

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cplhelp@sos.state.co.us
www.sos.state.co.us



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

Full Name of Committee/Person: Dot Miller for Anada
As Shown On Registration

Address of Committee/Person: 7187 W 79th Drive

City, State & Zip Code: Anada, Co 80003

Committee Type: Campaign Committee

Name and Address of Financial Institution: First Bank, 6355 Ward Rd, Anada 80004

SOS ID NUMBER (state and county committees): 32-0524611

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: 10/30/17 Date Through 12/2/17 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)	\$ 3414.10
2	Total Monetary Contributions (line 11)	\$ 1325.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4739.10
4	Total Monetary Expenditures (line 19)	\$ 4739.10
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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: Dot Miller

Registered Agent's Signature: Dot Miller Date: 12/4/17

Print Candidate Name: Dot Miller

Candidates Signature: Dot Miller Date: 12/4/17

DETAILED SUMMARY

Full Name of Committee/Person: Dot Miller for Anada

Current Reporting Period: 10/30/17 Through 12/2/17

Funds on hand at the beginning of reporting period (Monetary Only)		\$	3414.10
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1325.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1325.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	1325.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	497.20
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	4241.90
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	4739.10
20	Total Spending (Line 18 + line 19)	\$	4739.10

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

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

Full Name of Committee/Person: Dot Miller for Arvada

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/31/17</u>	4. Name (Last, First): <u>Weaver, Dianne</u>
2. Contribution Amt. \$ <u>75.-</u>	5. Address: <u>4535 W 68th Ave</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Westminster, CO 80030</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 <u>10/31/17</u>	4. Name (Last, First): <u>RRCEA, Inc.</u>
2. Contribution Amt. \$ <u>500.-</u>	5. Address: <u>7353 S Alton Way</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Englewood, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>RRCEA, Inc.</u>
	9. Occupation (if applicable, mandatory): <u>Developer</u>

1. Date Accepted <u>10/31/17</u>	4. Name (Last, First): <u>RRCEA Two, LLC</u>
2. Contribution Amt. \$ <u>500.-</u>	5. Address: <u>7353 S Alton way A-100</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Englewood, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>RRCEA Two, LLC</u>
	9. Occupation (if applicable, mandatory): <u>Developer Property Mgmt.</u>

1. Date Accepted <u>11/7/17</u>	4. Name (Last, First): <u>Committee for Financial Risk Services</u>
2. Contribution Amt. \$ <u>150.-</u>	5. Address: <u>8354 Northfield Blvd # 2710</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Denver, CO 80238</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Trusted Choice PAC</u>
	9. Occupation (if applicable, mandatory): <u>Insurance Trade Association</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: Dot Miller for Anada

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/1/17	4. Name (Last, First): <u>Huffman, Matthew</u>
2. <u>Contribution Amt.</u> \$ <u>100.</u>	5. Address: <u>7326 Upham Court</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Anada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>paypal</u>
	8. Employer (if applicable, mandatory): <u>Huffman Surveying</u>
	9. Occupation (if applicable, mandatory): <u>Surveyor</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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:

Dot Miller for Anvada

PLEASE PRINT/TYPE

1. Date Expended 11/3/17	4. Name: Colorado Community Media
2. Amount \$ 494.-	5. Address: 722 Washington Ave
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Golden, CO 804101
	7. Purpose of Expenditure: Anvada Press Ad
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended 11/1/17	4. Name: PayPal
2. Amount \$ 3.20	5. Address: www.PayPal.com
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure: CC Fees
	<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

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

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

Schedule C - Loans

Full Name of Committee/Person: Dot Miller for Anada

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): Miller, Dot

Address: 7187 W 79th Drive

City/State/Zip: Anada, CO 80003

Original Amount of Loan: \$ 6,000 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 4241.90 Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 4241.90

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 4241.90 Total Repayments Made: \$ 4241.90
(Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 1758.10

TERMS OF LOAN: 7/3/17 12/31/17
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
<u>Dot Miller</u>	<u>7187 W 79th Drive Anada, CO 80003</u>	<u>6,000</u>