

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 dial 3
 Fax: (303) 869-4861
 Email: cphelp@sos.state.co.us
 www.sos.state.co.us



DEC 05 2019

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital I, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	Adam Cushing for Brighton Ward 4 <small>As Shown On Registration</small>
Address of Committee/Person:	2696 Kiowa Creek Drive
City, State & Zip Code:	Brighton, CO 80601
Committee Type:	Candidate Committee
Name and Address of Financial Institution	Firstbank, 410 E. Bromley Lane, Brighton, CO 80601

COMMITTEE ID NUMBER

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)	\$0
2	Total Monetary Contributions (line 11)	\$175
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$175
4	Total Monetary Expenditures (line 19)	\$1871.84
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$0

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: Adam Cushing

Registered Agent's Signature: _____ Date: 10/31/2019

Print Candidate Name: Adam Cushing

Candidates Signature: _____ Date: 10/31/2019

DETAILED SUMMARY

Full Name of Committee/Person: Adam Cushing

Current Reporting Period: 11/1/2019 **Through** 12/5/2019

	Funds on hand at the beginning of reporting period (Monetary Only)	\$0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$0
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$0
8	Loans Received (From Schedule "C")	0 \$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$0
10	Returned Expenditures (from recipient) (From 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)	\$285.00
13	Total Contributions (Line 11 + line 12)	285.00 \$
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$1,284.26
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$39.90
16	Loan Repayments Made (From Schedule "C")	0 \$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$0
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$0
19	Total Monetary Expenditures (Total of lines 14 through 17)	1,324.16 \$
20	Total Spending (Line 18 + line 19)	1,324.16 \$

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

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

Full Name of Committee/Person: Adam Cushing

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 11/25/2019	4. Name: <u>Nationbuilder</u>
2. <u>Amount</u> \$ <u>35</u>	5. Address: <u>520 S Grand Ave 2nd floor</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Los Angeles, CA 90071</u>
	7. Purpose of Expenditure: <u>Website</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/21/2019	4. Name: <u>Griffimages Photography & Design, LLC</u>
2. <u>Amount</u> \$ <u>304.26</u>	5. Address: <u>PO Box 296</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Brighton, CO 80601</u>
	7. Purpose of Expenditure: <u>Door Hangers</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/21/2019	4. Name: <u>Anythink Brighton</u>
2. <u>Amount</u> \$ <u>75.00</u>	5. Address: <u>327 E. Bridge St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Brighton, CO 80601</u>
	7. Purpose of Expenditure: <u>Meeting Room</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/21/2019	4. Name: <u>Metrowest Newspaper</u>
2. <u>Amount</u> \$ <u>870.00</u>	5. Address: <u>139 N Main St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Brighton, CO 80601</u>
	7. Purpose of Expenditure: <u>Advertising</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

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: Adam Cushing

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 11/22/2019	4. Name (Last, First): <u>Griffimages Photography & Design, LLC</u>
2. <u>Fair Market Value</u> \$ 285.00	5. Address: <u>PO Box 296</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Brighton, CO 80601</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Design Services</u>
	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."