

Colorado Secretary of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Michael For Arvada <small>As Shown On Registration</small>
Address of Committee/Person:	6820 W. 62nd Ave
City, State & Zip Code:	Arvada, CO 80003
Committee Type:	Candidate Committee
Name and Address of Financial Institution	First Bank, 6355 Ward Road, 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)	\$8,777.69
2	Total Monetary Contributions (line 11)	\$3,075.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$11,852.69
4	Total Monetary Expenditures (line 19)	\$4,977.72
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$6,874.97

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: _____

Candidates Signature:  _____ Date: 10/11/2021

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: **Through**

Funds on hand at the beginning of reporting period (Monetary Only)		\$8,777.69
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$3,075.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$0
8	Loans Received (From Schedule "C")	\$0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$0
10	Returned Expenditures (from recipient) (From Schedule "D")	\$0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$3,075.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0
13	Total Contributions (Line 11 + line 12)	\$3,075.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$4,977.72
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$0
16	Loan Repayments Made (From Schedule "C")	\$0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$0
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$4,977.72
20	Total Spending (Line 18 + line 19)	\$4,977.72

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

1

Full Name of Committee/Person: Michael For Arvada

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <b style="color: red;">See Attached	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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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
Michael For Arvada
October 7, 2021

Date Accepted	Amount	Donor First Name	Donor Last Name	Address	City	State / Province	Postal Code	Employer	Occupation	Method of Payment	Aggregate Amount
9/15/2021	\$100.00	Lauren	Fasic	723 Glendale Street Apt 5	Dallas	TX	75214	Self	Landscape Architecture	Electronic	\$100.00
9/16/2021	\$500.00	Jehn Engineering Inc.		5690 Webster St	Arvada	CO	80002			check	\$500.00
9/15/2021	\$100.00	Lorraine	Anderson	5645 Dudley Street	Arvada	CO	80002		Retired	Check	\$100.00
9/17/2021	\$500.00	Sharon	Cedar	6897 Lee Street	Arvada	CO	80004	AC Excavating Inc	Owner	Check	\$500.00
9/17/2021	\$500.00	Raymond	Griffith	Pobox 346	Gonzalez	FL	32566		Retired	Check	\$617.63
9/17/2021	\$500.00	Peggy	Griffith	Pobox 346	Gonzalez	FL	32566	Escambia County School District	Cafateria Manager	Check	\$500.00
9/22/2021	\$25.00	Ray	Clifton	12966 W. 78th Circle	Arvada	CO	80005		Retired	Check	\$25.00
9/24/2021	\$100.00	Vicki	Pyne	7330 Routt St	Arvada	CO	80005	CASA of Jeffco/Gilpin	Program Director	Electronic	\$100.00
10/5/2021	\$750.00	Five Parks Investors LLC		8565 Five Parks Drive #220	Arvada	CO	80005			Check	\$750.00

\$3,075.00	Sum Contribution
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Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Michael For Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> See Attached	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

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 B
Michael For Arvada
October 7, 2021

Date Expended	Amount	Name	Address	City	State	Zip	Purpose of Expenditure
9/14/2021	\$892.33	Vista Print	275 Wyman Street	Waltham	MA	02457	Door Hangers
9/14/2021	\$280.99	Rush Order Tees	HQ: 2727 Commerce Way	Philadelphia	PA	19154	T-shirts
9/15/2021	\$24.91	Name Tag Wizard	HQ: 2021 St. Augustine Rd E	Jacksonville	FL	32207	name tag
9/21/2021	\$1,350.93	Vista Print	275 Wyman Street	Waltham	MA	02457	Yard Signs
9/22/2021	\$150.00	Arvada Chamber	7305 Grandview Ave	Arvada	CO	80002	Candidate Bootcamp
9/25/2021	\$166.71	Lowes	5405 Wadsworth Bypass	Arvada	CO	80003	Sign Supplies
9/27/2021	\$1,279.33	Gemini Imprints	5840 Olde Wadsworth Blvd	Arvada	CO	80003	Signs
10/1/2021	\$233.14	Paypal	HQ: 2211 N 1st Street	San Jose	CA	95131	Electronic Fees
10/1/2021	\$97.11	Go Daddy	HQ: 14455 N. Hayden Rd #219	Scottsdale	AZ	85260	Website Hosting
10/7/2021	\$404.52	Cosco	5195 Wadsworth Blvd	Arvada	CO	80002	Party Supplies
10/7/2021	\$81.56	Walmart	7155 Sheridan Blvd	Westminster	CO	80003	Party Supplies
10/7/2021	\$16.19	Dollar Tree	6655 Wadsworth Blvd	Arvada	CO	80003	Party Supplies

\$4,977.72	Total Expenditures
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Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person: Michael 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): _____

Address: _____

City/State/Zip: _____

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

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

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

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

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Michael For Arvada

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

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: Michael 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."