

Received 10/11/11 2nd Rpt

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:	Ed C. Tomlinson
As Shown On Registration	
Address of Committee/Person:	136 18 W Grand Drive
City, State & Zip Code:	ANUADA, COLO
Committee Type:	
Name and Address of Financial Institution	WELLS FARGO W 69TH ANUADA CO

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: Date Through 10/15/11 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]
\$ ~~5501~~
6461

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ - 0 -
2	Total Monetary Contributions (line 11)	\$ 296.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4	Total Monetary Expenditures (line 19)	\$ 8461 6461
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: Ed C. Tomlinson

Registered Agent's Signature: [Signature] Date: 10/11/11

Print Candidate Name: Ed C. Tomlinson

Candidates Signature: [Signature] Date: 10/11/11

DETAILED SUMMARY

Full Name of Committee/Person: Ed C. Tomlinson

Current Reporting Period:

Through

10/11/11

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 250
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 46
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)	\$ 296
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ -
13	Total Contributions (Line 11 + line 12)	\$ 296
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 6461
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)	\$ 6461
20	Total Spending (Line 18 + line 19)	\$ 6461 6461

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



Space Below For Office Use Only

RECEIVED

OCT 11 2011

CITY CLERK'S
OFFICE

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: 136 18 W 62nd Drive

City: ARVADA State: CO Zip Code: 80004

Office: ARVADA Council District No.: A7 CASE Elec./Yr.: 2011

Reporting Period: Beginning Date _____ Ending Date 10/5/11

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	\$ 1286	FACEBOOK	mate
City		State	Zip
Mesa PARK		CA	94025
Comment / Purpose			
ADVERTISING			

Date Expended	Amount	Name of Recipient	Address
9/11	\$ 105	Home D-PET	520 Wadsworth St
City		State	Zip
ARVADA		CO	80002
Comment / Purpose			
WOOD SUPPLIES FOR SIGNS			

Date Expended	Amount	Name of Recipient	Address
9/11	\$ 900	mile High Paper	
City		State	Zip
Golden CO		CO	80403
Comment / Purpose			
Newspaper Ad			

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

Candidate Signature: _____ Date: 10/11/11

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: Ed C. Tomlinson

Address of Candidate: 13618 W. 62nd Drive

City: ARVADA State: CO Zip Code: 80004

Office: ARVADA Council District No.: AT LARGE Elec./Yr.: 2011

Reporting Period: Beginning Date _____ Ending Date 10/5/11

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 76

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
9/11	\$ 3,600	CRISTINA A. DUNN	5805 WADSWORTH
City		State	Zip
ARVADA		CO	80002
Comment / Purpose			
SIGNS + MARKETING SUPPLIES			

Date Expended	Amount	Name of Recipient	Address
9/11	\$ 50	J. PECO Elections	Golden, Colo
City		State	Zip
Golden		CO	80
Comment / Purpose			
VOTER LIST			

Date Expended	Amount	Name of Recipient	Address
9/11	\$ 500	ARVADA HARVEST FESTIVAL	5640 YUKON
City		State	Zip
ARVADA		CO	80004
Comment / Purpose			
PARADE AND FESTIVAL ADU			

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

Candidate Signature: _____ Date: 10/11/11

Schedule A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: Ed C. Tomlinson

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/11	4. Name (Last, First): <u>Edwards, Bill</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>ANUADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF - REALTOR</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RENTAL MANAGEMENT</u>

1. <u>Date Accepted</u> 9/11	4. Name (Last, First): <u>Lucci, Mike</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>7614 W. 59TH</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>ANUADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>UPHOLSTERY</u>

1. <u>Date Accepted</u> 9/11	4. Name (Last, First): <u>THOMAS MOORE</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>6835 NELSON</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>ANUADA CO 80004</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>Retired</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).