

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



Space Below For Office Use Only

**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:	Nancy Ford for Arvada City Council <small>As Shown On Registration</small>
Address of Committee/Person:	8404 Everett Way Unit C
City, State & Zip Code:	Arvada, CO 80005
Committee Type:	Candidate Committee - local
Name and Address of Financial Institution	Bank of the West 5805 Carr St 80004

COMMITTEE ID NUMBER

47-4579495

**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:  Through   
Date 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)	\$ 246.41
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4 Total Monetary Expenditures (line 19)	\$ 0
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 246.41

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: Nancy Ford  
 Registered Agent's Signature: Nancy Ford Date: 10-27-19  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Line #3 – Enter the sum of Lines #1 **and** #2.
- Line #4 – Enter the total amount from Line #19.
- Line #5 – Enter the difference of Line #3 **minus** Line #4.

**STEP 5.** Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered or designated filing agent and then sign and date the report.