

Elections Division
 Department of State
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us



Space Below For Office Use Only
RECEIVED
 MAY 10 2016

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)

Full Name of Committee/Person:	Suzanne Cabral <small>As Shown on Registration</small>
Address of Committee/Person:	13575 Franklin ST
City, State & Zip Code:	Thornton, Colorado 80241
Committee Type:	Committee to Recall janifer Kulmann
Name and Address of Financial Institution:	Wells Fargo 260 West 136th Ave, Westminster CO 80234

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

Regularly Scheduled Filing.

- October 13, 2015 (21 days prior to the November 3, 2015 Municipal Election)
- October 30, 2015 (Friday prior to the November 3, 2015 Municipal Election)
- December 3, 2015 (30 days after the November 3, 2015 Municipal Election)
- Annual - candidates from prior election held on _____

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)

Reporting Period Covered:

4/26/16 Through 5/10/16
date date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$0.00
2	Total Monetary Contributions (line 11)	\$73.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$73.00
4	Total Monetary Expenditures (line 19)	\$72.98
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$0.02

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 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 (Treasurer's) Name: Suzanne Cabral

Registered Agent's (Treasurer's) Signature: *Suzanne Cabral* Date: 5/10/2016

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Suzanne Cabral

Current Reporting Period: 4/26/16 Through 5/10/16

Funds on hand at the beginning of reporting period (Monetary Only):		
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$73.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$73.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$63.25
13	Total Contributions (Line 11 + line 12)	\$136.25
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$72.98
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$72.98
20	Total Monetary Expenditures (Line 18 + Line 19)	\$72.98

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

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

Full Name of Committee/Person: Suzanne Cabral

Reporting Period Covered: 4/26/16 date **Through** 5/10/16 date

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

Total Itemized Contributions: \$ 73.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 4/30/2016	4 Name (Last, First): <u>Cabral, Suzanne</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>13575 Franklin ST</u> 6 Thornton, Colorado : _____ 7 Description <u>Funds to open bank account</u>
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u>): <u>Kaiser Permanente and Self Employed</u> 9 Occupation (if applicable, <u>mandatory</u>): <u>RN, LMT</u>

1 <u>Date Accepted</u> 4/30/2016	4 Name (Last, First): <u>anonymous</u>
2 <u>Contribution Amount</u> \$ 10.00	5 Address: _____ 6 City/State/Zip: _____ 7 Description _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u>): _____ 9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 4/30/2016	4 Name (Last, First): <u>anonymous</u>
2 <u>Contribution Amount</u> \$ 10.00	5 Address: _____ 6 City/State/Zip: _____ 7 Description _____
3 <u>Aggregate Amount*</u> \$	8 Employer (if applicable, <u>mandatory</u>): _____ 9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 4/30/2016	4 Name (Last, First): <u>anonymous</u>
2 <u>Contribution Amount</u> \$ 3.00	5 Address: _____ 6 City/State/Zip: _____ 7 Description _____
3 <u>Aggregate Amount*</u> \$	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 B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Suzanne Cabral

Reporting Period Covered:

4/26/16

date

Through

5/10/16

date

Total Itemized Expenditures:

72.98

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 4/21/16	4 Name (Last, First): <u>Cabral, Suzanne</u>
2 <u>Amount</u> \$ 72.98	5 Address: <u>13575 Franklin St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, Colorado 80241</u>
	7 Purpose of Expenditure: <u>Two Banners</u>

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 D – Returned Expenditures & Contributions

Full Name of Committee/Person: Suzanne Cabral

Reporting Period Covered: 4/26/16 **Through** 5/10/16
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): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]

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

Full Name of Committee/Person: Suzanne Cabral

Reporting Period Covered: 4/26/16
date

Through 5/10/16
date

Total Itemized Expenditures: \$63.25

PLEASE PRINT/TYPE

1 <u>Date Provided</u> 3/23/16	4 Name (Last, First): <u>Orms, Maria</u>
2 <u>Fair Market Value</u> \$13.25	5 <u>Address:</u> <u>13015 Marion DR</u>
3 <u>Aggregate Amount</u>	6 <u>City/State/Zip:</u> <u>Thornton, Colorado 80241</u>
	7 <u>Description:</u> <u>Printing of recall petitions</u>
	8 <u>Employer (if applicable, mandatory):</u> <u>Self Employed</u>
	9 <u>Occupation (if applicable, mandatory):</u> <u>Consulting</u>
	10 <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u> 4/26/16	4 Name (Last, First): <u>Orms, Maria</u>
2 <u>Fair Market Value</u> \$50.00	5 <u>Address:</u> <u>13015 Marion DR</u>
3 <u>Aggregate Amount</u>	6 <u>City/State/Zip:</u> <u>Thornton, Colorado 80241</u>
	7 <u>Description:</u> <u>Social Media</u>
	8 <u>Employer (if applicable, mandatory):</u> <u>Self Employed</u>
	9 <u>Occupation (if applicable, mandatory):</u> <u>Consulting</u>
	10 <input checked="" 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> 0	5 <u>Address:</u> _____
3 <u>Aggregate Amount</u>	6 <u>City/State/Zip:</u> _____
	7 <u>Description:</u> _____
	8 <u>Employer (if applicable, mandatory):</u> _____
	9 <u>Occupation (if applicable, 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 <u>Address:</u> _____
3 <u>Aggregate Amount</u>	6 <u>City/State/Zip:</u> _____
	7 <u>Description:</u> _____
	8 <u>Employer (if applicable, mandatory):</u> _____
	9 <u>Occupation (if applicable, 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 <u>Address:</u> _____
3 <u>Aggregate Amount</u>	6 <u>City/State/Zip:</u> _____
	7 <u>Description:</u> _____
	8 <u>Employer (if applicable, mandatory):</u> _____
	9 <u>Occupation (if applicable, 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."

Elections Division
 Department of State
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



CONDITIONALLY ACCEPTED

Space Below For Office Use Only

MAY 18 2016

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)

Full Name of Committee/Person:	Comm. Htee to Recall Annette Thalmann <small>As Shown on Registration</small>
Address of Committee/Person:	13015 Marion Dr
City, State & Zip Code:	Thornton, Colorado 80241
Committee Type:	Issue
Name and Address of Financial Institution:	Wells Fargo 260 West 136th Ave, Westminster CO 80034

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

- Regularly Scheduled Filing.
 - October 13, 2015 (21 days prior to the November 3, 2015 Municipal Election)
 - October 30, 2015 (Friday prior to the November 3, 2015 Municipal Election)
 - December 3, 2015 (30 days after the November 3, 2015 Municipal Election)
 - Annual - candidates from prior election held on _____

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)

Reporting Period Covered:

4/30/14 date Through 5/10/14 date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 75.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$ 75.00
4	Total Monetary Expenditures (line 19)	\$ 0.00
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$ 75.00

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 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 (Treasurer's) Name:

Suzanne Cabral

Registered Agent's (Treasurer's) Signature:

Suzanne Cabral

Date:

5/18/14

Print Candidate Name:

Candidate's Signature:

Date:

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

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

Full Name of Committee/Person: Suzanne Cabral - Committee to Recall Jennifer Williams

Reporting Period Covered: 4/26/16 **Through** 5/10/16
date date

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

Total Itemized Contributions: \$ 73.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 4/30/2016	4 Name (Last, First): <u>Cabral, Suzanne</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>13575 Franklin ST</u>
3 <u>Aggregate Amount*</u> \$	6 Thornton, Colorado : _____ 7 Description <u>Funds to open bank account</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Kaiser Permanente and Self Employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>RN, LMT</u>

1 <u>Date Accepted</u> 4/30/2016	4 Name (Last, First): <u>anonymous</u>
2 <u>Contribution Amount</u> \$ 10.00	5 Address: _____
3 <u>Aggregate Amount*</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> 4/30/2016	4 Name (Last, First): <u>anonymous</u>
2 <u>Contribution Amount</u> \$ 10.00	5 Address: _____
3 <u>Aggregate Amount*</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> 4/30/2016	4 Name (Last, First): <u>anonymous</u>
2 <u>Contribution Amount</u> \$ 3.00	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____ 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 B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Committee to Recall Dan For Kulmann

Reporting Period Covered: 4/20/14 date **Through** 5/10/14 date

Total Itemized Expenditures:

PLEASE PRINT/TYPE

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

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

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

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

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

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

Full Name of Committee/Person: Committee to Recall Janifer Kulmann

Reporting Period Covered: 5/10/16 **Through** 6/15/16
date date

Total Itemized Expenditures: 73.00

PLEASE PRINT/TYPE

1 <u>Date Expended</u> <i>6/10/16</i>	4 Name (Last, First): <u>Thornton Community Foodbank</u>
2 <u>Amount</u> \$ <u>73.00</u>	5 Address: <u>PO BOX 29915</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, Colorado 80229</u>
	7 Purpose of Expenditure: <u>Charitable Contribution</u>

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: _____