

OFFICE OF THE CLERK & RECORDER

### REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. FILE IN DUPLICATE.

NAME OF COMMITTEE (II	ı Full):	
_ Committee to Ele		•
	9	
ADDRESS OF COMMITTEE	3:	±
6530 Denim Dr. Col	Spas. Co 80918	-
(Number/Street/City/State/Zip)	<i>Jeg , Co 110</i>	
	FINANCIAL INSTITUTION:	21 2 2
Compass Bank 2	805 Vublin Blud.	Cd 5095, CO 80918
(Name)	(Number/Street/City	/State/Zip)
TYPE OF REPORT:	•	
1.1.	to the election. Covering the period	od from the initial filing
(Date) to 5 days	s prior to this filing.	
. Taidan taran		
(Date) : Friday before	the election. Covering the period filing to 5 days prior to this filing.	from 5 days prior to the
(Duto) protacuo	ming to a days prior to mis ming.	) P
: 30 days after	the election. Covering the period f	from 5 days prior to the
(Date) previous	filing to 5 days prior to this filing.	
· November 1 c	of off year Covering the period for	<b>P</b> 1
(Date) previous	of off-year. Covering the period frofiling to November 1.	om 3 days prior to the
,	Time to 1 to tolling 1.	
□: Termination Report	Is this report an amendment	t? 🗆 Yes 🗆 No
CTILALLING	1 200 200 200 1	-
SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
Funds on Hand Beginning of Reporting Period:	\$0,00	XXXXXXXXXXX
2. Total Contributions (From Ln	dr.	\$
13):	300,00	
Total Expenditures (From Ln 21):	\$ 217.00	\$
4. Funds on Hand at Close of	\$ 1/700	XXXXXXXXXXX

**CONTINUE TO PAGE 2** 

XXXXXXXXXXXX

XXXXXXXXXXXX

117.00

250.00

\$

Reporting Period: 5. Debts/Obligations Owed by

the Committee: 6. Pledges Owed to the

Committee:

# DETAILED SUMMARY PAGE OF CONTRIBUTIONS AND EXPENDITURES

NAME OF COMMITTEE: Committee to Elect Craig Cox, D-11

CONTROL TO THE CONTROL TO		Y
CONTRIBUTIONS: (Please provide	COLUMN A	COLUMN B
spreadsheet format for detail items. 1)	(Total This Report)	(Calendar Year)
Contributions (other than loans) from:		
Individuals/Persons (Not Political Committees)		
Total Itemized (Use spreadsheet for		
7. Details "Schedule A"):	\$ 200.00	\$ 200,00
Non-Itemized (Total all	\$	\$
8. Contributions Under \$20):	Ψ	Ι Ψ
9. Political Party Committees:	\$	\$
10. Other Political Committees:	\$ /00.00	\$ 100,00
11. All Loans Received (Schedule C):	\$	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
13. TOTAL CONTRIBUTIONS:	· ·	ф
(Add all of the above items)	\$ 300.00	\$ 300.00
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use	\$ 117.00	\$ 117.00
Spreadsheet for Details "Schedule B"):	\$ 217.00	\$ 217.00
15. Total of Non-Itemized Expenditures:	\$	\$
16. Loan Repayments (Use 'Schedule C"):	\$	\$
17. Refunds to Contributions:	XXXXXXXXX	XXXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$	\$
19. Political Party Committees:	\$	\$
20. Other Political Committees:	\$ .	\$
21. TOTAL EXPENDITURES:	212	217.00
(Add all of the above items)	217.00	217,00

OFFSETS TO OPERATING EXPENDITURES (An offset to expenditures means a payment made by a third person to a third party for the benefit of any committee or party. Such goods and services are used directly or indirectly by the committee or party for its purposes. Use a similar spreadsheet for reporting these offsets. LISTING ONLY. DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES.

	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Total Itemized Offsets (\$20 and over):	\$	\$
Total Non-liemized Offsets:	\$	\$

I certify that I have examined this Repo	ort of Contributions and Expenditure	res and to the best of my
knowledge and belief it is true, correct an	d completes	· ·
Craig W. Cox	la completes	10/15/01
Type/Print Name of Agent	Signature of Agent	Date

<sup>&</sup>lt;sup>1</sup> The following is required for spreadsheet formats: Full name/address/zip; Name of Employer & Occupation; Date; Amount this Reporting Period; and Total Aggregate Year to Date. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.



## OFFICE OF THE CLERK & RECORDER

# STATEMENT OF ITEMIZED CONTRIBUTIONS IN KIND

Name of Committee (in Full):	
Committee to Elect Craig Co	X
Address:  6530 Denim Dr. Col 5  (Street) (City/	09 CO \$0918 548-/988 State/Zip) (Phone)
Reporting Date: (If any reporting date falls on a weeker business day.)    10   10   10    (Date)   21 days prior to the election. Cover prior to this filing.	
: Friday before the election. Covering (Date) previous filing to 5 days prior to this filing	the period from 5 days prior to the
: 30 days after the election. Covering (Date) previous filing to 5 days prior to this filing	the period from 5 days prior to the
: November 1 of off-year. Covering the (Date) previous filing to November 1.	e period from 5 days prior to the
1. Wesley L. COX 698 Bar Varo Ct. Akron, OH 44319 Contribution in kind for: Primary Gene 2. Hane of Building Association 4585 Hilton Pkiny Col Spas 80907	Sarket Value Date Received  \$ 200,00
3	\$
Contribution in kind for: ☐ Primary ☐ General	□ Other (Specify):
4.	\$
Contribution in kind for:   Primary   General	□ Other (Specify):
I certify that I have examined this statement of contribution in kind correct and complete.  (Same W. Cox	and to the best of my knowledge and belief it is true,
(Type of Print Name of Agent) (Signature Willful or intentional submission of false, erroneous or incom	re of Agent) (Date)
or income	aprece information may be sanctioned as provided by law.



### OFFICE OF THE CLERK & RECORDER SCHEDULE A

### CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [7thru 12] of the Detailed Summary Page)

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. CRS 1-45-111(1)(d). Check α appropriate box(es): ☐ Primary ☐ General Other (Specify): CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER: ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION: 092001 20000 AGGREGATE YEAR TO DATE CONTRIBUTIONS: 200,00 CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER: ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION: AGGREGATE YEAR TO DATE CONTRIBUTIONS: 300.00 CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER: ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION: AGGREGATE YEAR TO DATE CONTRIBUTIONS:



### OFFICE OF THE CLERK & RECORDER

#### SCHEDULE B

#### **EXPENDITURES**

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)

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. CRS 1-45-111(1)(d). M Other (Specify): 0-11 School Board Check a appropriate boxes: ☐ Primary ☐ General PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE: 10 PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE 090701 PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE: PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE: PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE 100801 PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE: PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE