

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: Jim Whitfield / Whitfield for Anasazi
As Shown On Registration

Address of Committee/Person: 13106 W 59th Pl

City, State & Zip Code: Anasazi, CO 80004

Committee Type: CANDIDATE

Name and Address of Financial Institution: Guaranty Bank & Trust 5025 Kipling St Wheat Ridge CO 80003

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: 10/30/2017 Date Through 12/3/2017 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)	\$ 517.50
2	Total Monetary Contributions (line 11)	\$ 2400.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2917.50
4	Total Monetary Expenditures (line 19)	\$ 2917.50
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: Rose P Wickwire

Registered Agent's Signature: *Rose P Wickwire* Date: 12/4/17

Print Candidate Name: JIM WHITFIELD

Candidates Signature: *Jim Whitfield* Date: 12/4/17

DETAILED SUMMARY

Full Name of Committee/Person:

Line Whitfield / Whitfield for ~~Armed~~

Current Reporting Period:

10/30/2017

Through

12/2/2017

Funds on hand at the beginning of reporting period (Monetary Only)		\$ <i>517.50</i>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <i>2400.00</i>
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)	\$ <i>2400.00</i>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ <i>2400.00</i>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <i>2455.85</i>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$ <i>461.65</i>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <i>-</i>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ <i>-</i>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ <i>2917.50</i>
20	Total Spending (Line 18 + line 19)	\$ <i>2917.50</i>

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

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

Full Name of Committee/Person: Jim Whitfield / Whitfield for ANADA

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/31/17</u>	4. Name (Last, First): <u>Boop LLC</u>
2. <u>Contribution Amt.</u> \$ <u>750</u>	5. Address: <u>5740 OLDE WADSWORTH BLVD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ANADA, CO 80002</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. <u>Date Accepted</u> <u>10/31/17</u>	4. Name (Last, First): <u>Atown PARTNERS LLC</u>
2. <u>Contribution Amt.</u> \$ <u>750</u>	5. Address: <u>5740 OLDE WADSWORTH BLVD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ANADA, CO 80005</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. <u>Date Accepted</u> <u>10/31/17</u>	4. Name (Last, First): <u>Buchot, Guillaume</u>
2. <u>Contribution Amt.</u> \$ <u>750</u>	5. Address: <u>13959 W 89th Loop</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ANADA, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Remington Homes</u>
	9. Occupation (if applicable, mandatory): <u>Pres.</u>

1. <u>Date Accepted</u> <u>11/16/17</u>	4. Name (Last, First): <u>Donna Weiss</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>6954 Dover Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ANADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>retired</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: Jim Whitfield / Whitfield for ANADA

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/31/17</u>	4. Name (Last, First): <u>RH JACOBSON & ASSOC.</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>2861 Kenanck St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GOLDEN CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	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): _____

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: Jim Whitfield / Whitfield for Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>11/2/17</u>	4. Name: <u>Boss Printing</u>
2. <u>Amount</u> \$ <u>2228.16</u>	5. Address: <u>1315 W 4th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Broomfield CO 80020</u>
	7. Purpose of Expenditure: <u>mailing</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>12/2/17</u>	4. Name: <u>Indian Tree Golf Course</u>
2. <u>Amount</u> \$ <u>227.69</u>	5. Address: <u>7555 Wadsworth 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>election night</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	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. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	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. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	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: Jim Whitfield / Whitfield for Arvada

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): Whitfield, Jim

Address: 13106 W 39th Pl

City/State/Zip: Arvada, CO 80004

Original Amount of Loan: \$ 1000 Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting Period: \$ 0
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 461.65

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ 461.65
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 461.65
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 0

TERMS OF LOAN: 4/13/17
Date Loan Received

11/8/17
Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Jim Whitfield / Whitfield for Arvada

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

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