

Colorado Secretary of State
 Elections Division
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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:	Hall For City Hall
As Shown On Registration	
Address of Committee/Person:	6703 Grandview Ave
City, State & Zip Code:	Arvada, CO 80002
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	Community Bank of Colorado 7350 Grandview Ave, Arvada, CO 80002

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: 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)	\$ 2691.85
2	Total Monetary Contributions (line 11)	\$ 9137.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 11828.85
4	Total Monetary Expenditures (line 19)	\$ 3078.60
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8750.25

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: Hanniet Hall

Candidates Signature: Hanniet A Hall Date: Oct 15, 2019

DETAILED SUMMARY

Full Name of Committee/Person: Hall For City Hall

Current Reporting Period: 09/19/2019 Through 10/10/2019

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 2691.85
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 4047.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 90.00
8	Loans Received (From Schedule "C")	\$ 5,000.00
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)	\$ 9,137.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 1,050.00
13	Total Contributions (Line 11 + line 12)	\$ 10,187.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 3075.80
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 2.80
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)	\$ 3078.60
20	Total Spending (Line 18 + line 19)	\$ 3078.60

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

1

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/19/19	4. Name (Last, First): <u>Mehr, Mindy</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>10149 W 55th Dr Unit 106</u>
3. <u>Aggregate Amt. *</u> \$ 700.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<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> 9/20/19	4. Name (Last, First): <u>Bauer, Charlie</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6703 Grandview Ave</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>unemployed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>unemployed</u>

1. <u>Date Accepted</u> 9/20/19	4. Name (Last, First): <u>Freter, Maria</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6703 Grandview Ave</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<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> 9/20/19	4. Name (Last, First): <u>Stipeck, Boris</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>3545 W. 110th Pl.</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Westminster, CO 80031</u>
<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 – Itemized Contributions Statement (\$20 or more)

1

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/20/19</u>	4. Name (Last, First): <u>Schaefer, Susan</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: <u>35 Hillside Dr.</u>
3. Aggregate Amt. * \$ <u>20.00</u>	6. City/State/Zip: <u>Wheatridge, CO 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/3/19</u>	4. Name (Last, First): <u>Walser, William</u>
2. Contribution Amt. \$ <u>72.00</u>	5. Address: <u>8318 Quay Dr.</u>
3. Aggregate Amt. * \$ <u>112.00</u>	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Jefferson Center for ^{Mental} Health</u>
	9. Occupation (if applicable, mandatory): <u>Executive Manager</u>

1. Date Accepted <u>10/8/19</u>	4. Name (Last, First): <u>Smith, Jean</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>6504 W. 69th Place</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>State of Colorado</u>
	9. Occupation (if applicable, mandatory): <u>Attorney</u>

1. Date Accepted <u>9/27/19</u>	4. Name (Last, First): <u>O'Connell, Bob</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>7892 Purson Way</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

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

1

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/9/19	4. Name (Last, First): <u>Klowden, Mindy</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>2674 N. Raleigh Street</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Denver, CO 80212</u>
<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> 10/9/19	4. Name (Last, First): <u>Warriner, Teri</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>4618 Vivian St</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Arvada, CO 80004</u>
<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> 9/22/19	4. Name (Last, First): <u>Ford, John</u>
2. <u>Contribution Amt.</u> \$ 75.00	5. Address: <u>8415 Kendall Ct</u>
3. <u>Aggregate Amt. *</u> \$ 75.00	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Jeffco Area</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1. <u>Date Accepted</u> 10/6/19	4. Name (Last, First): <u>Moorman, Randall</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>8163 Kline St</u>
3. <u>Aggregate Amt. *</u> \$ 75.00	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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

Full Name of Committee/Person: Hall For City Hall

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PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/21/19	4. Name (Last, First): <u>Political Committee L 4056</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>C/O Arvada Pro Fire P.O. Box 2174</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>Arvada, CO 80001-2174</u>
<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> 9/21/19	4. Name (Last, First): <u>Early, Jane</u>
2. <u>Contribution Amt.</u> \$ 40.00	5. Address: <u>6050 Dover Street</u>
3. <u>Aggregate Amt. *</u> \$ 90.00	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 9/20/19	4. Name (Last, First): <u>Strasbaugh, Judy</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>6548 Eaton Street</u>
3. <u>Aggregate Amt. *</u> \$ 45.00	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 9/21/19	4. Name (Last, First): <u>Strasbaugh, Judy</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>6548 Eaton Street</u>
3. <u>Aggregate Amt. *</u> \$ 65.00	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

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

1

Full Name of Committee/Person: Hall For City Hall

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PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/27/19	4. Name (Last, First): <u>Campbell, R</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>3528 Campbell Farm Ln</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Albuquerque, NM 87104 3266</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>None</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> 9/27/19	4. Name (Last, First): <u>Scharfenberg, Jean</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>16940 W. 63rd Pl</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Arvada, CO 80403</u>
<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> 10/6/19	4. Name (Last, First): <u>Raggio, Sharon</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>144 Meadow Creek Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Parachute, CO 81635</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Mind Springs Health</u>
	9. Occupation (if applicable, mandatory): <u>Administrator</u>

1. <u>Date Accepted</u> 10/6/19	4. Name (Last, First): <u>Peoples, Helen</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>7970 S. San Juan Range Rd</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Littleton, CO 80127</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SP Healey Inc.</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)

1

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/6/19</u>	4. Name (Last, First): <u>Maness, Gordon</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>8000 W. 72nd Pl</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> <u>10/6/19</u>	4. Name (Last, First): <u>Lamontagne, Jeff</u>
2. <u>Contribution Amt.</u> \$ <u>15.00</u>	5. Address: <u>571 S. Tafo Street</u>
3. <u>Aggregate Amt. *</u> \$ <u>15.00</u>	6. City/State/Zip: <u>Lakewood, CO 80228</u>
<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> <u>10/6/19</u>	4. Name (Last, First): <u>Meck, Devan</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>7970 S. San Juan Range Rd</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.00</u>	6. City/State/Zip: <u>Littleton, CO 80127</u>
<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> <u>10/6/19</u>	4. Name (Last, First): <u>Hartman, Kathy</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>5113 S. Parfet Way</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>Littleton, CO 80127</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>1st Judicial District Attorney</u>
	9. Occupation (if applicable, mandatory): <u>Manager</u>

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

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/6/19	4. Name (Last, First): <u>Stevens, Shirley</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>8640 Calvin Dr</u>
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>None</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> 10/6/19	4. Name (Last, First): <u>Colorado Blue Flower</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>P.O. Box 44143</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Denver, CO 80201</u>
<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> 10/6/19	4. Name (Last, First): <u>Kauffman, Deborah</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6789 Beech Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>City of Louisville</u>
	9. Occupation (if applicable, mandatory): <u>Library Associate</u>

1. <u>Date Accepted</u> 10/5/19	4. Name (Last, First): <u>Hall, H.E.</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>714 Henrietta Ave</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Sunnyvale, CA 94086</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Verizon Media</u>
	9. Occupation (if applicable, mandatory): <u>Software Engineer</u>

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

Full Name of Committee/Person: Hall For City Hall

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PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/23/19	4. Name (Last, First): <u>Anderson, Myrta</u>
2. <u>Contribution Amt.</u> \$ 35.00	5. Address: <u>6445 Newland Street</u>
3. <u>Aggregate Amt. *</u> \$ 35.00	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> 10/9/19	4. Name (Last, First): <u>Figliolino, Brandon</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>1955 Pennsylvania St #4128</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Denver, CO 80203</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>CO Dept. Labor & Employment</u>
	9. Occupation (if applicable, mandatory): <u>Government</u>

1. <u>Date Accepted</u> 10/8/19	4. Name (Last, First): <u>Sarah Neel</u>
2. <u>Contribution Amt.</u> \$ 10.00	5. Address: <u>7600 Reframe St.</u>
3. <u>Aggregate Amt. *</u> \$ 10.00	6. City/State/Zip: <u>Arvada, CO</u>
<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> 10/5/19	4. Name (Last, First): <u>Wiemers, Anne</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>7889 Owens Ct</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Arvada, CO 80005</u>
<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 A – Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/6/19	4. Name (Last, First): <u>Peterson, Lisa</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>10921 W. 79th Ave</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Arvada, CO 80005</u>
<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> 9/27/19	4. Name (Last, First): <u>Ratkovitch, Bob</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>81164 Yarrow St.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 9/26/19	4. Name (Last, First): <u>Gagliardi, Sara</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>11854 W. 51th</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<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> 10/1/19	4. Name (Last, First): <u>Sisk, Pam</u>
2. <u>Contribution Amt.</u> \$ 40.00	5. Address: <u>11196 W. 78th Pl</u>
3. <u>Aggregate Amt. *</u> \$ 40.00	6. City/State/Zip: <u>Arvada, CO 80005</u>
<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 – Itemized Contributions Statement (\$20 or more)

1

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/26/19</u>	4. Name (Last, First): <u>Wilson, Bob</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>5373 Parfet St.</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>9/26/19</u>	4. Name (Last, First): <u>Kelley, Thomas</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>8065 Garrison Ct, Apt B</u>
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>10/9/19</u>	4. Name (Last, First): <u>Dyer, Stan</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>5570 Dudley Ct</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>10/9/19</u>	4. Name (Last, First): <u>Hume, Treva</u>
2. Contribution Amt. \$ <u>150.00</u>	5. Address: <u>8140 W. 54th Pl.</u>
3. Aggregate Amt. * \$ <u>150.00</u>	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	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)

1

Full Name of Committee/Person: Hall For City Hall

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/22/19	4. Name (Last, First): <u>Bowen, Patrick</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>16880 Pierce</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<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> 9/22/19	4. Name (Last, First): <u>Bowen, Lorraine</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>12137 W. 54th Dr</u>
3. <u>Aggregate Amt. *</u> \$ 120.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 9/22/19	4. Name (Last, First): <u>Walch, Timothy</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>7757 Hoyt Cir</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Arvada, CO</u>
<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).

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: Hall For City Hall

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 7/20/19	4. Name (Last, First): <u>Shirley, Susan</u>
2. <u>Fair Market Value</u> \$ 70.00	5. Address: <u>6173 Allison Street</u>
3. <u>Aggregate Amt.</u> \$ 620.00	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Stamps</u>
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Retail</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 9/21/19	4. Name (Last, First): <u>Meyer, Sarah</u>
2. <u>Fair Market Value</u> \$ 350.00	5. Address: <u>11680 W 66th Place Unit C</u>
3. <u>Aggregate Amt.</u> \$ 350.00	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Stamps</u>
	8. Employer (if applicable, mandatory): <u>The Learning Experience</u>
	9. Occupation (if applicable, mandatory): <u>Educational Center Director</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 9/27/19	4. Name (Last, First): <u>Tenso, Karen</u>
2. <u>Fair Market Value</u> \$ 630.00	5. Address: <u>8065 Garrison Ct Apt B</u>
3. <u>Aggregate Amt.</u> \$ 730.00	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Stamps</u>
	8. Employer (if applicable, mandatory): <u>None</u>
	9. Occupation (if applicable, mandatory): <u>Retired</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."

Schedule B – Itemized Expenditures Statement (\$20 or more)

[1.45-108(d)(1)(a), C.R.S.]

Full Name of Committee/Person: Hall For City Hall

PLEASE PRINT/TYPE

1. Date Expended <u>9/19/19</u>	4. Name: <u>Older Town Historic</u>
2. Amount \$ <u>75.00</u>	5. Address: <u>P.O. Box 877</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80001</u>
	7. Purpose of Expenditure: <u>Seacrow Festival Booth</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/7/19</u>	4. Name: <u>Joe Zemek</u>
2. Amount \$ <u>700.00</u>	5. Address: <u>5425 Lowell Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80221</u>
	7. Purpose of Expenditure: <u>Campaign Support</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/7/19</u>	4. Name: <u>USPS</u>
2. Amount \$ <u>793.80</u>	5. Address: <u>5885 Allison St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80004</u>
	7. Purpose of Expenditure: <u>Stamps</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/3/19</u>	4. Name: <u>Campaign Partners</u>
2. Amount \$ <u>49.00</u>	5. Address: <u>P.O. Box 118</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Still River, MA 01467</u>
	7. Purpose of Expenditure: <u>Website/Contribution Support</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/7/19</u>	4. Name: <u>Dan Gould</u>
2. Amount \$ <u>1458.00</u>	5. Address: <u>10805 Linda Vista Drive</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lakewood, CO 80215</u>
	7. Purpose of Expenditure: <u>Campaign Support</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person: _____

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): Hall, Harriet

Address: 6703 Grandview Ave

City/State/Zip: Arvada, Co 80002

Original Amount of Loan: \$ 5000.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 5000.00 Total of All Loans This Reporting Period: \$ 5000.00
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0 Total Repayments Made: \$ _____
(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: \$ 5000.00

TERMS OF LOAN: Sept 20, 2019 Sept 20, 2020
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed