

Space Below For Office Use Only

Colorado Secretary of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	Jim Whitfield / Whitfield for Arvada <small>As Shown On Registration</small>
Address of Committee/Person:	13106 W 59th Pl
City, State & Zip Code:	Arvada CO 80004
Committee Type:	CANDIDATE
Name and Address of Financial Institution:	Guaranty Bank & Trust 5025 Kipling St Wheat Ridge CO 800

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: 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)	\$ 6581.89
2	Total Monetary Contributions (line 11)	\$ 2150.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 8731.89
4	Total Monetary Expenditures (line 19)	\$ 731.75
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8000.14

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: 10/13/17

Print Candidate Name: JIM WHITFIELD

Candidates Signature: Jim Whitfield Date: 10/13/17

DETAILED SUMMARY

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

Current Reporting Period: 9/19/17 Through 10/12/17

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ <u>6581.89</u>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <u>2150.00</u>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ <u>—</u>
8	Loans Received (Please list on Schedule "C")	\$ <u>—</u>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ <u>—</u>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ <u>—</u>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ <u>2150.00</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <u>750.00</u>
13	Total Contributions (Line 11 + line 12)	\$ <u>2900.00</u>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <u>707.43</u>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <u>24.32</u>
16	Loan Repayments Made (Please list on Schedule "C")	\$ <u>—</u>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <u>—</u>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ <u>—</u>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ <u>731.75</u>
20	Total Spending (Line 18 + line 19)	\$ <u>731.75</u>

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 ARVADA

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>9/29/17</u>	4. Name (Last, First): <u>Rooney, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ <u>250</u>	5. Address: <u>11767 W 54th Pl</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>NRSP WMPD NORTH AMERICAN</u>
	9. Occupation (if applicable, mandatory): <u>VP</u>

1. <u>Date Accepted</u> <u>9/29/17</u>	4. Name (Last, First): <u>Hegstrom, Jeff</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>7723 Devinney Ct</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>ARCHITECTURAL Doors Inc</u>
	9. Occupation (if applicable, mandatory): <u>Project Mgr</u>

1. <u>Date Accepted</u> <u>9/30/17</u>	4. Name (Last, First): <u>WISSEL, Chen Urda</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>13660 W 59th Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. <u>Date Accepted</u> <u>10/6/17</u>	4. Name (Last, First): <u>Hix, Hildegard</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>8755 W 68th Pl</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA, 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 ARVADA

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/4/17</u>	4. Name (Last, First): <u>Hendricks Philip</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: <u>8220 W 81st Dr</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>ARVADA CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory): <u>SMA America</u>
	9. Occupation (if applicable, mandatory): <u>Sr Director</u>

1. Date Accepted <u>10/4/17</u>	4. Name (Last, First): <u>Baer, Karen</u>
2. Contribution Amt. \$ <u>25</u>	5. Address: <u>12084 W 53rd Pl</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>ARVADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>10/6/17</u>	4. Name (Last, First): <u>Smith, Barbara</u>
2. Contribution Amt. \$ <u>75</u>	5. Address: <u>7606 Robinson Way</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>ARVADA CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>10/7/17</u>	4. Name (Last, First): <u>McCarthy, Gerald</u>
2. Contribution Amt. \$ <u>100.</u>	5. Address: <u>17497 W 169th Ave</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>ARVADA, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory): <u>TransUnion HEALTHCARE</u>
	9. Occupation (if applicable, mandatory): <u>PRESIDENT</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>10/10/17</u>	4. Name (Last, First): <u>Smith, Lonnie</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>PO Box 740274</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA CO 80006</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory): <u>FIRE ALARM SERVICES</u>
	9. Occupation (if applicable, mandatory): <u>PRESIDENT</u>

1. <u>Date Accepted</u> <u>10/12/17</u>	4. Name (Last, First): <u>HARRELL, KEN</u>
2. <u>Contribution Amt.</u> \$ <u>300</u>	5. Address: <u>7763 Noble St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online</u>
	8. Employer (if applicable, mandatory): <u>Surgical & Vascular Imaging Graphics Inc</u>
	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).

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: Sine Whitfield / Whitfield for ANADA

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10/12/17	4. Name (Last, First): <u>DISEN, Debra</u>
2. <u>Fair Market Value</u> \$ 750	5. Address: <u>10420 W 79th Way</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>ARVADA CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ADS IN VALU-ADS</u>
	8. Employer (if applicable, mandatory): <u>Valu Ads</u>
	9. Occupation (if applicable, mandatory): <u>OWNER</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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."

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 ANVADA

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/20/17</u>	4. Name: <u>C&D Printing</u>
2. <u>Amount</u> \$ <u>165.51</u>	5. Address: <u>5351 Tennyson St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80212</u>
	7. Purpose of Expenditure: <u>post cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/29/17</u>	4. Name: <u>Spectrum Printing</u>
2. <u>Amount</u> \$ <u>336.60</u>	5. Address: <u>4258 Kearney St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80216</u>
	7. Purpose of Expenditure: <u>signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/12/17</u>	4. Name: <u>C&D PRINTING</u>
2. <u>Amount</u> \$ <u>165.51</u>	5. Address: <u>5351 Tennyson St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80212</u>
	7. Purpose of Expenditure: <u>post cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/12/17</u>	4. Name: <u>Paypal</u>
2. <u>Amount</u> \$ <u>39.81</u>	5. Address: <u>2211 N 1st St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SAN JOSE CA 95131</u>
	7. Purpose of Expenditure: <u>online payment fees (donations)</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