Space Below For Office Use Only

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

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Gordon B. Hamby for Commerce City Mayor
	As Shown On Registration
Address of Committee/Person:	14170 E. 102nd Ave.
City, State & Zip Code:	Commerce City CO 80022
Committee Type:	Candidate Committee
Name and Address of Financial Institution	FirstBank, 15250 E 104th Ave, Commerce City CO 80022

SOS ID NUMBER (state and county committees):

Type of Report

[X] 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: 10-26-15 (Date) **Through** 12-3-15 (Date)

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] $ 0

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 85.69
2	Total Monetary Contributions (line 11)	$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 85.69
4	Total Monetary Expenditures (line 19)	$ 85.69
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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Gordon B. Hamby

Candidates Signature: _____ Date: November 6, 2015

DETAILED SUMMARY

Full Name of Committee/Person: Gordon B. Hamby for Commerce City Mayor

Current Reporting Period: 10-26-15 **Through** 12-3-15

Funds on hand at the beginning of reporting period (Monetary Only)		$ 85.69
6	**Itemized Contributions $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$0
7	**Total of Non-Itemized Contributions** (Contributions of $19.99 and Less)	$0
8	**Loans Received** (Please list on Schedule "C")	$0
9	**Total of Other Receipts** (Interest, Dividends, etc.)	$0
10	**Returned Expenditures (from recipient)** (Please list on Schedule "D")	$0
11	**Total Monetary Contributions** (Total of lines 6 through 10)	$0
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$0
13	**Total Contributions** (Line 11 + line 12)	$ 0
14	**Itemized Expenditures $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$0
15	**Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less)	$0
16	**Loan Repayments Made** (Please list on Schedule "C")	$0
17	**Returned Contributions (To donor)** (Please list on Schedule "D")	$ 85.69
18	**Total Coordinated Non-Monetary Expenditures** (Candidate/Candidate Committee & Political Parties **only**)	$0
19	**Total Monetary Expenditures** (Total of lines 14 through 17)	$ 85.69
20	**Total Spending** (Line 18 + line 19)	$ 85.69

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Gordon B. Hamby for Commerce City Mayor

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. Date Accepted 6-17-15	4. Name (Last, First): Hamby, Gordon
2. Date Returned 11-6-15	5. Address: 14170 E. 102nd Ave.
3. Amount $ 85.69	6. City/State/Zip: Commerce City CO 80022 7. Purpose: kickoff event space & materials, web site, printing

1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount $	6. City/State/Zip: 7. Purpose:

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. Date Expended	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount $	6. City/State/Zip: 7. Comment (Optional):

1. Date Expended	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount $	6. City/State/Zip: 7. Comment (Optional):