

### Received 10/28/23 J. Small

### REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

	***	
Full Name of Committee/Person:	TIM LONG FOR NORTHGLENNIM	AYOR Compaign Committee
	As Shown On Registration	
Address of Committee/Person:	10661 UTRILLO 1	ANE
City, State & Zip Code:	NORTHGUENN, CO	LORADO 80234
Committee Type:	CAMPAIGN COMMITT	FE
Name and Address of Financial Institution	WELLS FARGOBANK 12000	
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filin	α	
Regularly Scheduled I mil	g. 	
Amended Filing. This amen Submit changes or new informa	ds previous report filed on (date)	
Termination Report. (Term	ination Reports MUST Have a Monetary Balance o	f Zero in Line 5)
L Check this box if this Repo	ort Contains Electioneering Communication	ons Information
Reporting Period Covered: Declared Total Spending (if ap)	10/13/2023 Throu Date	gh 10/27/2023 Date
[Art. XXVIII, Sec. 4(1)]	,	
		Totals Detailed Summary Page
Funds on Hand at the Beginning	g of Reporting Period (monetary only)	\$ 2.159.40
Total Monetary Contributions (1	ine 11)	\$ -0-
	s & Beginning Amount (line 1 + line 2)	\$ 2,159,40
Total Monetary Expenditures (lin		\$ 460.00
Funds on Hand at the End of Re	porting Period (monetary) (line 3 – line 4)	\$ 1,699.40
The appropriate officer s	shall impose a penalty of \$50 per day for eac [Art. XXVIII Sec. 10(2)(a)]	ch day that a report is filed late.
Authorization (Must be completed	by either the Registered Agent <b>OR</b> the Candidate):	I hereby certify and declare under
penalty of perjury, that to the best of	in the form of membership dues transferred by	ved during this reporting period,
Print Registered Agent's Name:	Typothy Louis 1	ong
Registered Agent's Signature:	Sindly J. Jong	Date: 10/28/202
Print Candidate Name:	TIM LOYS	
Candidates Signature:	Janaly Long	Date: 10/28/207
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### **DETAILED SUMMARY**

Full Name of Committee/Person: Tim LONG FOR NORTHALENN MAYOR Campaign Committee

Current Reporting Period: 10/13/2023 Through 10/27/2023

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 2,159.40
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)	\$ <b>→</b> ठ <b>−</b>
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")	\$ 460.00
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")	\$ -0-
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ -0-
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 460.00
20	Total Spending (Line 18 + line 19)	\$ 460.00

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

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

## Full Name of Committee/Person: TIM LONG FOR NORTHGLENNWYOR CAMPAIGN COMMITTEE

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

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

\*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).

# Schedule B – Itemized Expenditures Statement (\$20 or more) $[ \hbox{1-45-108(1)(a), C.R.S.} ]$

## Full Name of Committee/Person: The Long-for North LENN MAYOR CAMPAIGN COMMITTEE

PLEASE PRINT/TYPE	
Date Expended	4. Name: COLORADO COMMUNITY MEDIA
10.18.2023	
2. Amount	5. Address: 750 W. HAMPDEN AVE., STE. 225
\$ 460.00	6. City/State/Zip: ENGLEWOOD, CO 80110
3.Recipient is (optional):  Committee	7. Purpose of Expenditure: COMMUNITY NEWSPAPER AD
☐ Non-Committee	☐ Check box if Electioneering Communication
	Check box it Electioneering communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional):  Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
1. <u>Bute Expended</u>	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
1. Date Expended	
	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional):  Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
Date Expended	
1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional):  Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
L	

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### Full Name of Committee/Person: Tim Long for North GLENN CAMPAGN GUMITTEE

#### 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 Sun	nmary)	Total Repayments Made: \$
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

### Schedule D - Returned Contributions & Expenditures

# Full Name of Committee/Person: Tun Long for Northacken Wayor Chulking Gullite

### **Returned Contributions**

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

PLEASE PRINT/TYPE

1. Date Accepted

	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
1. Date Accepted	4. Name (Last. First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
PLEASE PRINT/TYPE	v reported on Schedule B – Expenditures returned or refunded to the committee)
1. Date Expended	4. Name (Last, First):
	4. Name (Last, First).
2. Date Returned	5. Address:
Date Returned     Amount	
	5. Address:
3. Amount	5. Address:
3. Amount	5. Address:  6. City/State/Zip:  7. Comment (Optional):
3. Amount \$ 1. Date Expended	5. Address:  6. City/State/Zip:  7. Comment (Optional):  4. Name (Last, First):
3. Amount \$ 1. Date Expended 2. Date Returned	5. Address:  6. City/State/Zip:  7. Comment (Optional):  4. Name (Last, First):  5. Address:

# **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: Tim Long for NORTHGUENN WAYOR CAMPAGN COMMITTEE

PLEASE PRINT/TYPE	
Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable. mandatory):
Communication	10.  Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

<sup>\*</sup> 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."