Name: <u>WR Communications Inc</u>
2. Amount <u>\$ 5702.23</u>	5. Address: <u>1782 Locust St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80220</u>
	7. Purpose of Expenditure: <u>web/signs</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10-12-18</u>	4. Name: <u>HSTA</u>
2. Amount <u>\$ 175 75</u>	5. Address: <u>7307 Grandview 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>Booth</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount \$ _____	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