Northglenn City Clerk's Office 11701 Community Center Drive Northglenn, CO 80233 Phone: (303) 450-8757 Fax: (303) 450-8798 Email: jsmall@northglenn.org www.northglenn.org





OCT 3 1 2023

# REPORT OF CONTRIBUTIONS AND EXPENDITURES GLENN CITY C

(1-45-108, C.R.S.) Full Name of Committee/Person: Katherine Address of Committee/Person: Leonard Lane 80233 City, State & Zip Code: C(1)thalenn Committee Type: Name and Address of Financial 11210 Huran St., Northglenn 80234 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: October 13,3023 Through ( Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] Totals Detailed Summary Page 94.22 Funds on Hand at the Beginning of Reporting Period (monetary only) Total Monetary Contributions (line 11) \$ Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 3 Total Monetary Expenditures (line 19) \$ Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) 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: Ka Registered Agent's Signature: Print Candidate Name: \_ Kather ine Candidates Signature:

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Line #3 - Enter the sum of Lines #1 and #2. Line #4 – Enter the total amount from Line #19. ➤ Line #5 – Enter the difference of Line #3 minus Line #4. STEP 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

### **DETAILED SUMMARY**

Full Name of Committee/Person: Goff4Ward3/Katherine Goff
Current Reporting Period: October 13, 2023 Through October 27, 2023

**Returned Contributions (To donor)** 

(Candidate/Candidate Committee & Political Parties only)

**Total Monetary Expenditures** 

(Total of lines 14 through 17)

**Total Spending** 

(Line 18 + line 19)

(Please list on Schedule "D") **Total Coordinated Non-Monetary Expenditures** 

17

18

19

20

| Fund | s on hand at the beginning of reporting period (Monetary Only)                            | \$ 94.22 |
|------|---|----------|
| 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)                   | s Ø      |
| 8    | Loans Received (Please list on Schedule "C")  | \$ Ø     |
| 9    | Total of Other Receipts (Interest, Dividends, etc.)                                       | \$ Ø     |
| 10   | Returned Expenditures (from recipient) (Please list on Schedule "D")                      | \$ 8     |
| 11   | Total Monetary Contributions (Total of lines 6 through 10)                                | s Ø      |
| 12   | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)           | s Ø      |
| 13   | Total Contributions (Line 11 + line 12)   | s Ø      |
| 14   | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")  | s Ø      |
| 15   | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)                      | s Ø      |
| 16   | Loan Repayments Made (Please list on Schedule "C")  | \$ Ø     |

\$

\$

\$

\$

#### **Schedule A Instructions**

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

#### Candidate, Issue, Political Party and Political Committee (PC)

• Required to disclose occupation **and** employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

#### **Small Donor Committee**

Accepts contributions of no more than \$50 per year, <u>FROM NATURAL PERSONS ONLY</u>.
 [Art. XXVIII, Sec. 2(14)(a)]

#### **Electioneering Communications Reporting**

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation and employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

### **Contribution Limits – State Candidates**

(Art. XXVIII, Sec. 3)

### Candidates:

- \$525♦ Primary, \$525♦ General if nominated to general election ballot Gov\*, Gov/Lt. Gov\*\*, Secretary of State, Attorney General and State Treasurer
- \$200 Primary, \$200 General if nominated to general election ballot State Senate, State House of Representative, State Board of Education, CU Regent, and District Attorney.

Note: Candidates may receive the primary and general election contributions at one time, the contributor must note that the contribution is for both the primary and general election contribution. Candidates must note both contributions on their report. It is preferred that each contribution be given separately; one check written for the primary and one check written for the general, and so noted by the contributor on the check and by the recipient on the report.

#### Political Committees (State, County, District & Local):

• \$525♦ per House of Representatives Election Cycle

#### Political Party (From any person other than Small Donor):

• \$3,175♦ per year no more than \$2,650♦ to state party.

#### Political Party (From Small Donor):

• \$15,900\partial per year no more than \$13,250\partial to state party.

# <u>Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.</u>

- \* Primary Election
- \*\* General Election
- Ocntribution Limits reflect adjustments made by CPF Rule 12 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

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

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

# Full Name of Committee/Person: 60ff 4Ward3/Katherine Goff

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

| PLEASE PRINT/TYPE   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 1. Date Accepted  | 4. Name (Last, First):   |  |  |  |  |  |
| 2. Contribution Amt.  | 5. Address:  |  |  |  |  |  |
| \$  | 6. City/State/Zip:   |  |  |  |  |  |
| 3. Aggregate Amt. *   | 7. Description:  |  |  |  |  |  |
| \$  | 8. Employer (if applicable, mandatory):  |  |  |  |  |  |
| ☐ Check box if  |  |  |  |  |  |  |
| Electioneering  | 9. Occupation (if applicable, mandatory):  |  |  |  |  |  |
| Communication   |  |  |  |  |  |  |
| Date Accepted   | 4. Name (Last, First):   |  |  |  |  |  |
| 0.0.47.4.4.4  | 5 Addrong  |  |  |  |  |  |
| 2. Contribution Amt. \$   | 5. Address:  |  |  |  |  |  |
|   | 6. City/State/Zip:   |  |  |  |  |  |
| 3. Aggregate Amt. *   | 7. Description:  |  |  |  |  |  |
|   | 8. Employer (if applicable, mandatory):  |  |  |  |  |  |
| Check box if  | 9. Occupation (if applicable, mandatory):  |  |  |  |  |  |
| Electioneering  | 7. Occupation (if applicable, mandatory).  |  |  |  |  |  |
| Communication   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Communication  1. Date Accepted   | 4. Name (Last, First):   |  |  |  |  |  |
|   | 4. Name (Last, First):   |  |  |  |  |  |
| 1. Date Accepted  | 5. Address:  |  |  |  |  |  |
| Date Accepted     Contribution Amt.   | 5. Address:  6. City/State/Zip:  |  |  |  |  |  |
| Date Accepted     Contribution Amt. \$  | 5. Address: 6. City/State/Zip: 7. Description:   |  |  |  |  |  |
| Date Accepted      Contribution Amt.      Aggregate Amt. *  \$  | 5. Address:  6. City/State/Zip:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. *  \$  Check box if Electioneering   | 5. Address: 6. City/State/Zip: 7. Description:   |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. *  \$  | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. *  \$  Check box if Electioneering   | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted   | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt.                             | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$                          | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt.                             | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. * \$ | 5. Address:  |  |  |  |  |  |
| 1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. *     | 5. Address:  6. City/State/Zip:  7. Description:  8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):  4. Name (Last, First):  5. Address:  6. City/State/Zip:  7. Description: |  |  |  |  |  |

\* 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).

### PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- It shall be unlawful for a corporation or labor organization to make contributions to a candidate committee or a political party, and to make expenditures expressly advocating the election or defeat of a candidate; except that a corporation or labor organization may establish a political committee or small donor committee which may accept contributions or dues from employees, officeholders, shareholders, or members.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
- Any natural person who is not a citizen of the United States;
- A foreign government; or
- any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political party shall accept a contribution, or make an expenditure, in currency or coin exceeding one hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political committee, small donor committee, or political party with the expectation that some or all of the amounts of such contribution will be reimbursed by another person. No person shall be reimbursed for a contribution made to any candidate committee, issue committee, political committee, small donor committee, or political party, nor shall any person make such reimbursement except as provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]
- Contributions from professional and volunteer lobbyists to any member of or candidate for the general assembly, or the governor or candidate for governor are prohibited during regular legislative session.
- Political Committees may contribute to a legislator during session, unless the political committee employs, retains, engages, or uses, with or without compensation, a professional or volunteer lobbyist.

# 

Full Name of Committee/Person: Goff 4Ward3/ Kathorine Goff

| PLEASE PRINT/TYPE             | N   |
|-------------------------------|---|
| Date Expended                 | 4. Name:                                    |
| 2. Amount                     | 5. Address:                                 |
| \$ 3.Recipient is (optional): | 6. City/State/Zip:                          |
| ☐ Committee ☐ Non-Committee   | 7. Purpose of Expenditure:                  |
|                               | ☐ Check box if Electioneering Communication |
| Date Expended                 | 4. Name:                                    |
| 2. Amount                     | 5. Address:                                 |
| \$ 3.Recipient is (optional): | 6. City/State/Zip:                          |
| ☐ Committee ☐ Non-Committee   | 7. Purpose of Expenditure:                  |
|                               | ☐ Check box if Electioneering Communication |
| Date Expended                 | 4. Name:                                    |
| 2. Amount                     | 5. Address:                                 |
| \$ 3.Recipient is (optional): | 6. City/State/Zip:                          |
| ☐ Committee ☐ Non-Committee   | 7. Purpose of Expenditure:                  |
|                               | ☐ Check box if Electioneering Communication |
| 1. Date Expended              | 4. Name:                                    |
| 2. Amount                     | 5. Address:                                 |
| \$ 3.Recipient is (optional): | 6. City/State/Zip:                          |
| ☐ Committee ☐ Non-Committee   | 7. Purpose of Expenditure:                  |
|                               | ☐ Check box if Electioneering Communication |
| Date Expended                 | 4. Name:                                    |
| 2. Amount                     | 5. Address:                                 |
| \$ 3.Recipient is (optional): | 6. City/State/Zip:                          |
| Committee                     | 7. Purpose of Expenditure:                  |
| Non-Committee                 | ☐ Check box if Electioneering Communication |

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| Schedule C - Loans   |  |   |  |  |
|--|--|---|--|--|
| Full Name of Committee/Person:   |  |   |  |  |
| (Use a separate schedule for each loar [No information copied from such reports shall be purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding a loan from a financial institution organized under sta assures repayment, is evidenced by a written in   | sold or used by any person for the puny other section of this article to the otte or federal law if the loan bears the | and 16 of the rpose of soliciting ontrary, a candidusual and custom | ng contributions or for any collate's candidate committee mary interest rate, is made on | ommercial<br>nay receive<br>a basis that |
| LOAN SOURCE  |  |   |  |  |
| Name (Last, First or Institution):Address:   |  |   |  | -  |
| City/State/Zip:  |  |   |  | _  |
| Original Amount of Loan: \$  |  |   |  |  |
| Loan Amount Received This Reporting Porting Po |  |   | Loans This Reporting Period: \$ te on line 8 of Detailed Sum                             |  |
| Interest Amount Paid This Reporting Per Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered of  | \$   | Total Repay<br>(Sum of So   | /ments Made: \$_<br>chedule C pages, Place on lin<br>Detailed Summary)                   | ne 16 of                                 |
| Outstanding Bal  | ance: \$   |   |  |  |
| TERMS OF LO  | AN:Date Loan Received  | <u>-</u>  | Due Date for Final Payment   | -  |
| LIST ALL ENDORS  | SERS OR GUARANTORS   | S OF THIS   | LOAN   |  |
| Full Name  | Address, City, Stat  | e. Zin  | Amount Guaran  | teed                                     |

| Full Name | Address, City, State, Zip | Amount Guaranteed |
|-----------|---------------------------|-------------------|
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
| -         |                           |                   |
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