

Space Below For Office Use Only

Return to:
Barbara Setterlind, City Clerk
13133 E. Arapahoe Road
Centennial, CO 80112
bssetterlind@centennialco.gov
Fax (720) 488-0933



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

Full Name of Committee/Person:	Andrew4Centennial Committee
As Shown On Registration	
Address of Committee/Person:	902 E Easter Place
City, State & Zip Code:	Centennial CO 80122
Committee Type:	Candidate Committee
Name and Address of Financial Institution	1stBank 2323 E Arapahoe Rd, Centennial CO 80122

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

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)	\$ 400.00
2 Total Monetary Contributions (line 11)	\$2,745.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$3,145.00
4 Total Monetary Expenditures (line 19)	\$1,587.65
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$1,557.35

**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: Julie Spaulding
Registered Agent's Signature: Date: 10-17-23

Print Candidate Name: Andrew Spaulding
Candidates Signature: Date: 10/17/23

DETAILED SUMMARYFull Name of Committee/Person **Andrew4Centennial Committee**Current Reporting Period: **09/27/23**Through **10/17/23**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$400.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$1,160.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$0.00
8	Loans Received (Please list on Schedule "C")	\$1,585.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$3,145.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
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")	\$1,587.65
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$0.00
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)	\$0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$1,587.65
20	Total Spending (Line 18 + line 19)	\$1,587.65

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

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

Full Name of Committee/Person: Andrew 4 Centennial Committee (A4CC)

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Spaulding, Julie</u>
2. <u>Contribution Amt.</u> \$ <u>80.</u>	5. Address: <u>902 E. Easter Pl.</u>
3. <u>Aggregate Amt.*</u> \$ <u>80.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-11-23</u>	4. Name (Last, First): <u>Misegadis, John</u>
2. <u>Contribution Amt.</u> \$ <u>50.</u>	5. Address: <u>7927 S. Clayton Cr.</u>
3. <u>Aggregate Amt.*</u> \$ <u>50.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Hamilton, George</u>
2. <u>Contribution Amt.</u> \$ <u>20.</u>	5. Address: <u>3427 E Davies Ave</u>
3. <u>Aggregate Amt.*</u> \$ <u>20.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Cottrell, Lynne</u>
2. <u>Contribution Amt.</u> \$ <u>25.</u>	5. Address: <u>2576 S. Lansing Way</u>
3. <u>Aggregate Amt.*</u> \$ <u>25.</u>	6. City/State/Zip: <u>Aurora CO 80014</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</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 A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Andrew 4 Centennial Committee

WARNING: Please read the instruction page for Schedule "A" before completing! A4CC

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Buck, Maynard</u>
2. <u>Contribution Amt.</u> \$ <u>100.</u>	5. Address: <u>2885 E Kettle Pl</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>↓ "</u>

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Scott, Rhonda</u>
2. <u>Contribution Amt.</u> \$ <u>50.</u>	5. Address: <u>6021 S. Pennsylvania St.</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Hargrave, Jewell</u>
2. <u>Contribution Amt.</u> \$ <u>50.</u>	5. Address: <u>3021 E Long Cr. S.</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Bohn, Judith</u>
2. <u>Contribution Amt.</u> \$ <u>50.</u>	5. Address: <u>P.O. Box 3233</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.</u>	6. City/State/Zip: <u>Englewood CO 80155</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</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 A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Andrew 4 Centennial Committee (A4CC)

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Cox, Mary Jane</u>
2. <u>Contribution Amt.</u> \$ <u>25.</u>	5. Address: <u>3644 E. Geddes Dr.</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Jaas, Marcia</u>
2. <u>Contribution Amt.</u> \$ <u>25.</u>	5. Address: <u>3208 E Fremont Dr</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Hyland, Rita</u>
2. <u>Contribution Amt.</u> \$ <u>100.</u>	5. Address: <u>7272 S. Sherman St</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>↓ 11</u>

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Carnes, Robyn</u>
2. <u>Contribution Amt.</u> \$ <u>100.</u>	5. Address: <u>2356 E. Mineral Ave</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Consultant – self employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>↓ 11</u>

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

Full Name of Committee/Person: Andrew Centennial Committee (A4CC)

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10-5-23</u>	4. Name (Last, First): <u>Munsey, Shiley</u>
2. Contribution Amt. \$ <u>25.</u>	5. Address: <u>3118 E Long Cr S</u>
3. Aggregate Amt.* \$ <u>25.</u>	6. City/State/Zip: <u>Centennial CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10-5-23</u>	4. Name (Last, First): <u>Ashmore, Jim</u>
2. Contribution Amt. \$ <u>35.</u>	5. Address: <u>5795 S. Danube Cr</u>
3. Aggregate Amt.* \$ <u>35.</u>	6. City/State/Zip: <u>Centennial CO 80015</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10-5-23</u>	4. Name (Last, First): <u>Ballard, Jim</u>
2. Contribution Amt. \$ <u>100.</u>	5. Address: <u>4018 E. Maplewood Pl.</u>
3. Aggregate Amt.* \$ <u>100.</u>	6. City/State/Zip: <u>Centennial CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>CPA</u>

1. Date Accepted <u>10-10-23</u>	4. Name (Last, First): <u>Cherry Creek Republican Women - ^{Small} Donor Committee</u>
2. Contribution Amt. \$ <u>200.</u>	5. Address: <u>P.O. Box 3206</u>
3. Aggregate Amt.* \$ <u>200.</u>	6. City/State/Zip: <u>Englewood CO 80155</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, mandatory): <u>NIA</u>
	9. Occupation (if applicable, mandatory): <u>NIA</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 (\$20 or more)

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

Full Name of Committee/Person: Andrew 4 Centennial Committee (A4CC)

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Taheri, Suzanne</u>
2. <u>Contribution Amt.</u> \$ <u>50.</u>	5. Address: <u>7349 S. Lafayette Cr. W.</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.</u>	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Lodge, Laura</u>
2. <u>Contribution Amt.</u> \$ <u>50.</u>	5. Address: <u>10401 S. Southwood Dr.</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.</u>	6. City/State/Zip: <u>Centennial CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>10-5-23</u>	4. Name (Last, First): <u>Anonymous</u>
2. <u>Contribution Amt.</u> \$ <u>25.</u>	5. Address: <u>Unknown</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.</u>	6. City/State/Zip: <u>IL</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>A4CC</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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

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

Full Name of Committee/Person: Andrew4Centennial Committee

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/5/23	4. Name: <u>Alphagraphics</u> j
2. <u>Amount</u> \$92.39	5. Address: 6905 S_Broadway Suite 103
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton CO 80122</u>
	7. Purpose of Expenditure: <u>Name Tags</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/4/23	4. Name: <u>Alphagraphics</u>
2. <u>Amount</u> \$1,495.26	5. Address: 6905 S Broadway Suite 103
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton CO 80122</u>
	7. Purpose of Expenditure: <u>Yard Signs</u> <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: Andrew4Centennial Committee

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): Barclays

Address: P.O. Box 13337

City/State/Zip: Philadelphia PA 19101

Original Amount of Loan: \$ 1585.00 Interest Rate: 23%

Loan Amount Received This Reporting Period: \$ 1585.00 Total of All Loans This Reporting Period: \$ 1585.00
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 0.00 Total Repayments Made 0
(Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 1,585.00

TERMS OF LOAN: 10/5/23 10/5/26
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
Andrew Spaulding	1019 E Easter Way Centennial co 80122	1,585.00

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: None

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): _____