

**TOWN OF BOW MAR, COLORADO
BOARD OF TRUSTEES NOMINATION PETITION**

WARNING: IT IS AGAINST THE LAW: For anyone to sign this petition with any name other than the one's own as listed on the Voter Registration Rolls at the Office of the Secretary of State of Colorado and/or to knowingly sign one's name more than once for the same candidate.

To be a qualified elector you must be registered to vote and eligible to vote in the Town of Bow Mar elections.

Nomination petitions may be circulated and signed beginning February 15, 2010 and ending on March 5, 2010. Petitions shall be filed with the Town Clerk no later than March 5, 2010 at 4:00 p.m. Please call Pat Hoffman, 303-794-6065

(Optional): I hereby designate the following person or persons to fill a vacancy in this nomination should a vacancy occur. (For each person listed below, include full name, email address and/or telephone number.)

1. _____
2. _____
3. _____

We the undersigned registered electors of the Town of Bow Mar hereby petition that (candidate name)

_____ shall be a candidate for the office of _____ for a term of two years to be voted at the Regular General Election to be held on April 6, 2010.

SIGNATURE	PRINT NAME	ADDRESS	DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**TOWN OF BOW MAR, COLORADO
NOMINATION PETITION FOR MAYOR**

18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

* 10 signatures (minimum) required for Trustee, from qualified electors within the Town.

CIRCULATION OF PETITIONS

Candidates may circulate their own petition or have others circulate it for them. It can only be circulated by one person and petitions may not be left unattended (such as on a table or counter.)

The Circulator must personally witness and certify by affidavit that each signature is the signature of the person whose name appears as a signature on the petition. A signer must use the address where he/she is registered to vote.

DO NOT TAKE APART A PETITION. IF ORIGINAL STAPLES ARE REMOVED, THE PETITION MAY BE DEEMED INVALID.

Please note that the enclosed Affidavit of Circulator and Acceptance of Nomination by the Candidate must be signed in the presence of a Notary Public.

No additional signatures may be obtained after the affidavit has been notarized. The petition must be filed with the Town Clerk no later than March 5, 2010, at 4:00 p.m. Please call Pat Hoffman, 303-794-6065.

FAIR CAMPAIGN PRACTICES ACT (FCPA)

It is the responsibility of each candidate to become familiar with, and meet, the reporting and filing provisions of the Fair Campaign Practices Act (FCPA).

Title 1, Article 45, C.R.S.

If you have not received contributions and none are received for you, and you have not spent any money and none has been spent on your behalf, you must fill out and file the "**Candidate Statement of Non-Receipt of Contributions or Non-Expenditures of Funds**" and return it to the Town Clerk.

If you have a campaign committee, accept any contributions, or make any expenditures during your candidacy, even if the expenditures are your own money, you must fill out and file campaign finance forms with the Town Clerk. Both forms are included in this packet. Instructions are on the Secretary of State's website.

Forms may not be filed electronically. They must be filed with the Town Clerk.

FCPA DEADLINES

- #1. 21 days before the election -- Tuesday March 16 4:00 p.m.
- #2. Friday before the election -- Friday April 2 4:00 p.m.
- #3. 30 days after the election -- Thursday May 6 4:00 p.m.

ACCEPTANCE OF NOMINATION

I, _____ (full name of candidate) hereby accept the nomination tendered to me by the foregoing petitioners for the office of _____ and hereby certify that I satisfy the qualifications to run for Bow municipal office, that I am a citizen of the United States, at least 18 years of age, a resident of the Town of Bow Mar for 12 consecutive months immediately preceding the date of the election, and a registered elector.

Signature of Candidate

Date _____

My name as it will appear on the ballot shall be: _____

STATE OF COLORADO)

COUNTY OF _____) ss.

Subscribed and sworn to before me this _____ day of _____, 2010.

My commission expires: _____

Notary Public

Seal

AFFIDAVIT OF CIRCULATOR

STATE OF COLORADO)

COUNTIES ARAPAHOE AND JEFFERSON) ss.

TOWN BOW MAR)

I, _____, residing at _____

(full name of circulator)

Bow Mar, Colorado

do hereby certify that I am an eligible elector of Town of Bow Mar and I circulated this petition and that each signature is the signature of the person whose name it purports to be and that each signer has stated to me, at the time of signing, that he/she is a qualified elector of Town of Bow Mar.

Signature of Circulator

Date _____

STATE OF COLORADO) SS.

COUNTY OF _____

Subscribed and sworn to before me

this _____ day of _____, 2010.

My commission expires: _____

Notary Public

Seal

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us



**CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS
AND
NON-EXPENDITURE OF FUNDS**
[1-45-108(1) & 1-45-109, C.R.S.]

This form is for the use of candidates that do **not** have a campaign committee and have not received contributions nor made expenditures.
No expenditures have been made on behalf of the candidate.

Name of Candidate: _____

Address of Candidate: _____

City, State, Zip: _____

Reporting Period: Beginning Date _____ Ending Date _____

CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD

\$ 0.00

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD

\$ 0.00

I, _____, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my own behalf during this election reporting period.

Candidate Signature: _____ Date: _____

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
 [1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: _____

Address of Candidate: _____

City: _____ State: _____ Zip Code: _____

Office: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date _____ Ending Date _____

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ _____

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient		Address
	\$			
	City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient		Address
	\$			
	City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient		Address
	\$			
	City	State	Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: _____ Date: _____

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	
<small>As Shown On Registration</small>	
Address of Committee/Person:	
City, State & Zip Code:	
Committee Type:	
Name and Address of Financial 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: 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)	\$
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4	Total Monetary Expenditures (line 19)	\$
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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: Through

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

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

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

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>): _____

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: _____

PLEASE PRINT/TYPE

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

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: _____

PLEASE PRINT/TYPE

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. *	

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."