

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: cphelp@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:	Ed C Tomlinson
As Shown On Registration	
Address of Committee/Person:	13618 W Grand Drive
City, State & Zip Code:	ARVADA, COLORADO 80004
Committee Type:	
Name and Address of Financial Institution:	Wells Fargo

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: Through
Date 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)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4	Total Monetary Expenditures (line 19)	\$ 1650.2150 2150
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 2150

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: Ed C. Tomlinson

Registered Agent's Signature: [Signature] Date: 9/19/11

Print Candidate Name: Ed C. Tomlinson

Candidates Signature: [Signature] Date: 9/19/11

DETAILED SUMMARY

Full Name of Committee/Person: Ed C. Jorelinson

Current Reporting Period: 9/1/11 Through 9/19/11

	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)	\$	-
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	-
13	Total Contributions (Line 11 + line 12)	\$	-
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2510
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)	\$	-
20	Total Spending (Line 18 + line 19)	\$	2510

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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: Ed C Tomlinson

Address of Candidate: 13618 W Coal Drive

City: ANUADA State: Colorado Zip Code: 80004

Office: City Council District No.: ATLANS 2 Elec./Yr.: 2011

Reporting Period: Beginning Date 9/1/11 Ending Date 9/14/11

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
9/11	\$ 1600	creative advertising	5810 Wadsworth
City		State	Zip
ANUADA		CO	80004
Comment / Purpose			
SIGN			

Date Expended	Amount	Name of Recipient	Address
9/11	\$ 50	office D-PC	52nd & 73rd Ward Road
City		State	Zip
ANUADA		CO	80004
Comment / Purpose			
COPY PAPER			

Date Expended	Amount	Name of Recipient	Address
9/10	\$ 500	ANUADA Harvest Festival	5640 YARDON
City		State	Zip
ANUADA		CO	80004
Comment / Purpose			
PARADE FESTIVAL MADON SPONSOR			

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

Candidate Signature: [Signature] Date: 9/19/11

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

Full Name of Committee/Person:	Ed C Tomlinson <small>As Shown On Registration</small>
Address of Committee/Person:	13618 W Grand Drive
City, State & Zip Code:	ARVADA, COLORADO 80004
Committee Type:	
Name and Address of Financial Institution	Wells Fargo

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
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- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Through
Date 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)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4	Total Monetary Expenditures (line 19)	\$ 2150 2150
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 2150 1650

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: Ed C. Tomlinson
 Registered Agent's Signature: _____ Date: 9/19/11
 Print Candidate Name: Ed C. Tomlinson
 Candidates Signature: _____ Date: 9/19/11

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**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: Ed C. Tomlinson
Address of Candidate: 17618 W 62nd Drive
City, State, Zip: ARAPAHO, CO 80004
Reporting Period: Beginning Date 9/1/11 Ending Date 9/14/11

CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD

\$ 0.00

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD

\$ 0.00

I, Ed C. Tomlinson, 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: [Signature] Date: 9/17/11

*Didn't try due to being Parade Chair
and subcommittee Rally coordinator,
plus other civic responsibilities*

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>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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>	
2. <u>Date Returned</u>	
3. <u>Amount</u> \$	
4. Name (Last, First): _____	
5. Address: _____	
6. City/State/Zip: _____	
7. Purpose: _____	

1. <u>Date Accepted</u>	
2. <u>Date Returned</u>	
3. <u>Amount</u> \$	
4. Name (Last, First): _____	
5. Address: _____	
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>	
2. <u>Date Returned</u>	
3. <u>Amount</u> \$	
4. Name (Last, First): _____	
5. Address: _____	
6. City/State/Zip: _____	
7. Comment (Optional): _____	

1. <u>Date Expended</u>	
2. <u>Date Returned</u>	
3. <u>Amount</u> \$	
4. Name (Last, First): _____	
5. Address: _____	
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."

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NOTICE OF MAJOR CONTRIBUTOR
[1-45-108(2.5), C.R.S.]

This report is mandatory for all committees and political parties for contributions of \$1000 or more (monetary or non-monetary) received within 30 days immediately preceding a primary or general election. This report shall be filed with the Secretary of State within 24 hours after receipt of the contribution.

Name of Committee Receiving Contribution (Please type or print legibly)

Full Address of Committee Receiving Contribution

Full Name and Address of Contributor:

Check Only One: Monetary Non-Monetary

Date Contribution Was Made: _____ **Amount of Contribution:** \$ _____

Brief Description of Non-Monetary Donation:

Authorization (Must be completed by either the Registered Agent **OR** the Candidate)

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate's Name: _____

Candidate's Signature: _____ Date: _____

Schedule C - Loans

Full Name of Committee/Person: _____

LOANS - Loans Owed by the Committee
(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting
Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
(Sum of Schedule C pages, Place on line 16 of
Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

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."

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>	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>): _____

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).