

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

Rec'd 12/6/18

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

Full Name of Committee/Person: Hold Politers Accountable
As Shown On Registration

Address of Committee/Person: Po Box 469

City, State & Zip Code: Lafayette, CO 80026

Committee Type: Issue committee

Name and Address of Financial Institution: _____

SOS ID NUMBER (state and county committees): _____

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: 10/29/18 Through 12/1/18
Date Date

Declared Total Spending (if applicable) \$ 11.44
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 11.44
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 11.44
4 Total Monetary Expenditures (line 19)	\$ 11.44
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: Mike Foot

Registered Agent's Signature: [Signature] Date: 12/6/18

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

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

Full Name of Committee/Person:	Hold Polluters Accountable
<small>As Shown On Registration</small>	
Address of Committee/Person:	Po Box 469
City, State & Zip Code:	Lafayette, CO 80026
Committee Type:	Issue committee
Name and Address of Financial Institution	

SOS ID NUMBER (state and county committees): W/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: 10/12/18 Through 10/28/18
Date Date

Declared Total Spending (if applicable) \$ 238.56
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 250.00
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 250.00
4 Total Monetary Expenditures (line 19)	\$ 238.56
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 11.44

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: Mike Foote
 Registered Agent's Signature: [Signature] Date: 11/2/18
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Hold Polluters Accountable

Current Reporting Period: 10/12/18 Through 10/28/18

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 250.00
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)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 250.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 238.50
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 238.50
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)	\$ 238.50
20	Total Spending (Line 18 + line 19)	\$ 238.50

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

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

Full Name of Committee/Person: Hold Polluters Accountable

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/25/18</u>	4. Name: <u>Mike Foote</u>
2. <u>Amount</u> <u>\$ 238.56</u>	5. Address: <u>301 W. Brane Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lafayette, W 80026</u>
	7. Purpose of Expenditure: <u>Repayment for website expenditure</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

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

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

Full Name of Committee/Person: <small>As Shown On Registration</small>	Hold Polluters Accountable
Address of Committee/Person:	PO Box 469
City, State & Zip Code:	Lafayette, CO 80026
Committee Type:	Issue Committee (Municipal)
Name and Address of Financial Institution	Great western Bank

SOS ID NUMBER (state and county committees): CN/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: 10/5/18 Date Through 10/11/18 Date

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

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 488.56
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 488.56
4	Total Monetary Expenditures (line 19)	\$ 238.56
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 250.00

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: Mike Fook

Registered Agent's Signature: *[Signature]* Date: 10/16/18

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Hold Polluters Accountable

Current Reporting Period: 10/5/18 Through 10/11/18

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ ϕ
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 488.56
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ ϕ
8	Loans Received (Please list on Schedule "C")	\$ ϕ
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ ϕ
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ ϕ
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 488.56
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ ϕ
13	Total Contributions (Line 11 + line 12)	\$ 488.56
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 238.56
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ ϕ
16	Loan Repayments Made (Please list on Schedule "C")	\$ ϕ
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ ϕ
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 238.56
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 238.56
20	Total Spending (Line 18 + line 19)	\$ 238.56

Full Name of Committee/Person: Hold Polluters Accountable

PLEASE PRINT/TYPED

1. <u>Date Expended</u> 10/5/18	4. Name: <u>Hostmonster</u>
2. <u>Amount</u> \$ 119.28	5. Address: <u>560 Timpanogos Pkwy. Aspen</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Orem, UT 84097</u>
	7. Purpose of Expenditure: <u>website supporting Barber 2C</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/8/18	4. Name: <u>Hostmonster</u>
2. <u>Amount</u> \$ 119.28	5. Address: <u>560 Timpanogos Pkwy.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Orem, UT 84097</u>
	7. Purpose of Expenditure: <u>website supporting Lafayette 2A</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

Full Name of Committee/Person: Hold Polluters Accountable

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/5/18	4. Name (Last, First): <u>Mike Foote</u>
2. <u>Contribution Amt.</u> \$ 119.28	5. Address: <u>301 W. Brune Ave.</u>
3. <u>Aggregate Amt. *</u> \$ 119.28	6. City/State/Zip: <u>Lafayette, CO 80026</u>
<input checked="" type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>purchase of website domain</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>State of Colorado</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>legislator</u>

1. <u>Date Accepted</u> 10/8/18	4. Name (Last, First): <u>Mike Foote</u>
2. <u>Contribution Amt.</u> \$ 119.28	5. Address: <u>301 W. Brune Ave.</u>
3. <u>Aggregate Amt. *</u> \$ 238.56	6. City/State/Zip: <u>Lafayette, CO 80026</u>
<input checked="" type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>purchase of website domain</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>State of Colorado</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>legislator</u>

1. <u>Date Accepted</u> 10/6/18	4. Name (Last, First): <u>Steve Szabo</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>8449 N. 79th St.</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Longmont, CO 80503</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>N/A</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).

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Below Space or Office Use Only

NEW COMMITTEE REGISTRATION FORM

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

Please use this form if you are registering a new committee for Colorado campaign finance purposes.
Independent Expenditure Committees Use Secretary of State Form CPF-37
Or register online at: racer.sos.colorado.gov

Select Only One Committee Type:

- Candidate Committee State Political Committee Small Donor Committee Issue Committee
 Political Party Federal PAC 527 Political Organization

Committee Name: Hold Polluters Accountable
Name should be descriptive. Include office, organization name, etc. Note: Colorado does not have PACs, only Political Committees.

Committee Address (physical): Lafayette, CO 80026

Committee Address (mailing): PO Box 469 Lafayette, CO 80026

Phone Number: 303-519-2183 Alternate Phone Number: _____ Fax Number: _____

Web Address: http://www.lafayette2a.org

Check Only One Jurisdiction:

- State COUNTY
 Federal Special District Enter Applicable Counties
 Municipal (file with Municipality) School District

Purpose/Office Sought (include party, office, district & election year, if applicable):

To advocate for the passage of Lafayette issue 2A in 2018

Financial Institution Information:

Institution Name: Great western Bank

Institution Address: 2695 Northpark Dr #101, Lafayette

Authorized Agents Contact Information:

Registered Agent:

Name: Mike Foote

Phone Number: 303-519-2183

E-mail Address: electmikefoote@gmail.com

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Designated Filing Agent: (Optional)

Name: _____

Phone Number: _____

E-mail Address: _____

Alternate E-mail 1: _____

Alternate E-mail 2: _____

Registered Agent's Signature:

X [Signature] Date: 10/15/18

Designated Filing Agent's Signature:

X _____ Date: _____

Candidate Committee Complete the following:

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature:

X _____ Date: _____

Print Form

Colorado Secretary of State Form CPF - 6, Rev. 5/2013