

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 dial 3
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

| | |
|--|--|
| Full Name of Committee/Person: | JORDAN FOR ARVADA <small>As Shown On Registration</small> |
| Address of Committee/Person: | 7120 COORS CT. |
| City, State & Zip Code: | ARVADA, CO, 80004 |
| Committee Type: | CANDIDATE COMMITTEE |
| Name and Address of Financial Institution | FIRST BANK 6355 WARD RD. ARVADA, CO, 80004 |

COMMITTEE ID NUMBER

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: Date **Through** 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) | \$275.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$275.00 |
| 4 | Total Monetary Expenditures (line 19) | \$9.19 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) | \$265.81 |

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: JORDAN HOHENSTEIN

Candidates Signature: J - H + Date: 09/18/2017

DETAILED SUMMARY

Full Name of Committee/Person: JORDA FOR ARVADA

Current Reporting Period: 08/27/2017

Through 09/18/2017

| | | |
|----|--|--------------|
| | 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)] (From Schedule "A") | \$275.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$0.00 |
| 8 | Loans Received (From Schedule "C") | 0.00 \$ |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$0.00 |
| 10 | Returned Expenditures (from recipient) (From Schedule "D") | \$0.00 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | 275.00 \$ |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$0.00 |
| 13 | Total Contributions (Line 11 + line 12) | 275.00 \$ |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B") | \$0.00 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$9.19 |
| 16 | Loan Repayments Made (From Schedule "C") | 0.00 \$ |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$0.00 |
| 18 | Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only) | \$0.00 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | 9.19 \$ |
| 20 | Total Spending (Line 18 + line 19) | 9.19 \$ |

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

J

Full Name of Committee/Person: JORDAN FOR ARVADA

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> 09/04/2017 | 4. Name (Last, First): VINCENTI, JOANNA |
| 2. <u>Contribution Amt.</u> \$ 25.00 | 5. Address: 5252 ARBUTUS STREET |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: ARVADA/CO/80004 |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): RETIRED |
| | 9. Occupation (if applicable, <u>mandatory</u>): RETIRED |

| | |
|--|---|
| 1. <u>Date Accepted</u> 09/07/2017 | 4. Name (Last, First): ANTON, JANET |
| 2. <u>Contribution Amt.</u> \$ 50.00 | 5. Address: 6694 KLINE STREET |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: ARVADA/CO/80004 |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): RETIRED |
| | 9. Occupation (if applicable, <u>mandatory</u>): RETIRED |

| | |
|--|---|
| 1. <u>Date Accepted</u> 09/16/2017 | 4. Name (Last, First): MALONE, PAT |
| 2. <u>Contribution Amt.</u> \$ 100.00 | 5. Address: 9710 W. 82ND PLACE |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: ARVADA/CO/80005 |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): RETIRED |
| | 9. Occupation (if applicable, <u>mandatory</u>): RETIRED |

| | |
|--|---|
| 1. <u>Date Accepted</u> 7/100.00 09/18/17 | 4. Name (Last, First): MORRISON, BRUCE |
| 2. <u>Contribution Amt.</u> \$ 100.00 | 5. Address: 6521 W. 69TH PLACE |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: ARVADA/CO/80003 |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): RETIRED |
| | 9. Occupation (if applicable, <u>mandatory</u>): RETIRED |

* 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: JORDAN FOR ARVADA

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Expended</u> 09/09/2017 | 4. Name: <u>WALMART-STORES, INC.</u> |
| 2. <u>Amount</u> \$ 9.19 | 5. Address: <u>9400 RALSTON RD</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>ARVADA/CO/80002</u> |
| | 7. Purpose of Expenditure: <u>CAMPAIGN SUPPLIES (BINDER, HIGHLIGHTERS, NOTEPADS)</u> <input type="checkbox"/> Check box if Electioneering Communication |

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

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

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

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