

Colorado Secretary of State
 Elections Division
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RECEIVED

OCT 15 2013

City Clerk's Office

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

Full Name of Committee/Person:	COMMITTEE TO ELECT RACHEL ZENZINGER <small>As Shown On Registration</small>
Address of Committee/Person:	7725 MARSHALL STREET
City, State & Zip Code:	ARVADA CO. 80003
Committee Type:	CANDIDATE
Name and Address of Financial Institution	SOOPER CREDIT UNION 5505 W. 60TH AVE ARVADA 80003

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** 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)	\$ 5825.42
2	Total Monetary Contributions (line 11)	\$ 175.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 6000.42
4	Total Monetary Expenditures (line 19)	\$ 77.84
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 5922.58

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: J. THOMAS JACOBSEN
 Registered Agent's Signature: J. Thomas Jacobsen Date: 10/10/13
 Print Candidate Name: Rachel P. Zenzinger
 Candidates Signature: Rachel P. Zenzinger Date: 10/10/13

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: 9/17/2013 Through 10/10/2013

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	5825.42
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	175.00
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)	\$	175.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	175.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	77.84
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)	\$	77.84
20	Total Spending (Line 18 + line 19)	\$	77.84

Schedule A -- Itemized Contributions Statement (\$20.00 or more)

Full name of committee/person:

1. Date Accepted 10/4/2013	4. Name (Last, First) Stipech, Doris
2. Contr. Amount 25.00	5. Address: 8100 Ralston Road
3. Aggregate Amt	6. City/State/Zip: Arvada Co. 80002
<input type="checkbox"/> Elect. Comm.	7. Description:
	8. Employer: State Farm Insurance
	9. Occupation: Agent

1. Date Accepted 10/5/2013	4. Name (Last, First) Realtor Candidate Political Action Comm.
2. Contr. Amount 100.00	5. Address: 309 Inverness Way South
3. Aggregate Amt	6. City/State/Zip: Englewood Co. 80112
<input type="checkbox"/> Elect. Comm.	7. Description:
	8. Employer:
	9. Occupation:

1. Date Accepted 10/1/2013	4. Name (Last, First) Glenn, Jeffrey
2. Contr. Amount 50.00	5. Address: P.O. Box 1774
3. Aggregate Amt	6. City/State/Zip: Arvada Co. 80001
<input type="checkbox"/> Elect. Comm.	7. Description:
	8. Employer: Reprints of History
	9. Occupation: Self Employed

1. Date Accepted	4. Name (Last, First)
2. Contr. Amount	5. Address:
3. Aggregate Amt	6. City/State/Zip:
<input type="checkbox"/> Elect. Comm.	7. Description:
	8. Employer:
	9. Occupation:

1. Date Accepted	4. Name (Last, First)
2. Contr. Amount	5. Address:
3. Aggregate Amt	6. City/State/Zip:
<input type="checkbox"/> Elect. Comm.	7. Description:
	8. Employer:
	9. Occupation:

1. Date Accepted	4. Name (Last, First)
2. Contr. Amount	5. Address:
3. Aggregate Amt	6. City/State/Zip:
	7. Description:
	8. Employer:

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT RACHEL ZENZINGER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/26/13	4. Name: <u>PAY PAL</u>
2. <u>Amount</u> \$ <u>38.98</u>	5. Address: <u>2211 N. FIRST STREET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SAN JOSE CA 95131</u>
	7. Purpose of Expenditure: <u>PROCESSING FEES</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/30/13	4. Name: <u>HOME DEPOT</u>
2. <u>Amount</u> \$ <u>38.86</u>	5. Address: <u>7125 W. 88th AVENUE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO. 80003</u>
	7. Purpose of Expenditure: <u>SIGNAGE SUPPLIES</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