

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 I, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	Committee to Elect Virge Owens As Shown On Registration
Address of Committee/Person:	8531 W 71st CIR
City, State & Zip Code:	Arvada CO 80004
Committee Type:	Candidate
Name and Address of Financial Institution	First Bank - 64th and Ward

COMMITTEE ID NUMBER

183-3287144

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)	\$2050.07
2	Total Monetary Contributions (line 11)	\$4910.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$6960.07
4	Total Monetary Expenditures (line 19)	\$6092.26
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$867.81

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: Virge Owens
 Registered Agent's Signature: Date: 12/5/2019
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Virge Owens

Current Reporting Period: 10/28/2019 Through 11/30/2019

	Funds on hand at the beginning of reporting period (Monetary Only)	\$2050.07
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$4910.00
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)	4910.00 \$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0
13	Total Contributions (Line 11 + line 12)	4910.00 \$
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$5092.26
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$0
16	Loan Repayments Made (From Schedule "C")	1000.00 \$
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)	6092.26 \$
20	Total Spending (Line 18 + line 19)	6092.26 \$

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

Full Name of Committee/Person: Committee to Elect Virge Owens

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/5/2019	4. Name (Last, First): <u>Lang Sias</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>16025 W 84th Ln</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>FEDEX</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Pilot</u>

1. <u>Date Accepted</u> 11/30/2019	4. Name (Last, First): <u>Daryl Christensen</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>11334 W 54th LN</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>Self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Wealth Management</u>

1. <u>Date Accepted</u> 11/5/2019	4. Name (Last, First): <u>Robert Frie</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>7400 Wadsworth Blvd</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>Self</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 11/5/2019	4. Name (Last, First): <u>Esther Noriega</u>
2. <u>Contribution Amt.</u> \$ 10	5. Address: <u>10080 W 76th ave</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>): _____

* 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)

J

Full Name of Committee/Person: Committee to Elect Virge Owens

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/15/2019	4. Name (Last, First): <u>Ralston Ridge</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>SSM Ridge</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>HR395</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>TCIRATO</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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)

1

Full Name of Committee/Person: Committee to Elect Virge Owens

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/15/2019	4. Name (Last, First): <u>RF Land Investments</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>Remmington Investments</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>Cundall Farms</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>CMCE</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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)

Full Name of Committee/Person: Committee to Elect Virge Owens

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/15/2019	4. Name (Last, First): <u>RCEA</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>7253 S Alton Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial CO 80112</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> 11/15/2019	4. Name (Last, First): <u>Terri Binder</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>6968 Brentwood</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>): _____

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: Committee to Elect Virge Owens

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 11/20/2019	4. Name: <u>For the Win Communications</u>
2. <u>Amount</u> \$ 200	5. Address: <u>15097 W 63rd Ln</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada CO 80430</u> 7. Purpose of Expenditure: <u>Consulting</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/21/2019	4. Name: <u>WR Communications</u>
2. <u>Amount</u> \$ 4500	5. Address: <u>1782 Locus ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80220</u> 7. Purpose of Expenditure: <u>Consulting</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/26	4. Name: <u>Total Beverage</u>
2. <u>Amount</u> \$ 306.44	5. Address: <u>9359 Sheridan Blvd Ste A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westminster CO 80031</u> 7. Purpose of Expenditure: <u>Campaign Event</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/30/2019	4. Name: <u>PayPal</u>
2. <u>Amount</u> \$ 85.82	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: <u>Fees</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

Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person: Committee to Elect Virge Owens

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): Virge Owens

Address: 8531 W 71st CIR

City/State/Zip: Arvada CO 80004

Original Amount of Loan: \$ 1000 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 0

Total of All Loans This Reporting Period: \$ 0
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 1000

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 1000
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 1000
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 0

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