

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 dial 3
Fax: (303) 869-4861
Email: cphelp@sos.state.co.us
www.sos.state.co.us



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:	David for Arvada <small>As Shown On Registration</small>
Address of Committee/Person:	8498 Rogers Loop
City, State & Zip Code:	Arvada, CO 80007
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)	\$10,091.17
2	Total Monetary Contributions (line 11)	\$5,300.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$15,391.17
4	Total Monetary Expenditures (line 19)	\$7,988.33
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$7,402.84

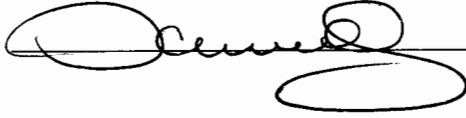
The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

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: David Jones

Candidates Signature:  Date: 10/14/19

DETAILED SUMMARY

Full Name of Committee/Person: David for Arvada

Current Reporting Period: 9/19/2019 **Through** 10/10/2019

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 10,091.17
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 5,300.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (From Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (From Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 5,300.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 5,300.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 7,988.33
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (From Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <input type="text"/>
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 7,988.33
20	Total Spending (Line 18 + line 19)	\$ 7,988.33

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

J

Full Name of Committee/Person: David for Arvada

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/19/2019	4. Name (Last, First): <u>Paul Rockwood</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>Paul Rockwood</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Self Employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Mortgage Origination</u>

1. <u>Date Accepted</u> 9/19/2019	4. Name (Last, First): <u>Matthew Nolan</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14094 W. 86th Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Aurora, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Leather Direct</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retail</u>

1. <u>Date Accepted</u> 9/19/2019	4. Name (Last, First): <u>Michael Jones</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>15802 W. 79th Place</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: _____
	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> 9/19/2019	4. Name (Last, First): <u>Gary Bean</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>260 Bean Lane</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Chickamauga, GA 30707</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Installed Parts Group, LLC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</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: David for Arvada

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/19/2019	4. Name (Last, First): <u>Larry Barker</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>16394 W. 77th Lane</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>COO</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Sonsio, Inc.</u>

1. <u>Date Accepted</u> 9/19/2019	4. Name (Last, First): <u>Shawn Edwards</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7676 Torrey Court</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Mindsight</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Managing Director</u>

1. <u>Date Accepted</u> 9/19/2019	4. Name (Last, First): <u>Sheryl & Neal Edwards</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>15980 W. 66th Place</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Self Employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

1. <u>Date Accepted</u> 9/20/2019	4. Name (Last, First): <u>Apartment Association of Denver</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>7100 East Belleview Ave. Suite 305</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Greenwood Village, CO 80111</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: David for Arvada

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/26/2019	4. Name (Last, First): <u>Greg Bradbury</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>20009 Highway 72</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Church Ranch Companies</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Manager</u>

1. <u>Date Accepted</u> 9/26/2019	4. Name (Last, First): <u>Charlie McKay</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>20009 Highway 72</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Church Ranch Companies</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</u>

1. <u>Date Accepted</u> 9/27/2019	4. Name (Last, First): <u>Lorraine Anderson</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>5645 Dudley Street</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: _____
	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> 10/2/2019	4. Name (Last, First): <u>Hereford Percy</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>11365 W. 76th 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: _____
	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)

Full Name of Committee/Person: David for Arvada

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/21/2019	4. Name (Last, First): <u>Robert & Michele Perry</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>5893 Owens Street</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: _____
	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> 9/24/2019	4. Name (Last, First): <u>Gold Rock Ventures</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>4600 Syracuse Street, Suite 900</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver, CO 80237</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> 9/25/2019	4. Name (Last, First): <u>Brian Rolfson</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>6288 Holman Court</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>USACS</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Physician</u>

1. <u>Date Accepted</u> 9/26/2019	4. Name (Last, First): <u>Matt Cox</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6368 Iris Way</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Edward Jones</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Financial Advisor</u>

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

1

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/7/2019	4. Name (Last, First): <u>Kenny Lombardi</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>7285 Gilpin Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver, CO 80229</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Center Land Properties, Inc.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</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>): _____

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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: David For Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/23/2019	4. Name: <u>Lowe's</u>
2. <u>Amount</u> \$ 161.77	5. Address: <u>5405 Wadsworth Bypass</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80002</u>
	7. Purpose of Expenditure: <u>Lawn Sign Supplies</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/23/2019	4. Name: <u>Mountain Media Production Co.</u>
2. <u>Amount</u> \$ 1,500.00	5. Address: <u>18529 W 84th Pl</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80007</u>
	7. Purpose of Expenditure: <u>Video Production</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/26/2019	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 279.00	5. Address: <u>750 W. Hampden Ave., Suite 225</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO 80110</u>
	7. Purpose of Expenditure: <u>Newspaper Ad</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/26/2019	4. Name: <u>Vistaprint</u>
2. <u>Amount</u> \$ 275.08	5. Address: <u>275 Wyman Street</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Waltham, MA 02451</u>
	7. Purpose of Expenditure: <u>Print Materials</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/1/2019	4. Name: <u>For The Win Communications, Ltd.</u>
2. <u>Amount</u> \$ 1,000.00	5. Address: <u>15097 W. 63rd Lane</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80403</u>
	7. Purpose of Expenditure: <u>Digital Media</u> <input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: David For Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/2/2019	4. Name: <u>Audience Partners Inc.</u>
2. <u>Amount</u> \$ 500.00	5. Address: <u>1600 K Street NW, Suite 803</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Washington, D.C. 20006</u> 7. Purpose of Expenditure: <u>Digital Marketing</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/3/2019	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 279.00	5. Address: <u>750 W. Hampden Ave., Suite 225</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO 80110</u> 7. Purpose of Expenditure: <u>Newspaper Ad</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/4/2019	4. Name: <u>DRI Printing Services</u>
2. <u>Amount</u> \$ 3,884.28	5. Address: <u>8000 Haskell Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Van Nuys, CA 91406</u> 7. Purpose of Expenditure: <u>Printing</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/4/2019	4. Name: <u>Lowe's</u>
2. <u>Amount</u> \$ 40.59	5. Address: <u>5405 Wadsworth Bypass</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80002</u> 7. Purpose of Expenditure: <u>Lawn Sign Supplies</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/4/2019	4. Name: <u>Donorbox</u>
2. <u>Amount</u> \$ 34.80	5. Address: <u>1885 Mission St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>San Francisco, CA 91403</u> 7. Purpose of Expenditure: <u>Fees</u> <input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: David For Arvada

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/7/2019	4. Name: <u>Lowe's</u>
2. <u>Amount</u> \$ 33.81	5. Address: <u>5405 Wadsworth Bypass</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80002</u>
	7. Purpose of Expenditure: <u>Lawn Sign Supplies</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

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

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): Jones, David

Address: 8498 Rogers Loop

City/State/Zip: Arvada, CO 80007

Original Amount of Loan: \$ 10,000.00 Interest Rate: 0.00%

Loan Amount Received This Reporting Period: \$ 0.00

Total of All Loans This Reporting Period: \$ 0.00
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 0.00
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0.00
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 10,000.00

TERMS OF LOAN: 07/22/2019
Date Loan Received

Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
David Jones	8498 Rogers Loop Arvada, CO 80007	