

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



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DEC 02 2019

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

Full Name of Committee/Person: **Community Rights Advocates Political Committee**
As Shown On Registration

Address of Committee/Person: **Lafayette, Colo. 80026**

City, State & Zip Code: **Lafayette, Colo. 80026**

Committee Type: **Political**

Name and Address of Financial Institution: **Blue Federal Credit Union
 2410 South; US 287; Lafayette, Colo. 80026**

SOS ID NUMBER (state and county committees):

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)	\$ 300.00
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 300.00
4 Total Monetary Expenditures (line 19)	\$ 300.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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: **Elizabeth Bowdon**

Registered Agent's Signature: **[Signature]** Date: **11/28/19**

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Community Rights Advocates Political Committee

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

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 300.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (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.)	\$ 0
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")	\$ 0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 300.00
18	Total Coordinated Non-Monetary Expenditures (Candidate Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 300.00
20	Total Spending (Line 18 - line 19)	\$ 0

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Community Rights Advocates Political Committee

Returned Contributions

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/5/2019	4. Name (Last, First): <u>Bowdon, Elizabeth</u>
2. <u>Date Returned</u> 10/31/2019	5. Address: _____ '16
3. <u>Amount</u> \$ 300.00	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
	7. Purpose: <u>Repayment of initial contribution to open committee</u>

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): _____

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RECEIVED
NOV 01 2019

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

Full Name of Committee/Person: Community Rights Advocates Political Committee
As Shown On Registration

Address of Committee/Person: _____

City, State & Zip Code: Lafayette, Colo. 80026

Committee Type: Political

Name and Address of Financial Institution: Blue Federal credit union
240 South; US 287; Lafayette, Colo. 80026

SOS ID NUMBER (state and county committees): _____

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: 10/11/2019 Through 10/27/2019
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)	\$ 196.80
2	Total Monetary Contributions (line 11)	\$ 103.20
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 300.00
4	Total Monetary Expenditures (line 19)	\$ 0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 300.00

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: Elizabeth Bourdon

Registered Agent's Signature: [Signature] Date: 10.31.19

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Community Rights Advocates Political Committee

Current Reporting Period: 10/11/2019 Through 10/27/2019

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 196.80
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 103.20
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.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 103.20
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 103.20
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0
20	Total Spending (Line 18 + line 19)	\$ 0

Schedule A – Itemized Contributions Statement (S20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Community Rights Advocates Political Committee

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/15/2019</u>	4. Name (Last, First): <u>Townsend, Patricia for Lafayette City Council</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>shared expense reimbursement for</u>
	8. Employer (if applicable, mandatory): <u>Launch Party food truck and</u>
	9. Occupation (if applicable, mandatory): <u>website domain</u>

1. Date Accepted <u>10/15/2019</u>	4. Name (Last, First): <u>Anne Borrell for Lafayette City Council</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>shared expense reimbursement for</u>
	8. Employer (if applicable, mandatory): <u>Launch Party food truck and</u>
	9. Occupation (if applicable, mandatory): <u>website domain</u>

1. Date Accepted <u>10/15/2019</u>	4. Name (Last, First): <u>Tonya J. Briggs for Lafayette City Council</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>shared expense reimbursement for</u>
	8. Employer (if applicable, mandatory): <u>Launch Party food truck and</u>
	9. Occupation (if applicable, mandatory): <u>website domain</u>

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$ _____	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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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RECEIVED
OCT 15 2019

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

Full Name of Committee/Person:	Community Rights Advocates Political Committee
Address of Committee/Person:	As Shown On Registration
City, State & Zip Code:	Lafayette, Colo. 80026
Committee Type:	Political
Name and Address of Financial Institution:	Blue Federal Credit Union 2410 South; US 287; Lafayette, Colo. 80026

SOS ID NUMBER (state and county committees):

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

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)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 642.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 642.00
4 Total Monetary Expenditures (line 19)	\$ 342.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 300.00

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: Elizabeth Bourdon

Registered Agent's Signature: *Elizabeth Bourdon* Date: 10-15-19

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Community Rights Advocates Political Committee

Current Reporting Period: 9/5/2019 Through 10/10/2019

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 642.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (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.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 642.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 642.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 342.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 342.00 342.00
20	Total Spending (Line 18 + line 19)	\$ 342.00

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Community Rights Advocates Political Committee
WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>9/5/2019</u>	4. Name (Last, First): <u>Bourdon, Elizabeth</u>
2. Contribution Amt. \$ <u>300.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>Self - Rocky Mountain Kung Fu</u>
	9. Occupation (if applicable, mandatory): <u>Administration</u>

1. Date Accepted <u>10/1/2019</u>	4. Name (Last, First): XXXXXXXXXX <u>Borrell, Anne</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>shared expense reimbursements-</u>
	8. Employer (if applicable, mandatory): <u>Website domain; Launch Party</u>
	9. Occupation (if applicable, mandatory): <u>food truck</u>

1. Date Accepted <u>10/1/2019</u>	4. Name (Last, First): <u>Townsend, Patricia</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Shared expense reimbursements-</u>
	8. Employer (if applicable, mandatory): <u>Website domain; Launch Party</u>
	9. Occupation (if applicable, mandatory): <u>food truck</u>

1. Date Accepted <u>10/7/2019</u>	4. Name (Last, First): <u>Tullberg, Jenna</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>shared expense reimbursements-</u>
	8. Employer (if applicable, mandatory): <u>Website domain; Launch Party</u>
	9. Occupation (if applicable, mandatory): <u>food truck</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 (S20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Community Rights Advocates Political Committee

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/7/2019</u>	4. Name (Last, First): <u>Feffer, Marty</u>
2. <u>Contribution Amt.</u> \$ <u>34.40</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>La fayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>shared expense reimbursements</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Website domain; Launch Party</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>food truck</u>

1. <u>Date Accepted</u> <u>9/20/2019</u>	4. Name (Last, First): <u>Jesse Borrell</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>Boulder, Colo. 80305</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self - Jesse Borrell Visuals</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Photographer, video director and editor</u>

1. <u>Date Accepted</u> <u>9/20/2019</u>	4. Name (Last, First): <u>Nick Borrell</u>
2. <u>Contribution Amt.</u> \$ <u>20.00</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>9/20/2019</u>	4. Name (Last, First): <u>Daniel Ziskin</u>
2. <u>Contribution Amt.</u> \$ <u>30.00</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>Boulder, Colo. 80305</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</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(3); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

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

Full Name of Committee/Person: Community Rights Advocates Political Committee

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/20/2019</u>	4. Name (Last, First): <u>Mark Gray</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Englewood, Colo. 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/1/2019</u>	4. Name (Last, First): <u>Tonya J. Briggs</u>
2. Contribution Amt. \$ <u>34.40</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Lafayette, Colo. 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Shared expense reimbursements -</u>
	8. Employer (if applicable, mandatory): <u>Website domain; Launch Party</u>
	9. Occupation (if applicable, mandatory): <u>food truck</u>

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$ _____	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$ _____	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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)
[1-15-10R(1)(a), C.R.S.]

Full Name of Committee/Person: Community Rights Advocates Political Committee

PLEASE PRINT/TYPE

1. Date Expended <u>9/18/2019</u>	4. Name: <u>WordPress.com</u>
2. Amount \$ <u>96.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Website domain</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/20/2019</u>	4. Name: <u>French Twist Food Truck</u>
2. Amount \$ <u>246.00</u>	5. Address: <u>1390 Judson Drive</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Boulder, Colo. 80305</u>
	7. Purpose of Expenditure: <u>Lunch Party food catering</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount \$	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. Date Expended	4. Name: _____
2. Amount \$	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. Date Expended	4. Name: _____
2. Amount \$	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

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Below Space For Office Use Only

Received 9/5/19

NEW COMMITTEE REGISTRATION FORM

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

Please use this form if you are registering a new committee for Colorado campaign finance purposes.

Select Only One Committee Type:

- Candidate Committee Political Party Small Donor Committee
 Political Committee Issue Committee 527 Political Organization Federal PAC

Committee Name: Community Rights Advocates: Anne Borrell, Tonya Briggs, Marty Fetter,
Name should be descriptive. Include office, organization name, etc. Note: CO does not have PACs, only political committees.

Committee Address (Physical): _____
Committee Address (Mailing): P.O. Box 976 Lafayette, CO 80526
Phone Number: _____ Alternate Phone Number: _____
Fax Number: _____ Web Address: communityrightsadvocates.com

Check Only One Jurisdiction:

- Federal State County
 Municipal Multi-County Other: _____

Purpose/Office Sought (include party, office, district & election year, if applicable): City Council

Financial Institution Information:

Institution Name: Blue Federal Credit Union
Institution Address: 2410 S. US 287, Lafayette, CO 80526

Agent / Contact Information:

Name of Person Acting As Registered Agent: Elizabeth Bourdon
Under Colorado law, only the registered agent (or the candidate in the case of candidate committees) may file the committee reports.

Phone Number: _____ Registered Agent E-Mail: _____

Alternate E-Mail 1: _____

Alternate E-Mail 2: _____

Authorization

Registered Agent's Signature: [Signature] Date: 9-5-19

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature: _____