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CITY OF WHEAT RIDGE



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REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-108, Code 7)

Form with fields: Full Name of Committee/Person: Yes Wheat Ridge; Address of Committee/Person: PO Box 1473; City, State & Zip Code: Wheat Ridge, CO 80033; Committee Type: Issue Committee; Name and Address of Financial Institution: First Bank, 44th & Wadsworth, Wheat Ridge, CO

Type of Report

Form with checkboxes: Regularly Scheduled Filing (checked), Amended Filing, Termination Report, Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: 12-8-16 Through 10-27-17

Table with 2 columns: Description and Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Monetary Expenditures, and Funds on Hand at the End of Reporting Period.

The City Clerk shall impose a penalty of \$10 per day for each day that a report is filed late. [Code, 7-4]

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: Tim Rogers; Registered Agent's Signature: [Signature]; Date: 10-27-17

Print Candidate Name: - DETAILED SUMMARY

Candidates Signature: _____ Date: _____

Full Name of Committee/Person: **Tim Rogers**

Current Reporting Period: **12-8-16** Through **10-27-17**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$3,135.19
6	Itemized Contributions \$20 or More [Muni. Code 7-5] (Please list on Schedule "A")	\$0
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$0
8	Loans Received (Please list on Schedule "C")	\$0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0
13	Total Contributions (Line 11 + line 12)	\$0
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$76.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$54.00
16	Loan Repayments Made (Please list on Schedule "C")	\$0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$130.00
20	Total Spending (Line 18 + line 19)	\$130.00

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

[C.R.S. 1-45-108(1)(a), Muni. Code 7-6]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10-2-17	4. Name: United States Post Office
2. <u>Amount</u> \$ 76.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Wheat Ridge, CO 80033
	7. Purpose of Expenditure: Renew PO box <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> SAVING SAVING	4. Name: FIRST BANK
2. <u>Amount</u> \$ 54.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: BANK FEES <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