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REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108, Code 7)

2015 DEC -8 A 3:08

Form with fields: Full Name of Committee/Person: Strike Three Group; Address of Committee/Person: 4006 Kendall St; City, State & Zip Code: Wheat Ridge Co 80033; Committee Type: Issue; Name and Address of Financial Institution: First Bank 4350 Wadsworth Blvd. Wheat Ridge Co 80033

Type of Report

- Regularly Scheduled Filing.
Amended Filing. This amends previous report filed on (date)
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: 10-26-2014 Through 12-07-2014

Table with 2 columns: Description and Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning of Reporting Period, 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: Delbert T. McRoberts
Registered Agent's Signature: [Signature] Date: 12/7/14

Print Candidate Name: - DETAILED SUMMARY

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Committee/Person: Strike Three Group

Current Reporting Period: 10-26-2016 Through 12-07-2016

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 587.00
6	<b>Itemized Contributions \$20 or More [Muni. Code 7-5]</b> (Please list on Schedule "A")	\$ 200.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 20.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 807.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 807.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 18.40
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 788.60
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 807.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 807.00

**Schedule A – Itemized Contributions 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 Accepted</u> 11.11.16	4. Name (Last, First): <u>Vivian Vos</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6920 W. 47th Pl</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Wheat Ridge Co 80033</u>
	7. Description: <u>Little Sisters of the Poor - Custodian</u>

1. <u>Date Accepted</u> 11.29.16	4. Name (Last, First): <u>Patti Mecker</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>4991 W 66 Avenue</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Arvada, Co 80003</u>
	7. Description: <u>Mecker Mechanical, Inc. - Agent</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: _____
	7. Description: _____

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: _____

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: _____

**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: Strike Three Group

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: <u>N/A</u>
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

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

**Schedule C - Loans**

Full Name of Committee/Person: Strike Three Group

**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): N/A

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_

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

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)

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

Outstanding Balance: \$ \_\_\_\_\_

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

**Schedule D – Returned Contributions & Expenditures**

Full Name of Committee/Person: Strike Three Group

**Returned Contributions**

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10.05.16	4. Name (Last, First): <u>Delbert McRoberts</u>
2. <u>Date Returned</u> 12.02.16	5. Address: <u>4006 Kendall St</u>
3. <u>Amount</u> \$ 788.60	6. City/State/Zip: <u>Wheat Ridge Co 80033</u>
	7. Purpose: <u>signs</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): _____

**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: Strike Three Group

PLEASE PRINT/TYPE

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

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. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
	9. <input type="checkbox"/> Check box if Electioneering Communication

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. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
	9. <input type="checkbox"/> Check box if Electioneering Communication

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. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
	9. <input type="checkbox"/> Check box if Electioneering Communication

\* 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."