

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: **Through**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
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)	\$
20	Total Spending (Line 18 + line 19)	\$

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

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

Full Name of Committee/Person: _____
 Reporting Period Covered: _____ through _____
Date Date

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

Total Itemized Contributions: _____

PLEASE PRINT/TYPE

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: _____
	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): _____
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* 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).

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

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

Full Name of Committee/Person: _____

Reporting Period Covered:

date

Through

date

Total Itemized Expenditures:

PLEASE PRINT/TYPE

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

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

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

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

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

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
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1 <u>Date Expended</u>	4 Name (Last, First): _____
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Schedule B - Itemized Expenditures Statement (\$20 or more)

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
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2 <u>Amount</u> \$	5 Address: _____
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1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
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	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

PLEASE PRINT/TYPE

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

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

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

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

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

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

PLEASE PRINT/TYPE

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

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

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

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

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

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

PLEASE PRINT/TYPE

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

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

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

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

Schedule C - Loans

Full Name of Committee/Person: _____

Reporting Period Covered: [] date Through [] date

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____

Interest Rate: _____ %

Loan Amount Received This Reporting Period: _____

Principal Amount Paid This Reporting Period: _____

Interest Amount Paid This Reporting Period: _____

Amount Repaid This Reporting Period: _____

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Outstanding Balance: _____

TERMS OF LOAN: _____ Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Table with 3 columns: Full Name, Address, City, St., Zip, Amount Guaranteed. Multiple empty rows for data entry.

Schedule C - Loans

Full Name of Committee/Person: _____

Reporting Period Covered: [] date Through [] date

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____

Interest Rate: _____ %

Loan Amount Received This Reporting Period: _____

Principal Amount Paid This Reporting Period: _____

Interest Amount Paid This Reporting Period: _____

Amount Repaid This Reporting Period: _____

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Outstanding Balance: _____

TERMS OF LOAN: _____ Date Loan Received

_____ Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Table with 3 columns: Full Name, Address, City, St., Zip, Amount Guaranteed. Multiple empty rows for data entry.

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

Total Returned Contributions:

Total Returned Expenditures:

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Comment (optional): _____

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$	7 Comment (optional): _____

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Reporting Period Covered: **Through**
date date

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$	
	5 Address: _____
	6 City/State/Zip: _____
	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$	
	5 Address: _____
	6 City/State/Zip: _____
	7 Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$	
	5 Address: _____
	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	
3 <u>Amount</u> \$	
	5 Address: _____
	6 City/State/Zip: _____
	7 Comment (optional): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE Reporting Period Covered: _____ through _____ Total Itemized Expenditures: _____

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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."

Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: _____

through

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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."

Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: _____

through

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u> \$	6. City/State/Zip: _____
	7. Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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."

Instructions for
**REPORT OF CONTRIBUTIONS AND EXPENDITURES
DETAILED SUMMARY**

Reference Colorado Revised Statute:	C.R.S. 1-45-108
Who uses this form?	All Committees
Purpose of form:	This form is used to summarize the information from all other forms.
Is this form required?	Yes
When do I file this form?	This form must be received by the designated election official on or before the filing due date for the reporting period. Remember...postmark dates are not recognized.

COMPLETING THE FORM

This form uses information contained on other forms; all other applicable forms must be completed prior to filing this summary form.

- STEP** 1. Completely fill out the Report of Contributions and Expenditures page until you reach Line 1.
- Print or type the full name of the committee
 - Print or type the address of your committee. Print or type the city, state and zip code of your committee.
 - Print or type the name of the financial institution where the committee funds are deposited. [C.R.S. 1-45-108(1)(a)(IV)(b)]
 - Print or type the address of the financial institution including city, state and zip code.
 - Print or type the Secretary of State issued committee number. This is the committee ID number that was mailed to you shortly after registering with the Secretary of State. If you registered with an election official other than the Secretary of State, you do not file with the Secretary of State's office.
 - Determine what type of report is being filed.
 - **Regularly Scheduled Filings** are normal reporting periods as required in C.R.S. 1-45-108 & C.R.S. 1-45-109 (These dates are available through the Campaign and Political Finance manual, your local election official, the calendars provided and the Secretary of State web site www.sos.state.co.us)
 - **Amended Filings** are reports that correct a previously filed report.
 - **Termination Reports** are filings that close a committee, indicating the committee is no longer in existence. You **must** report a zero balance on line #5. (Art. XXVIII, Sec. 2(3), C.R.S. 1-45-106, and the *Rules Concerning Campaign and Political Finance* 3.3)

- Check (☒) the appropriate box next to the type of report filed. If this report is an *amended filing*, print or type the date of the originally filed report being amended.
- Print or type the Reporting Period being covered. (The beginning and ending dates)
- Print or type the Declared Total Spending Limit if applicable. (Art. XXVIII, Sec. 4)
This is only for candidates that have accepted the Voluntary Spending limits.

STEP 2. Skip Lines 1-5 and the Authorization portion of the Report of Contributions and Expenditures page (page 1) and go to the Detailed Summary page (page 2).

STEP 3. On the Detail Summary page of the Report of Contributions and Expenditures form completely fill out the header information and lines 6 through 20.

- Line #6 – Enter the total amount from Schedule A.
- Line #7 – Enter the total amount of contributions received this reporting period that were \$19.99 or less.
- Line #8 – Enter the total amount of all loans received this reporting period. (Schedule C)
- Line #9 – Enter the total amount of all other receipts. (Example: Interest, Dividends)
- Line #10 – Enter the total amount of all expenditures returned or refunded to the committee. (Schedule D - money coming back to the committee).
- Line #11 – Enter the sum of Lines #6 **through** #10.
- Line #12 – Enter the total amount of all Non-Monetary Contributions from the Statement of Non- Monetary Contributions form.
- Line #13 – Enter the sum of Line #11 **and** #12.
- Line #14 – Enter the total amount from Schedule B.
- Line #15 – Enter the total amount of all Expenditures \$19.99 or less.
- Line #16 – Enter the total amount of all loan payments paid this reporting period. (Schedule C)
- Line #17 – Enter the total amount of contributions returned to the donor. Example: A contributor exceeded contribution limits and the amount exceeding that limit must be returned. (Schedule D - money going out of the committee).
- Line #18 – Enter the total amount of expenditures by a third party that are controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)
- Line #19 – Enter the sum of Lines #14 **through** #17.
- Line #20 – Enter the sum of lines #18 **and** #19. [Art. XXVIII, Sec. 5(3)]

STEP 4. Return to the Report of Contributions and Expenditures form and complete Lines 1-5.

- Line #1 – If this is your first Report of Contributions and Expenditures as a committee enter zero (0). If you have previously filed enter the ending balance from line #5 of your most recently filed report.
- Line #2 – Enter the total amount from Line #11.
- 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 agent and then sign and date the report.

Schedule A Instructions

NOTE: In addition to the reporting requirements of C.R.S. 1-45-108, please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation **and** employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

- Accepts contributions of no more than \$50 per year, **FROM NATURAL PERSONS ONLY.** [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation **and** employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Prohibitions on next page.

PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- It shall be unlawful for a corporation or labor organization to make contributions to a candidate committee or a political party, and to make expenditures expressly advocating the election or defeat of a candidate; except that a corporation or labor organization may establish a political committee or small donor committee which may accept contributions or dues from employees, officeholders, shareholders, or members.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
 - (a) Any natural person who is not a citizen of the United States;
 - (b) A foreign government; or
 - (c) any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political party shall accept a contribution, or make an expenditure, in currency or coin exceeding one hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political committee, small donor committee, or political party with the expectation that some or all of the amounts of such contribution will be reimbursed by another person. No person shall be reimbursed for a contribution made to any candidate committee, issue committee, political committee, small donor committee, or political party, nor shall any person make such reimbursement except as provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]

Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete prohibited contributions.