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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108, Code 7)

RECEIVED
2019 NOV -4 A 8:46
CITY OF WHEAT RIDGE

Full Name of Committee/Person:	Neighbors For Ihor Figlus <small>As Shown On Registration</small>
Address of Committee/Person:	9775 W 36th Ave
City, State & Zip Code:	Wheat Ridge, CO 80033
Committee Type:	Candidate Committee
Name and Address of Financial Institution	1st Bank, P.O. Box 150097, Lakewood, CO 80215

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: 10/16/2019 Through 10/31/2019
Date Date

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 448.48
2	Total Monetary Contributions (line 11)	\$ 50.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 498.48
4	Total Monetary Expenditures (line 19)	\$ 56.06
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 442.42

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: -

DETAILED SUMMARY

Ihor Figlus

Candidates Signature:  Date: 11/1/19

Full Name of Committee/Person: **Neighbors For Ihor Figlus**

Current Reporting Period: **10/16/2019** Through **10/31/2019**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 448.48
6	Itemized Contributions \$20 or More (Muni. Code 7-5) (Please list on Schedule "A")	\$ 50.00
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)	\$50.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$-----
13	Total Contributions (Line 11 + line 12)	50.00 \$
14	Itemized Expenditures \$20 or More (C.R.S. 1-45-108(1)(a)) (Please list on Schedule "B")	\$ 48.16
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 7.90
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)	\$ 56.06
20	Total Spending (Line 18 + line 19)	\$ 56.06

Schedule A – Itemized Contributions Statement (\$20 or more)
 [C.R.S. 1-45-103(1)(a), Muni. Code 7-6]

Full Name of Committee/Person: Neighbors For Ihor Figlus

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/26/2019	4. Name (Last, First): <u>Johnson, Tim & Karen</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>11175 W 40th Ave</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Wheat Ridge, CO 80033</u>
	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: _____

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. 1-45-106(1)(a), Mun. Code 7-6]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/19/2019	4. Name: <u>Office Depot</u>
2. <u>Amount</u> \$ 48.16	5. Address: <u>Wadsworth Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO</u>
	7. Purpose of Expenditure: <u>printing</u> <input checked="" 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