



REPORT OF CONTRIBUTIONS AND EXPENDITURES  
(14 C.F.R.S.)

Full Name of Committee/Person:

Nancy Ford for Arvada City Council  
As Shown On Registration

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):

47-4579495

Type of Report

Regularly Scheduled Filing

Amended Filing (This amends previous report filed on date: \_\_\_\_\_)

Submit only if a new information ONLY

Termination Report (Termination Reports MUST Have a Monetary Balance of Zero on Line 5)

Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered

10-28-2016  
Date

Through

9-18-2017  
Date

Declared Total Spending (if applicable) \$ \_\_\_\_\_

1. Funds on Hand at the Beginning of Reporting Period (line 5, line 1)

County Declared Spending (line 4)

518.23

2. Total Monetary Contributions (line 10)

462.82

3. Total of Monetary Contributions & Beginning Amount (line 1 + line 2)

981.05

4. Total Monetary Expenditures (line 19)

734.64

5. Funds on Hand at the End of Reporting Period (line 3 - line 4)

246.41

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.  
(Art. XXVIII Sec. 19(2)(a))

**Authorization** (Must be completed by either the Registration Agent OR the Candidate. I authorize \_\_\_\_\_ to act on my behalf to the best of my knowledge to collect all contributions received during the reporting period and to deposit any contributions received in the name of my campaign into the campaign bank account(s) listed on this report.)

Print the name of Agent's Name:

Signature of Agent:

*Nancy Ford*  
*Nancy Ford*

9-21-17

**DETAILED SUMMARY**

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

Current Reporting Period: 10-28-2016 Through 9-18-2017

|    |  |           |
|----|--|-----------|
|    | <b>Funds on hand at the beginning of reporting period</b> (Monetary Only)                                      | \$ 518,23 |
| 6  | <b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")            | \$ 462,82 |
| 7  | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              | \$ 0.00   |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$ 0.00   |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$ 0.00   |
| 10 | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | \$ 0.00   |
| 11 | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | \$ 462,82 |
| 12 | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | \$ 0.00   |
| 13 | <b>Total Contributions</b><br>(Line 11 + line 12)  | \$ 462,82 |
| 14 | <b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")             | \$ 734,64 |
| 15 | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)                                 | \$ 0.00   |
| 16 | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$ 0.00   |
| 17 | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")                                      | \$ 0.00   |
| 18 | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) | \$ 0.00   |
| 19 | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | \$ 734,64 |
| 20 | <b>Total Spending</b><br>(Line 18 + line 19)   | \$ 734,64 |

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

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

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

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

PLEASE PRINT/TYPE

1. Date Accepted  
6-6-17  
2. Contribution Amt.  
\$212.82  
3. Aggregate Amt. \*  
\$

4. Name (Last, First): Ford, Nancy  
5. Address: 8404 Everett Way Unit C  
6. City/State/Zip: Arvada, CO 80005  
7. Description: Credit  
8. Employer (if applicable, mandatory): Self-employed  
9. Occupation (if applicable, mandatory): market research

Check box if Electioneering Communication

1. Date Accepted  
7-14-17  
2. Contribution Amt.  
\$100.00  
3. Aggregate Amt. \*  
\$

4. Name (Last, First): Murray, Nancy  
5. Address: 8253 Kline St  
6. City/State/Zip: Arvada, CO 80005  
7. Description: check  
8. Employer (if applicable, mandatory): retired  
9. Occupation (if applicable, mandatory):

Check box if Electioneering Communication

1. Date Accepted  
7-14-17  
2. Contribution Amt.  
\$50.00  
3. Aggregate Amt. \*  
\$

4. Name (Last, First): Williams, Janet + Bruce  
5. Address: 17027 W 67th Ln  
6. City/State/Zip: Arvada, CO 80007  
7. Description: check  
8. Employer (if applicable, mandatory): Self-employed  
9. Occupation (if applicable, mandatory):

Check box if Electioneering Communication

1. Date Accepted  
8-15-17  
2. Contribution Amt.  
\$100.00  
3. Aggregate Amt. \*  
\$

4. Name (Last, First): Hauptmann, Gregory  
5. Address: 8332 Everett Way  
6. City/State/Zip: Arvada, CO 80005  
7. Description: check  
8. Employer (if applicable, mandatory): retired  
9. Occupation (if applicable, mandatory):

Check box if Electioneering Communication

For contribution limits within a committee selection cycle or contribution cycle, please refer to the following Colorado Constitutional and Statutory provisions: Art. XXVII, Sec. 1(6); Political Party Act, XXXIII, Sec. 3(3); Political Committee Act, XXVIII, Sec. 3(5); Small Donor Committee Act, 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: \_\_\_\_\_

PLEASE PRINT/TYPE

|   |   |
|---|---|
| 1. <u>Date Expended</u><br>2-23-17  | 4. Name: Go Daddy   |
| 2. <u>Amount</u><br>\$ 124.53   | 5. Address: 14455 N Hayden Rd Ste 226   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: Scottsdale, AZ 85260-6993  |
|   | 7. Purpose of Expenditure: Website / Domain<br><input type="checkbox"/> Check box if Electioneering Communication |

|   |   |
|---|---|
| 1. <u>Date Expended</u><br>6-6-17   | 4. Name: Arvada Printery Inc  |
| 2. <u>Amount</u><br>\$ 610.11   | 5. Address: 5735 Independence St  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: Arvada, CO 80002   |
|   | 7. Purpose of Expenditure: Business Cards<br><input type="checkbox"/> Check box if Electioneering Communication |

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

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

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