

DETAILED SUMMARY

Full Name of Committee / Person:

Karina Elrod

Current Reporting Period:

September 22, 2017

Through

October 12, 2017

| | | |
|----|---|-------------|
| | Funds on Hand at the Beginning of Reporting Period (Monetary Only) | \$ 4,664.13 |
| 6 | Itemized Contributions \$20 or More (See Schedule A) | \$ 3,495.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ 39.98 |
| 8 | Loans Received (See Schedule C) | \$ - |
| 9 | Total of Other Receipts | \$ - |
| 10 | Returned Expenditures (from Recipient) (See Schedule D) | \$ 1.58 |
| 11 | Total Monetary Contributions (Total of Lines 6 - 10) | \$ 3,536.56 |
| 12 | Total Non-Monetary Contributions (From Stmt. of Non-Monetary Contrib. | \$ 44.00 |
| 13 | Total Contributions (Line 11 + Line 12) | \$ 3,580.56 |
| 14 | Itemized Expenditures \$20 or More (See Schedule B) | \$ 6,660.27 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ 38.10 |
| 16 | Loan Repayments made (See Schedule C) | \$ - |
| 17 | Returned Contributions (To Donor) (See Schedule D) | \$ - |
| 18 | Total Coordinated Non-Monetary Expenditures (Cand/CandCom/PolPty) | \$ - |
| 19 | Total Monetary Expenditures (Total of Lines 14 - 17) | \$ 6,698.37 |
| 20 | Total Spending (Line 18 + Line 19) | \$ 6,698.37 |

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

| | | | | |
|--------------------------|---|---|----------------------|----------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Julie Belleza</u> |
| | <u>September 28, 2017</u> | 5 | Address: | <u>300 W Jamison Dr</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 25.00</u> | 7 | Description: | <u>On-Line</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>N/A</u> |
| | <u>\$ 25.00</u> | 9 | Occupation: | <u>N/A</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|---|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Jeffrey May / Karen Anne Crossen</u> |
| | <u>October 2, 2017</u> | 5 | Address: | <u>1435 W Hinsdale Dr</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 100.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| | <u>\$ 125.00</u> | 9 | Occupation: | <u>Chief Geologist / Semi-Retired</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Rebecca Ann Kast</u> |
| | <u>October 2, 2017</u> | 5 | Address: | <u>1940 W. Arapahoe Road</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 100.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| | <u>\$ 225.00</u> | 9 | Occupation: | <u>Not Provided</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Kevin / Jennifer Hehn</u> |
| | <u>October 2, 2017</u> | 5 | Address: | <u>5123 S. Cody Ct</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80123</u> |
| | <u>\$ 50.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>4 Points Engineering</u> |
| | <u>\$ 275.00</u> | 9 | Occupation: | <u>VP & Controller</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|---|--------------------------|---|----------------------|--------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Michael Stewart Meagher</u> |
| | <u>October 2, 2017</u> | 5 | Address: | <u>6025 S. Quebec St</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Centennial, CO 80111</u> |

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

| | | | | |
|--------------------------|---|---|--------------|-------------------------------------|
| \$ | 50.00 | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Commonwealth Realty Services</u> |
| \$ | 325.00 | 9 | Occupation: | <u>Broker</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|----------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Margaret Clute</u> |
| | <u>October 2, 2017</u> | 5 | Address: | <u>1467 Briarwood Ave</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| \$ | 100.00 | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| \$ | 425.00 | 9 | Occupation: | <u>Not Provided</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|----------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Craig Coronato</u> |
| | <u>October 5, 2017</u> | 5 | Address: | <u>7157 S Acoma St</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| \$ | 50.00 | 7 | Description: | <u>On-Line</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Logan Simpson</u> |
| \$ | 475.00 | 9 | Occupation: | <u>Landscape Architect</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|-------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Larry / Marilyn Borger</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>6188 S. Elati Ct</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| \$ | 20.00 | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>NA</u> |
| \$ | 495.00 | 9 | Occupation: | <u>Retired</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|----|--------------------------|---|----------------------|-------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Carle / Rita Zimmerman</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>2639 Ridge Ct</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| \$ | 50.00 | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| \$ | 545.00 | 9 | Occupation: | <u>Not Provided</u> |

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

Ck. Box if Electioneering Communication

| | | | | |
|---|--------------------------|---|----------------------|------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Denise Kato</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>9660 South Johnson St</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 50.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>NA</u> |
| | <u>\$ 595.00</u> | 9 | Occupation: | <u>Retired</u> |

Ck. Box if Electioneering Communication

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|---|--------------------------|---|----------------------|----------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Sharon Blum</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>6692 S Hill Way</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 100.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>NA</u> |
| | <u>\$ 695.00</u> | 9 | Occupation: | <u>Retired</u> |

Ck. Box if Electioneering Communication

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|---|--------------------------|---|----------------------|----------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Anthony Panella</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>7756 S Crocker Ct</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 100.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| | <u>\$ 795.00</u> | 9 | Occupation: | <u>Not Provided</u> |

Ck. Box if Electioneering Communication

| | | | | |
|---|--------------------------|---|----------------------|----------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Charles / Kathryn Blosten</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>2486 W Sunset Drive</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 100.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>NA</u> |
| | <u>\$ 895.00</u> | 9 | Occupation: | <u>Retired</u> |

Ck. Box if Electioneering Communication

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|---|----------------------|---|----------------------|------------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>William / Catherine Hopping</u> |
|---|----------------------|---|----------------------|------------------------------------|

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

| | | | | |
|--------------------------|---|---|-----------------|---------------------------------|
| | <u>October 10, 2017</u> | 5 | Address: | <u>5773 Shasta Circle</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80123</u> |
| | \$ <u>400.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>WR Hopping & Co, Inc</u> |
| | \$ <u>1,295.00</u> | 9 | Occupation: | <u>Hotel Consultant</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|---------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Kathlee / Roger Chandler</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>21415 E Mansfield Dr</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80013</u> |
| | \$ <u>50.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Consultant</u> |
| | \$ <u>1,345.00</u> | 9 | Occupation: | <u>Self Employed</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|---|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Littleton Fire Fighters Assoc Local 2086</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>PO Box 620786</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80162</u> |
| | \$ <u>2,000.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>NA</u> |
| | \$ <u>3,345.00</u> | 9 | Occupation: | <u>Retired</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|------------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Florence Bullock</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>7215 S Sundown Circle</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | \$ <u>100.00</u> | 7 | Description: | <u>Check</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| | \$ <u>3,445.00</u> | 9 | Occupation: | <u>Not Provided</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|---|--------------------------|---|----------------------|-----------------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | <u>Rebecca / Roland Hea</u> |
| | <u>October 10, 2017</u> | 5 | Address: | <u>779 E. Phillips Dr S</u> |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | \$ <u>50.00</u> | 7 | Description: | <u>Check</u> |

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

| | | | | |
|--------------------------|---|---|-------------|---------------------|
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>Not Provided</u> |
| | \$ 3,495.00 | 9 | Occupation: | <u>Not Provided</u> |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

| | | | | |
|--------------------------|---|---|-----------------|-------|
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

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|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|---|----------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | City/State/Zip: | _____ |
| | \$ - | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | \$ 3,495.00 | 9 | Occupation: | _____ |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | |
|----------------------------|--|
| <u>Total Contributions</u> | |
| \$ 3,495.00 | |

SCHEDULE B - ITEMIZED EXPENDITURES STATEMENT (\$20 or MORE)

Full Name of Committee / Person:

Karina Elrod

| | | | | |
|--------------------------|---------------------------|--------------------------|---|----------------------------------|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Alpha Graphics</u> |
| | <u>September 25, 2017</u> | 5 | Address: | <u>6905 S Broadway Suite 103</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Littleton, CO 80122</u> |
| | <u>\$ 134.17</u> | 7 | Description: | <u>Handouts</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Outreach</u> |
| <input type="checkbox"/> | Committee | | | |
| <input type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

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|--------------------------|---------------------------|--------------------------|---|---------------------------|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Vista Print</u> |
| | <u>September 28, 2017</u> | 5 | Address: | <u>On-Line</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>NA</u> |
| | <u>\$ 172.08</u> | 7 | Description: | <u>Postcards / Flyers</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Outreach</u> |
| <input type="checkbox"/> | Committee | | | |
| <input type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|--------------------------|------------------------|--------------------------|---|---------------------------------|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Signs.com</u> |
| | <u>October 3, 2017</u> | 5 | Address: | <u>1550 Gladiola St</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Salt Lake City, UT 84101</u> |
| | <u>\$ 152.68</u> | 7 | Description: | <u>Yard Signs</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Literature</u> |
| <input type="checkbox"/> | Committee | | | |
| <input type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

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|--------------------------|------------------------|--------------------------|---|---------------------------------|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Signs.com</u> |
| | <u>October 3, 2017</u> | 5 | Address: | <u>1550 Gladiola St</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Salt Lake City, UT 84101</u> |
| | <u>\$ 649.03</u> | 7 | Description: | <u>Yard Signs</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Literature</u> |
| <input type="checkbox"/> | Committee | | | |
| <input type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|---|------------------------|---|-----------------|--------------------------------------|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Office Depot</u> |
| | <u>October 5, 2017</u> | 5 | Address: | <u>8051 S Broadway & Mineral</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Littleton, CO 80122</u> |

SCHEDULE B - ITEMIZED EXPENDITURES STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Karina Elrod

| | | | | | |
|--------------------------|---------------|-------|--------------------------|---|--------------------------|
| 1 | \$ | 25.31 | 7 | Description: | <u>Copies and Flyers</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Outreach</u> | |
| <input type="checkbox"/> | Committee | | | | |
| <input type="checkbox"/> | Non-Committee | | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | | |
|--------------------------|------------------------|-------|--------------------------|---|---------------|
| 1 | Date Expended | 4 | Name: | <u>USPS</u> | |
| | <u>October 6, 2017</u> | 5 | Address: | <u>5753 S Prince Street</u> | |
| 2 | Amount | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> | |
| | \$ | 49.00 | 7 | Description: | <u>Stamps</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Fundraising Letters - Mailing Cost</u> | |
| <input type="checkbox"/> | Committee | | | | |
| <input type="checkbox"/> | Non-Committee | | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

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|--------------------------|-------------------------|-------|--------------------------|---|---------------|
| 1 | Date Expended | 4 | Name: | <u>Donut Hut</u> | |
| | <u>October 10, 2017</u> | 5 | Address: | <u>5816 S Lowell Blvd</u> | |
| 2 | Amount | 6 | City/State/Zip: | <u>Littleton CO 80123</u> | |
| | \$ | 73.62 | 7 | Description: | <u>Donuts</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Community Outreach</u> | |
| <input type="checkbox"/> | Committee | | | | |
| <input type="checkbox"/> | Non-Committee | | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | | |
|--------------------------|-------------------------|--------|--------------------------|---|-------------------|
| 1 | Date Expended | 4 | Name: | <u>Signs.com</u> | |
| | <u>October 10, 2017</u> | 5 | Address: | <u>1550 Gladiola St</u> | |
| 2 | Amount | 6 | City/State/Zip: | <u>Salt Lake City, UT 84101</u> | |
| | \$ | 584.13 | 7 | Description: | <u>Yard Signs</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Literature</u> | |
| <input type="checkbox"/> | Committee | | | | |
| <input type="checkbox"/> | Non-Committee | | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | | |
|--------------------------|-------------------------|--------|--------------------------|---|-------------------|
| 1 | Date Expended | 4 | Name: | <u>Colorado Comm Media News</u> | |
| | <u>October 11, 2017</u> | 5 | Address: | <u>N/A</u> | |
| 2 | Amount | 6 | City/State/Zip: | <u>Highlands Ranch</u> | |
| | \$ | 306.00 | 7 | Description: | <u>Media work</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Campaign Advertisement</u> | |
| <input type="checkbox"/> | Committee | | | | |
| <input type="checkbox"/> | Non-Committee | | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

SCHEDULE B - ITEMIZED EXPENDITURES STATEMENT (\$20 or MORE)

Full Name of Committee / Person:

Karina Elrod

| | | | | |
|--------------------------|-------------------------|--------------------------|---|--|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>D/CO Consulting</u> |
| | <u>October 11, 2017</u> | 5 | Address: | <u>110 Sixteenth Street, Suite 405</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Denver, CO 80202</u> |
| | <u>\$ 4,486.30</u> | 7 | Description: | <u>Direct Mailing</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Candidate Outreach</u> |
| <input type="checkbox"/> | Committee | | | |
| <input type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|--------------------------|---------------------------|--------------------------|---|--|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Kelly Milliman</u> |
| | <u>September 30, 2017</u> | 5 | Address: | <u>2282 W Briarwood Ave</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | <u>\$ 27.95</u> | 7 | Description: | <u>Office Max Copies / Paid w Personal Credit Card</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Campaign Advertisement</u> |
| <input type="checkbox"/> | Committee | | | |
| <input type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|---------------------------|-----------|-----------------|--|--|
| <u>Total Expenditures</u> | | | | |
| | <u>\$</u> | <u>6,660.27</u> | | |

STATEMENT OF NON-MONETARY CONTRIBUTIONS

Full Name of Committee / Person: Karina Elrod

| | | | | |
|--------------------------|---|--|----------------------|--|
| 1 | <u>Date Provided</u> | 4 | Name, (Last, First): | <u>Bill Hopping</u> |
| | <u>October 2017</u> | 5 | Address: | <u>5773 Shasta Circle</u> |
| 2 | <u>Fair Market Value</u> | 6 | City/State/Zip: | <u>Littleton, CO 80123</u> |
| | <u>\$ 44.00</u> | 7 | Description: | <u>1/3 of cost for event at James Taylor Park / Meet & Greet</u> |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | <u>WR Hopping & Co, Inc.</u> |
| | <u>\$ 44.00</u> | 9 | Occupation: | <u>Hotel Consultant</u> |
| | | <input type="checkbox"/> 10 Ck. Box if Coordinated with a Candidate / Candidate Committee or Political Party | | |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|--|----------------------|-------|
| 1 | <u>Date Provided</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Fair Market Value</u> | 6 | City/State/Zip: | _____ |
| | <u>\$ -</u> | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | <u>\$ -</u> | 9 | Occupation: | _____ |
| | | <input type="checkbox"/> 10 Ck. Box if Coordinated with a Candidate / Candidate Committee or Political Party | | |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|--------------------------|---|--|----------------------|-------|
| 1 | <u>Date Provided</u> | 4 | Name, (Last, First): | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Fair Market Value</u> | 6 | City/State/Zip: | _____ |
| | <u>\$ -</u> | 7 | Description: | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: | _____ |
| | <u>\$ -</u> | 9 | Occupation: | _____ |
| | | <input type="checkbox"/> 10 Ck. Box if Coordinated with a Candidate / Candidate Committee or Political Party | | |
| <input type="checkbox"/> | Ck. Box if Electioneering Communication | | | |

| | | | | |
|---|-----------|--------------|--|--|
| <u>Total Non-Monetary Contributions</u> | | | | |
| | <u>\$</u> | <u>44.00</u> | | |

SCHEDULE C - LOANS

Full Name of Committee / Person: Karina Elrod

LOAN SOURCE

Name (Last, First or Institution): NONE TO REPORT as of September 26, 2017

Address: _____

City / State / Zip: _____

Original Amount of Loan: \$ - Interest Rate: 0.00%

Loan Amount Received this Reporting Period: \$ - Total of All Loans This Reporting Period: \$ -
Detailed Summary Report, Line 8

Principal Amount Paid This Reporting Period: \$ -

Interest Amount Paid This Reporting Period: \$ -

Amount Repaid This Reporting Period (P + I) \$ - Total Repayments Made \$ -
Detailed Summary Report, Line 16

Outstanding Balance: \$ -

Terms of Loan: Various TBD
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

| Full Name | Address | City / State | Zip | Amount Guaranteed |
|----------------|---------|--------------|-----|-------------------|
| NONE TO REPORT | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |