

Colorado Secretary of State
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By kbehan at 9:41 am, Nov 04, 2023

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

Full Name of Committee/Person:	ElecTim/Tim Pegg
As Shown On Registration	
Address of Committee/Person:	10435 Independence Circle
City, State & Zip Code:	Westminster, CO 80021
Committee Type:	Municipal Candidate Committee
Name and Address of Financial Institution	First Bank, 8800 Wadsworth Blvd, Westminster, CO 80021

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)	\$ 4039.92
2	Total Monetary Contributions (line 11)	\$ 500
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4539.92
4	Total Monetary Expenditures (line 19)	\$ 1693.60
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 2846.32

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: Kathleen Fuller

Registered Agent's Signature:  Date: 11/3/23

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: ElecTim/Tim Pegg

	Funds on hand at the beginning of reporting period (Monetary Only)	\$4039.92
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$500
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)	\$500
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$25
13	Total Contributions (Line 11 + line 12)	\$525
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$1693.60
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)	\$1693.60
20	Total Spending (Line 18 + line 19)	\$1693.60

Current Reporting Period: October 13, 2023 **Through** October 27, 2023

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

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

Full Name of Committee/Person: ElecTim/Tim Pegg

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u> (please see attached) </u>
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).

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

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

Full Name of Committee/Person: ElecTim/Tim Pegg

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____ <small>(please see attached)</small>
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

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: ElecTim/Tim Pegg

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>(please see attached)</u>
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."

Electim Schedule A - Contributions

Date	Amount	Running Total	Type	First Name	Last Name	Address	Occupation	Employer
10/15/23	500	500	Online	Megan	Ezeadi	9596 W 89th Pl, Westminster 80021	Sr. Manager Product Experiences	Bridgestone Inc

ElectIm Non-Monetary Contributions

Date	Fair Market Value	Running Total	Description	First Name	Last Name	Address	Occupation	Employer
10/15/23	25	25	Food for event	Emma	Pinter	10755 Tennyson Way, Westminster, CO 80031	Commissioner	Adams County

ElecTrim Schedule B - Expenditures

Date	Vendor	Description	Address	Amount	Running Total
10/15/23	ActBlue	Fees	366 Summer St, Somerville, MA 02144	18.73	18.73
10/18/23	Compete Digital LLC	Services for online advertising	1317 Potomac Ave SE, Washington DC, 20003	1000	1018.73
10/24/23	C&D Printing Inc	C&D Mailers	550 E 76 th Ave Denver CO 80229	393.56	1412.29
10/25/23	GarlickKnot	Food for volunteer event	7727 W 92nd Ave, Westminster, CO 80021	103.96	1516.25
10/25/23	Campaign Verify	Texting services	1215 31st Street NW PO Box 3554 Washington, DC 20007	95	1611.25
10/27/23	GarlickKnot	Food for volunteer event	7727 W 92nd Ave, Westminster, CO 80021	82.35	1693.6