



Space Below For Office Use Only

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

Full Name of Committee/Person: AC Brown Campaign
Address of Committee/Person: 7421 S. Houston Varing Circle
City, State & Zip Code: Littleton CO 80120
Committee Type: City council (at large) campaign
Name and Address of Financial Institution: Wells Fargo, 66 V. Springer Dr, Highland Ranch CO 80127
Email Address: andreacbrown153@gmail.com

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: September 18, 2015 Through October 8, 2015

Declared Total Spending (if applicable) \$

Table with 2 columns: Description and Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Monetary Expenditures, and Funds on Hand at the End.

The appropriate officer (city clerk) shall impose a penalty of \$50 per day for each day that a report is filed late. (Littleton Municipal Code 1-7-7)

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: Richard Wayne Westra
Registered Agent's Signature: [Signature] Date: 10/12/15
Print Candidate Name: Andrea Claire Brown
Candidates Signature: [Signature] Date: 10/12/15

DETAILED SUMMARY

Full Name of Committee/Person: AC Brown Campaign

Current Reporting Period: **Through**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 2,675.52
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 2,675.52
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 575.52
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 575.52
20	Total Spending (Line 18 + line 19)	\$ 575.52

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

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/2/15	4. Name (Last, First): Zimmerman, Carle
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 2539 Ridge Ct.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Littleton, CO 80120
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 10/3/15	4. Name (Last, First): Clayton Family Farms LLC
2. <u>Contribution Amt.</u> \$ 1,000.00	5. Address: 1936 W. 33rd Ave
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Denver, CO 80211
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): Clayton Family Farms LLC
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 10/5/15	4. Name (Last, First): Safieddine, Francois
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: 99 S. Bellaire St
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Denver, CO 80246
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): View House
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 10/7/15	4. Name (Last, First): Dunahay, Pat
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: 1500 W. Mineral Ave
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: Littleton CO 80120
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/6/15	4. Name (Last, First): <u>Brown, Andrea</u>
2. <u>Contribution Amt.</u> \$ <u>575.52</u>	5. Address: <u>7421 S. Houston Waring Circle</u>
3. <u>Aggregate Amt. *</u> \$ <u>575.52</u>	6. City/State/Zip: <u>Littleton, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	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>): _____

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>): _____

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>): _____

* 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)

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

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/26/15	4. Name: <u>Vista Print</u>
2. <u>Amount</u> \$ 199.47	5. Address: <u>95 Hayden Ave</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lexington, MA 02421</u>
	7. Purpose of Expenditure: <u>campaign palm cards</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/3/15	4. Name: <u>Signs on the cheap</u>
2. <u>Amount</u> \$ 329.05	5. Address: <u>11525 A Stonehollow Dr Suite 100</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aushn, TX 78758</u>
	7. Purpose of Expenditure: <u>Yard signs and brackets</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/5/15	4. Name: <u>Arapahoe County Clerk</u>
2. <u>Amount</u> \$ 47.00	5. Address: <u>5334 S. Prince St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton CO 80120</u>
	7. Purpose of Expenditure: <u>mailing list and district map</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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

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): _____

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

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: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

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: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

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: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

* 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."