



Space Below For Office Use Only

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

Full Name of Committee/Person: Pam Grove For City Council
Address of Committee/Person: 8197 S. Pennsylvania Ct.
City, State & Zip Code: Littleton, CO. 80122
Committee Type: Candidate Committee
Name and Address of Financial Institution: Wells Fargo, 66 W. Springer Ave. Highlands Ranch. 80129
Email Address: pamgrove4littletoncitycouncil@gmail.com

Type of Report

- Regularly Scheduled Filing.
Amended Filing. This amends previous report filed on (date)
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: 09/20/23 Through 10/10/23

Declared Total Spending (if applicable) \$347.00

Table with 5 rows and 3 columns: Line Item, Description, Amount. Totals Detailed Summary Page.

The appropriate officer (city clerk) shall impose a penalty of \$50 per day for each day that a report is filed late. (Littleton Municipal Code 1-7-7)

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: Paul E. Bingham
Registered Agent's Signature: Paul E. Bingham Date: 10/14/23
Print Candidate Name: Pam Grove
Candidates Signature: Pam Grove Date: 10/14/23

**DETAILED SUMMARY**

Full Name of Committee/Person: Pam Grove For City Council

Current Reporting Period: 09/20/23

Through 10/10/23

<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)		\$ 1908.82
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 949.00
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)	\$ 949.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 949.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 347.00
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")	\$
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 347.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 347.00

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

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

**Full Name of Committee/Person:** Pam Grove For City Council

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 09/20/23	4. Name (Last, First): <u>Kast, Rebecca</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>1940 W. Arapahoe Road</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>Littleton, CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 09/22/23	4. Name (Last, First): <u>Link, David</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>5151 Rio Grande St.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Littleton, CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Young America Capitol</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Investment Banker</u>

1. <u>Date Accepted</u> 09/24/23	4. Name (Last, First): <u>Christenson, Dana</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>600 E. Fremont Place</u>
3. <u>Aggregate Amt. *</u> \$ 250	6. City/State/Zip: <u>Littleton, CO. 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Federal Highway Administration</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Civil Engineer</u>

1. <u>Date Accepted</u> 09/25/23	4. Name (Last, First): <u>Holliday, Evon</u>
2. <u>Contribution Amt.</u> \$ 300	5. Address: <u>2456 W. Sunset Drive</u>
3. <u>Aggregate Amt. *</u> \$ 300	6. City/State/Zip: <u>Littletonm CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self Employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Software Engineer</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 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> 09/25/23	4. Name (Last, First): <u>Smith, Elfi Helmi</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1931 W. Sanibel Ct.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Littleton, CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 09/25/23	4. Name (Last, First): <u>Thornton, Susan</u>
2. <u>Contribution Amt.</u> \$ 20.	5. Address: <u>474 W. Easter Place</u>
3. <u>Aggregate Amt. *</u> \$ 20.	6. City/State/Zip: <u>Littleton, CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self Employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Writer, Media Consultant</u>

1. <u>Date Accepted</u> 09/25/23	4. Name (Last, First): <u>Espinosa, Cheryl</u>
2. <u>Contribution Amt.</u> \$ 106.	5. Address: <u>289 W. Jamison Circle, Unit 6.</u>
3. <u>Aggregate Amt. *</u> \$ 106.	6. City/State/Zip: <u>Littleton, CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Donation thru website</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>CU Anschutz Medical Campus.</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Administrator</u>

1. <u>Date Accepted</u> 09/30/23	4. Name (Last, First): <u>Toyen, Pam</u>
2. <u>Contribution Amt.</u> \$ 23	5. Address: <u>8187 S. Pennsylvania Ct.</u>
3. <u>Aggregate Amt. *</u> \$ 23	6. City/State/Zip: <u>Littleton, CO. 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Donation thru website</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Charles Schwab</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Accountant</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: Pam Grove For City Council

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 09/27/23	4. Name: <u>Littleton Independent</u>
2. <u>Amount</u> \$ 299	5. Address: <u>750 W. Hampden Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO. 80110</u>
	7. Purpose of Expenditure: <u>Advertisement</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/05/23	4. Name: <u>United States Postal Service</u>
2. <u>Amount</u> \$ 48	5. Address: <u>5753 S. Prince St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, CO. 80120</u>
	7. Purpose of Expenditure: <u>P. O. Box</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

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

**Schedule C - Loans**

Full Name of Committee/Person: Pam Grove For City Council

**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): Grove, Pam  
 Address: 8197 S. Pennsylvania Ct.  
Littleton, CO. 80122  
 City/State/Zip: \_\_\_\_\_  
 Original Amount of Loan: \$ 2,000.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 2000.00  
 Principal Amount Paid This Reporting Period: \$ 0.00  
 Interest Amount Paid This Reporting Period: \$ 0.00  
 Amount Repaid This Reporting Period: \$ 0.00  
 (Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total of All Loans This Reporting Period: \$ 2000.00  
 (Place on line 8 of Detailed Summary Report)  
 Total Repayments Made: \$ 0.00  
 (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 2000.00  
 TERMS OF LOAN: 03/09/2023 11/10/2023  
 Date Loan Received Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed
Pam Grove	8197 S. Penn. CT. 80122	2000.00

**Schedule D – Returned Contributions & Expenditures**

**Full Name of Committee/Person:** Pam Grove For City Council

**Returned Contributions**

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u>	4. Name (Last, First): <u>None</u>
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

**Returned Expenditures**

*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)*

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u>	4. Name (Last, First): <u>None</u>
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

**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:** Pam Grove For City Council

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u>	4. Name (Last, First): <u>None</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."