

Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste. 270  
 Denver, CO 80290  
 Ph: (303) 894-2200 x 6383  
 Fax: (303) 869-4861  
 www.sos.state.co.us



**RECEIVED**

NOV - 7 2017

*via email*  
 City Clerk's Office  
 City of Westminster

**COMMITTEE REGISTRATION FORM**  
 (C.R.S. 1-45-108)

<b>Committee Name:</b>	PEOPLE FOR THE AMERICAN WAY (PFAW) ACTION FUND
<b>Registration Date:</b>	10/30/2017
<b>Type:</b>	527 POLITICAL ORGANIZATION
<b>Physical Address:</b>	1101 15TH STREET, NW, SUITE 600 WASHINGTON DC 20005
<b>Mailing Address:</b>	1101 15TH STREET, NW, SUITE 600 WASHINGTON DC 20005
<b>Phone Number:</b>	(202) 467-4999
<b>Alternate Phone:</b>	
<b>FAX Number:</b>	
<b>Web Address:</b>	PFAW.ORG
<b>Jurisdiction:</b>	STATEWIDE
<b>Purpose:</b>	TO RAISE FUNDS TO INFLUENCE THE SELECTION OF INDIVIDUALS CAMPAIGNING FOR POLITICAL OFFICE
<b>Party:</b>	
<b>Election Year:</b>	
<b>Office:</b>	
<b>District:</b>	

**Financial Institution**

<b>Institution Name:</b>	SUN TRUST
<b>Institution Address:</b>	1 PARK PLACE ATLANTA GA 30303

Registered Agent		Designated Filing Agent	
<b>Agent Name:</b>	LAVIOLETTE, DIANE	<b>Agent Name:</b>	
<b>Phone Number:</b>	(202) 467-2399	<b>Phone Number:</b>	
<b>Alternate Phone:</b>		<b>Alternate Phone:</b>	
<b>Agent Email:</b>	D LAVIOLETTE@PFAW.ORG	<b>Agent Email:</b>	
<b>Alternate Email1:</b>		<b>Alternate Email1:</b>	
<b>Alternate Email2:</b>		<b>Alternate Email2:</b>	

**Colorado Secretary of State**  
**Elections Division**  
1700 Broadway, Ste. 200  
Denver, CO 80290

10/31/2017

**PEOPLE FOR THE AMERICAN WAY (PFAW) ACTION FUND**  
20175033259

**Confirmation of Committee Registration Filing**

On 10/30/2017, you submitted a registration statement to form a 527 Political Organization. Your registration has been processed and accepted by the Colorado Secretary of State.

Your user ID and password will arrive in separate email messages. Your user ID and password will grant you access to the Online Campaign Finance system . With this information you will be able to file disclosure reports and update information about the committee at anytime. The user ID and password are confidential and are intended for use by the registered agent, contact person, or candidate and should be guarded to prevent unauthorized use. Note: The user ID is not case-sensitive. The password/PIN is case-sensitive.

Please review your reporting schedule online for future report due dates.

For your reference, the filing calendars, electronic filing instructions, pertinent laws and rules and other related information may be found on the campaign finance page of the Secretary of State's website at <http://www.sos.state.co.us/pubs/elections/CampaignFinance/home.html>.

Please contact CAMPAIGN FINANCE SUPPORT at [CPFHELP@SOS.STATE.CO.US](mailto:CPFHELP@SOS.STATE.CO.US) or (303) 894-2200 with any questions or concerns.

Sincerely,

CAMPAIGN FINANCE SUPPORT  
Colorado Secretary of State

Revised: 10/2015  
Form CPF-20 Rev. 1



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 Action

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

Full Name of Committee/Person:	People For the American Way (PFAW) Fund As Shown On Registration
Address of Committee/Person:	1101 15th St, NW, Suite 600
City, State & Zip Code:	Washington, DC 20005
Committee Type:	Political Committee
Name and Address of Financial Institution	Sun Trust, 1 Park Place, Atlanta, GA

SOS ID NUMBER (state and county committees): 20175033259

**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)	\$
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4	Total Monetary Expenditures (line 19)	\$ 200.00
5	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: Diane Lavolette  
 Registered Agent's Signature: Lavolette Date: 11/7/17  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

*Action Fund*

Full Name of Committee/Person:

*People For the American Way (PTAW)*

Current Reporting Period:

Through

<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)		\$
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 0
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 0
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 200.00
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 200.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 200.00



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

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

Action  
Fund

Full Name of Committee/Person: People For the American Way (PFAW)

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/31/2017</u>	4. Name: <u>Committee to Elect Suzie Brundage</u>
2. <u>Amount</u> \$ <u>200.00</u>	5. Address: <u>2415 E. 137th Ave., Thornton, CO 80602</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Campaign Contribution</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/2017</u>	4. Name: <u>Jackson Drilling for Westminster</u>
2. <u>Amount</u> \$ <u>200.00</u>	5. Address: <u>10343 Federal Boulevard, Unit J#106</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westminster, CO 80260</u>
	7. Purpose of Expenditure: <u>Campaign Contribution</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/2017</u>	4. Name: <u>Committee to Elect Allison Hiltz</u>
2. <u>Amount</u> \$ <u>200.00</u>	5. Address: <u>17524 E. Lasalle Drive</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aurora, CO 80013</u>
	7. Purpose of Expenditure: <u>Campaign Contribution</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