Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpthelp@sos.state.co.us
www.sos.state.co.us

Space Below For Office Use Only

RECEIVED
DEC 05 2013

CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS AND NON-EXPENDITURE OF FUNDS

[1-45-108(1) & 1-45-109, C.R.S.]

This form is for the use of candidates that do not have a campaign committee and have not received contributions nor made expenditures. No expenditures have been made on behalf of the candidate.

Name of Candidate: STEVE KRACHA

Address of Candidate: 336 LONE EAGLE PONT

City, State, Zip: LAFAYETTE CO 80026

Reporting Period: Beginning Date OCT 27 Ending Date DEC 5

CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD

$ 0.00

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD

$ 0.00

I, STEPHEN KRACHA, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my own behalf during this election reporting period.

Candidate Signature: Date: 12-5-13

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us

Space Below For Office Use Only

RECEIVED
DEC 05 2013

STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: STEVE KRACHA

Address of Candidate: 396 LONE EAGLE ROAD

City: LAFAYETTE State: CO Zip Code: 80026

Office: COUNCILOR District No.: Elec./Yr.: 2013

Reporting Period: Beginning Date OCT 27-13 Ending Date 12-5-13

Total amount of Non-Itemized Expenditures ($19.99 or less): $ Ø

Expenditures exceeding $19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: [signature] Date: 12-5-13

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us

Space Below For Office Use Only

STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: STEPHEN KRACHA

Address of Candidate: 396 LONE EAGLE POINT

City: LAFAYETTE State: CO Zip Code: 80026

Office: CITY COUNCIL District No.: Elec./Yr.: 2013

Reporting Period: Beginning Date OCT-11-2013 Ending Date OCT 27-2013

Total amount of Non-Itemized Expenditures ($19.99 or less): $ Ø

Expenditures exceeding $19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient		Address
	$			
City		**State**	**Zip**	**Comment / Purpose**

Date Expended	Amount	Name of Recipient		Address
	$			
City		**State**	**Zip**	**Comment / Purpose**

Date Expended	Amount	Name of Recipient		Address
	$			
City		**State**	**Zip**	**Comment / Purpose**

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: [signature] Date: 11-04-2013

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us

Space Below For Office Use Only

RECEIVED

OCT 15 2013

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	STEPHEN KRACHA As Shown On Registration
Address of Committee/Person:	396 LONE EAGLE POINT
City, State & Zip Code:	LAFAYETTE CO 80026
Committee Type:	
Name and Address of Financial Institution	

SOS ID NUMBER (state and county committees): N/A

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: 6-15-2013 (Date) **Through** 10-15-2013 (Date)

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] $ 178.62

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 0
2	Total Monetary Contributions (line 11)	$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 0
4	Total Monetary Expenditures (line 19)	$ 178.62
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 0

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: STEPH

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: STEPHEN KRACHA

Candidates Signature: [signature] Date: 10-15-2013

Schedule B – Itemized Expenditures Statement ($20 or more)

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

Full Name of Committee/Person: STEPHEN KRACHA

PLEASE PRINT/TYPE

1. Date Expended: 10/09/13	4. Name: STEVE KRACHA
2. Amount: $ 178.62	5. Address: 396 LONE EAGLE POINT
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: LAFAYETTE CO 80026
	7. Purpose of Expenditure: FLYERS
	☐ Check box if Electioneering Communication

1. Date Expended:	4. Name:
2. Amount: $	5. Address:
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication

1. Date Expended:	4. Name:
2. Amount: $	5. Address:
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication

1. Date Expended:	4. Name:
2. Amount: $	5. Address:
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication

1. Date Expended:	4. Name:
2. Amount: $	5. Address:
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpthelp@sos.state.co.us
www.sos.state.co.us

Space Below For Office Use Only

STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: STEPHEN KRACHA

Address of Candidate: 396 LONE EAGLE POINT

City: LAFAYETTE State: CO Zip Code: 80026

Office: CITY COUNCIL District No.: Elec./Yr.: 2013

Reporting Period: Beginning Date 6-15-2013 Ending Date 10/15/2013

Total amount of Non-Itemized Expenditures ($19.99 or less): $

Expenditures exceeding $19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
10/09/13	$ 178.62	NEXT DAY FLYERS	18711 S BROADWICK ST

City	State	Zip	Comment / Purpose
RANCHO DOMINGUEZ	CA	90220	FLYERS

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: Date: 10/15/13