



City and County of Broomfield, Elections Division  
 One DesCombes Drive  
 Broomfield, CO 80020  
 Ph: (303) 464-5857  
 Fax: (303) 410-3815  
[electionsdivision@broomfield.org](mailto:electionsdivision@broomfield.org)  
[www.votebroomfield.org](http://www.votebroomfield.org)

Space Below For Office Use Only:

RECEIVED

OCT 31 2013

City and County of  
 Broomfield

REPORT OF CONTRIBUTIONS AND EXPENDITURES  
 [1-45-108, C.R.S.]

Full Name of Committee (as shown on Committee Registration Form)	MCCLOSKEY 4 BROOMFIELD MAYOR
Committee Address (include city, state, and zip code)	436 HICKORY ST, BROOMFIELD, CO 80020
Committee Type (Candidate or Issue)	CANDIDATE
Name of Financial Institution	US BANK
Address of Financial Institution	6363 W 120TH AVE, BROOMFIELD, CO 80020

Type of Report (check one):

- Regularly Scheduled Filing
- Amended Filing for Reporting Period \_\_\_\_\_
- Termination Report (must indicate a zero balance in line 5 below)

Reporting Period: December 1, 2013 to October 29, 2014  
 Due Date: November 3, 2014

		From Total Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	5064.17
2	Total Monetary Contributions (line 11)	425-
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	5489.17
4	Total Monetary Expenditures (line 18)	5489.17
5	Monetary Funds on Hand at the End of the Reporting Period (line 3 - line 4)	0

This report is due no later than 5:00pm, 5 days after the end of the reporting period. There is a \$50 per day penalty for each day the report is late. [Art. XXVIII, Sec. 10(2)(a), CO Const.]

Authorization (must be completed by the candidate or registered agent): 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 are from permissible sources.

Print Agent's Name: DENNY MCCLOSKEY

Print Candidate's Name: DENNY MCCLOSKEY

Agent's Signature: *Denny McCloskey*

Candidate's Signature: *Denny McCloskey*

Date: 30 Oct 2014

Date: 30 Oct 2014

**DETAILED SUMMARY**

Committee Name: McCloskey 4 Broomfield Mayor

Reporting Period: December 1, 2013 to October 29, 2014

	Monetary funds on hand at the beginning of the reporting period	\$ 5064.17
6	Itemized Contributions \$20 or More (Total from Schedule A)	\$ 425. —
7	Total of Non-Itemized Contributions (\$19.99 or less <b>not</b> included on Schedule A)	\$ 0
8	Total Loans Received (Listed on Schedule C)	\$ 0
9	Total of Other Receipts (interest, dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Listed on Schedule D)	\$ 575 —
11	<b>Total Monetary Contributions</b> (total lines 6 through 10)	\$ 6064.17
12	Total Non-Monetary Contributions (Listed on Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (line 11 + line 12)	\$ 6064.17
14	Itemized Expenditures of \$20 or more (Listed on Schedule B)	\$ 4914.17
15	Total of Non-Itemized Expenditures (\$19.99 or less and <b>not</b> listed on Schedule B)	\$ 0
16	Loan Repayments Made (Listed on Schedule C)	\$ 0
17	Contributions Returned to Donor (Listed on Schedule D)	\$ 575 —
18	<b>Total Monetary Expenditures</b> (total lines 14 through 17)	\$ 5489.17
19	Total Coordinated Non-Monetary Expenditures	\$ 0
20	<b>Total Spending</b> (line 18 + line 19)	\$ 5489.17

**SCHEDULE A - ITEMIZED CONTRIBUTIONS (\$20.00 OR MORE)**  
**[1-45-108(1)(a), C.R.S.]**

Full Name of Committee: MCCLOSKEY 4 BROOMFIELD MAYOR

Read Schedule A Instructions before completing. Please print or type. You may use additional sheets as necessary.

Date Accepted 1/3/2014	Last Name SHAW	First Name HARRIET
Contribution Amount \$ 50-	Address (include city, state, and zip code) 16498 CHESTERDALE DR; BROOMFIELD, CO 80023	
Aggregate Amount \$ 50-	Description	
	Employer RETIRED	Occupation

Date Accepted 4/11/2014	Last Name D & C HOME SOLUTIONS LLC	First Name
Contribution Amount \$ 375-	Address (include city, state, and zip code) 436 HICKORY ST; BROOMFIELD, CO 80020	
Aggregate Amount \$ 375-	Description BANKING DEPOSIT ERROR	
	Employer SELF	Occupation

Date Accepted	Last Name	First Name
Contribution Amount \$	Address (include city, state, and zip code)	
Aggregate Amount \$	Description	
	Employer	Occupation

Date Accepted	Last Name	First Name
Contribution Amount \$	Address (include city, state, and zip code)	
Aggregate Amount \$	Description	
	Employer	Occupation

**SCHEDULE B - ITEMIZED EXPENDITURES (\$20.00 OR MORE)**  
**[1-45-108(1)(a), C.R.S.]**

Full Name of Committee: MCCLOSKEY 4 BROOMFIELD MAYOR

Please print or type. You may use additional sheets as necessary.

Date Expended 12/10/2013	Recipient/Vendor Name DENNY MCCLOSKEY
Amount \$ 310 <sup>-</sup>	Recipient Address (include city, state, and zip code) 436 HICKORY ST; BROOMFIELD, CO 80020
	Description of Expenditure (e.g. campaign signs) FUEL REIMB

Date Expended 1/2/2014	Recipient/Vendor Name DENNY MCCLOSKEY
Amount \$ 124 <sup>64</sup>	Recipient Address (include city, state, and zip code) 436 HICKORY ST; BROOMFIELD, CO 80020
	Description of Expenditure (e.g. campaign signs) WEB NAMES REIMB

Date Expended 1/17/2014	Recipient/Vendor Name FRIENDS OF BROOMFIELD, INC
Amount \$ 100 <sup>-</sup>	Recipient Address (include city, state, and zip code) 11851 SAULSBURY ST; BROOMFIELD, CO 80020
	Description of Expenditure (e.g. campaign signs) CHARITABLE DONATION IRS ALLOWED

Date Expended 2/4/2014	Recipient/Vendor Name FISH
Amount \$ 100 <sup>-</sup>	Recipient Address (include city, state, and zip code) 24 GARDEN CENTER; SUITE 1; BROOMFIELD, CO 80020
	Description of Expenditure (e.g. campaign signs) CHARITABLE DONATION IRS ALLOWED

**SCHEDULE B - ITEMIZED EXPENDITURES (\$20.00 OR MORE)  
[1-45-108(1)(a), C.R.S.]**

Full Name of Committee: \_\_\_\_\_

Please print or type. You may use additional sheets as necessary.

Date Expended VARIOUS	Recipient/Vendor Name US BANK
Amount \$ 18-	Recipient Address (include city, state, and zip code) 6363 W 120 <sup>TH</sup> AVE
	Description of Expenditure (e.g. campaign signs) BANK CK CHG (\$2 <sup>00</sup> CK FEE)

Date Expended 12/9/2013	Recipient/Vendor Name HOMERDON LLC
Amount \$ 2500-	Recipient Address (include city, state, and zip code)
	Description of Expenditure (e.g. campaign signs) CAMPAIGN MGMT

Date Expended 12/10/2013	Recipient/Vendor Name FACEBOOK
Amount \$ 399 <u>24</u>	Recipient Address (include city, state, and zip code)
	Description of Expenditure (e.g. campaign signs)

Date Expended 1/2/2014	Recipient/Vendor Name FACEBOOK
Amount \$ 394 <u>15</u>	Recipient Address (include city, state, and zip code)
	Description of Expenditure (e.g. campaign signs)

**SCHEDULE B - ITEMIZED EXPENDITURES (\$20.00 OR MORE)**  
**[1-45-108(1)(a), C.R.S.]**

Full Name of Committee:                     MCCLOSKEY 4 BROOMFIELD MAYOR                    

Please print or type. You may use additional sheets as necessary.

Date Expended <i>1/03/2014</i>	Recipient/Vendor Name <i>DAILY CAMERA</i>
Amount \$ <i>115 05</i>	Recipient Address (include city, state, and zip code)
	Description of Expenditure (e.g. campaign signs) <i>THANK YOU AD TO SUPPORTERS</i>

Date Expended <i>10/30/2014</i>	Recipient/Vendor Name <i>BROOMFIELD COUNTY DEMOCRATS</i>
Amount \$ <i>853 09</i>	Recipient Address (include city, state, and zip code) <i>PO BOX 154; BROOMFIELD, CO 80038</i>
	Description of Expenditure (e.g. campaign signs) <i>ALLOWABLE POLITICAL PARTY CONTRIBUTION</i>

Date Expended	Recipient/Vendor Name
Amount \$	Recipient Address (include city, state, and zip code)
	Description of Expenditure (e.g. campaign signs)

Date Expended	Recipient/Vendor Name
Amount \$	Recipient Address (include city, state, and zip code)
	Description of Expenditure (e.g. campaign signs)

**SCHEDULE C - LOANS**

Full Name of Committee: \_\_\_\_\_

MCCLOSKEY 4 BROOMFIELD MAYOR

**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 (Financial Institution or Full Name of Individual): \_\_\_\_\_

Address (include city, state and zip code): \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_

Total of All Loans  
 This Reporting Period: \$ \_\_\_\_\_  
 (Enter onto line 8 of Detailed Summary)

Principal Amount Paid This Reporting Period: \$ \_\_\_\_\_

Interest Amount Paid This Reporting Period: \$ \_\_\_\_\_

Amount Repaid This Reporting Period: \$ \_\_\_\_\_  
 (Sum of principal and interest entered on Detailed Summary)

Total Repayments: \$ \_\_\_\_\_  
 (Sum of all Schedule C pages; enter into line 16 of Detailed Summary)

Outstanding Balance: \$ \_\_\_\_\_

Date Loan Received: \_\_\_\_\_

Due Date for Final Payment: \_\_\_\_\_

List all endorsers or guarantors of this loan:

Full Name	Address, City, State, Zip Code	Amount Guaranteed
		\$
		\$
		\$
		\$

**STATEMENT OF NON-MONETARY CONTRIBUTIONS**  
 [Art. XXVIII, Sec. 2 (5)(a)(II)(III) and Sec. 5 (3) CO Const. and 1-45-108(1), C.R.S.]

Full Name of Committee: MCCLOSKEY 4 BROOMFIELD MAYOR

Date Provided	Last Name	First Name
Fair Market Value \$	Address (include city, state, and zip code)	
Aggregate Amount \$	Description	
	Employer	Occupation
<input type="checkbox"/> Check box if coordinated with a candidate/committee or political party.		

Date Provided	Last Name	First Name
Fair Market Value \$	Address (include city, state, and zip code)	
Aggregate Amount \$	Description	
	Employer	Occupation
<input type="checkbox"/> Check box if coordinated with a candidate/committee or political party.		

Date Provided	Last Name	First Name
Fair Market Value \$	Address (include city, state, and zip code)	
Aggregate Amount \$	Description	
	Employer	Occupation
<input type="checkbox"/> Check box if coordinated with a 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."



**SCHEDULE D - RETURNED CONTRIBUTIONS AND EXPENDITURES**

Full Name of Committee: MC CLOSKEY 4 BROOMFIELD MAYOR

**Returned Contributions  
(Previously reported on Schedule A and later returned to the donor)**

Date Accepted <i>12/14/2013</i>	Recipient/Vendor Name <i>ERIN BLENDU</i>
Date Returned <i>1/4/2014</i>	Recipient Address (include city, state, and zip code) <i>APO AE 09355 HHC 86TH ESB</i>
Amount Returned <i>100-</i>	Purpose <i>RTN CONTRIB</i>

Date Accepted <i>12/14/2013</i>	Recipient/Vendor Name <i>JOHN BARTHELDER</i>
Date Returned <i>1/17/2014</i>	Recipient Address (include city, state, and zip code) <i>11449 CENTRAL COURT, BROOMFIELD 80020</i>
Amount Returned <i>100-</i>	Purpose <i>RTN CONTRIB</i>

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

Date Expended	Original Recipient/Vendor Name
Date Returned	Recipient Address (include city, state, and zip code)
Amount Returned	Comments

Date Expended	Original Recipient/Vendor Name
Date Returned	Recipient Address (include city, state, and zip code)
Amount Returned	Comments

**SCHEDULE D - RETURNED CONTRIBUTIONS AND EXPENDITURES**

Full Name of Committee: MC CLOUD KEY 4 BROOMFIELD MAYOR

**Returned Contributions  
(Previously reported on Schedule A and later returned to the donor)**

Date Accepted 4/11/2014	Recipient/Vendor Name D E C I B M E SOLUTIONS, LLC
Date Returned 10/30/2014	Recipient Address (include city, state, and zip code) 436 HICKORY ST; BROOMFIELD, CO 80020
Amount Returned	Purpose RETURN FUNDS FROM DEPOSIT IN ERROR

Date Accepted	Recipient/Vendor Name
Date Returned	Recipient Address (include city, state, and zip code)
Amount Returned	Purpose

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

Date Expended	Original Recipient/Vendor Name
Date Returned	Recipient Address (include city, state, and zip code)
Amount Returned	Comments

Date Expended	Original Recipient/Vendor Name
Date Returned	Recipient Address (include city, state, and zip code)
Amount Returned	Comments



Name: Schultz, William B  
 Bank: 288 - Colorado  
 Branch: 00256-Broomfield, CO

Preferred ID: WBSCHUL  
 Workstation: WO-CO1654M0030  
 Status: Online

Calendar Date: 10/30/2014  
 Processing Date: 10/30/2014  
 Version: 14.09.004

User Desktop > Session Management > Customer/Prospect Search > DENNY P MCCLOSKEY > 103681701639

Help | Sign Off

Transaction History

Service and Maintenance ▾  
 Account Information  
 Account: Silver Business Checking - 103681701639  
 Nickname: DENNY P MCCLOSKEY  
 Titring: DBA MCCLOSKEY4BROOMFIELDMAYOR  
 Loan Search  
 Utilities  
 End Session

Bank: Bank 288 - Colorado  
 Branch: 00256 - BROOMFIELD, CO  
 Cost Center: 9463  
 Officer 1: Branch Owned  
 Officer 2: Branch Owned  
 WALK-IN CUSTOMER(BRANCH)

Account Open Channel: Check Card Authorization

Available Balance: \$ 0.00

Current Balance: \$ 0.00

Items in Process

Description

Type

Date Created

Detail Balance Info Balance History Related Info NSF Restraints Remarks

Date Information

Date Opened: 12/14/2012

Date Closed: 10/30/2014

Account Status: CLOSED

Account Information

Promo Description

09/30/2014

End of Month

Future Statement Cycle

Service-Charge Cycle

Mail Code

Current Statement Type

Future Statement Type

Current Statement Choice

Future Statement Choice

E-Statement Enrollment Date

Monthly

Regular Mail

Paper

Statement with No Items Returned

12/26/2012

10/30/14 05:07 PM

RECEIVED

OCT 31 2013

City and County of Broomfield