

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Jared Polis Victory Fund

ADDRESS (number and street) P.O. Box 1174 Check if different than previously reported. (ACC) Springfield VA 22151

2. FEC IDENTIFICATION NUMBER C00461913 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Polly Baca

Signature of Treasurer Electronically Filed by Polly Baca Date 10 12 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only table with 8 columns and 1 row

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Jared Polis Victory Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		22496.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	16080.12									
(c) Total Receipts (from Line 19) .....	82945.00	240675.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	99025.12	263171.58								
7. Total Disbursements (from Line 31) .....	37857.03	202003.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61168.09	61168.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Jared Polis Victory Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	81125.00	228475.00
(ii) Unitemized .....	1820.00	9700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	82945.00	238175.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	82945.00	240675.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	82945.00	240675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	82945.00	240675.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	557.03	13403.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	557.03	13403.49
22. Transfers to Affiliated/Other Party Committees.....	37300.00	188600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37857.03	202003.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37857.03	202003.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	82945.00	240675.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82945.00	240675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	557.03	13403.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	557.03	13403.49

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.**

Full Name (Last, First, Middle Initial) Elaine Gantz Berman		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1693 East Cedar Avenue		<b>Transaction ID:</b> SA11AI.5233
City Denver	State CO	Zip Code 80209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Conduit: ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas A. Bruny		Date of Receipt MM / DD / YYYY 07 / 24 / 2010
Mailing Address 10809 Sterling Forest Avenue		<b>Transaction ID:</b> SA11AI.5204
City Las Vegas	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fremont Street Experience	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) David L. Calone		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 69 Clinton Street		<b>Transaction ID:</b> SA11AI.5229
City Babylon	State NY	Zip Code 11702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Jovian Holdings	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
John Crone

Mailing Address 46 Climax Drive

City State Zip Code  
Dillon CO 80435

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearbrook Energy Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 26 / 2010

**Transaction ID:** SA11AI.5225

Amount of Each Receipt this Period  
25.00

Conduit: ActBlue

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Garofalo

Mailing Address 805 Cypress Meadows Lane

City State Zip Code  
Las Vegas NV 89144

FEC ID number of contributing federal political committee. **C**

Name of Employer Lee Hernandez Brooks Garofalo Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2010

**Transaction ID:** SA11AI.5216

Amount of Each Receipt this Period  
250.00

Conduit: ActBlue

**C.**

Full Name (Last, First, Middle Initial)  
Ivan Gayler

Mailing Address 1400 Maiden Lane

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Del Mar Partnership Inc. Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 16000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2010

**Transaction ID:** SA11AI.5223

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10275.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) James P. Gray</p> <p>Mailing Address 10 Quality Street</p> <p>City Lexington State KY Zip Code 40507</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Gray Construction Occupation Chairman and CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 06 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5167</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Conduit: ActBlue</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) James C. Hormel</p> <p>Mailing Address 19 Sutter Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Equidex Inc. Occupation Chairman</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5227</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) William R. Jacobs</p> <p>Mailing Address 2822 Soft Horizon Way</p> <p>City Las Vegas State NV Zip Code 89135</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-employed Occupation Investor</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">08 / 16 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5218</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4400.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Robert Katz

Mailing Address 615 Highland Avenue

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Vail Resorts CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 16 / 2010

**Transaction ID:** SA11AI.5169

Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Kristine M. Kuzemka

Mailing Address 328 Summer Palace Way

City State Zip Code  
Las Vegas NV 89144

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 24 / 2010

**Transaction ID:** SA11AI.5198

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Roberta A. Lange

Mailing Address 144 Lost Ball Court

City State Zip Code  
Henderson NV 89074

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-employed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 24 / 2010

**Transaction ID:** SA11AI.5188

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Gwen Migita		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
	Mailing Address 10820 Wildrose Avenue		<b>Transaction ID:</b> SA11AI.5212
	City	State	Zip Code
	Las Vegas	NV	89144
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Harrah's Entertainment		Occupation Director Corporate Social Responsibili	Conduit: ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristin Moe		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 7388 Park Circle		<b>Transaction ID:</b> SA11AI.5230
	City	State	Zip Code
	Boulder	CO	80301
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Self-employed		Occupation Homemaker	Conduit: ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Melvin I. Pohl		Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 11524 Snow Creek Avenue		<b>Transaction ID:</b> SA11AI.5220
	City	State	Zip Code
	Las Vegas	NV	89135
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Stephen Schutz

Mailing Address P.O. Box 1046

City State Zip Code  
La Jolla CA 92038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SPS Studios Publishing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 26000.00

Date of Receipt: 08 / 30 / 2010  
Transaction ID: SA11AI.5221  
Amount of Each Receipt this Period: 26000.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Schutz

Mailing Address P.O. Box 1046

City State Zip Code  
La Jolla CA 92038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SPS Studios Publishing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 26000.00

Date of Receipt: 09 / 27 / 2010  
Transaction ID: SA11AI.5224  
Amount of Each Receipt this Period: 26000.00

**C.** Full Name (Last, First, Middle Initial)  
Whitney Tilson

Mailing Address 1165 Fifth Avenue Apt 4C

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
T2 Partners LLC Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 18 / 2010  
Transaction ID: SA11AI.5171  
Amount of Each Receipt this Period: 1000.00  
Conduit: ActBlue

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **53000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **81125.00**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 19	
	(check only one)			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.**

Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt																				
Mailing Address P.O. Box 382110		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	1	0													
City	State	Zip Code																				
Cambridge	MA	02238																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5255																				
<input type="checkbox"/> C C00401224		Amount of Each Receipt this Period																				
Name of Employer		<table border="1"><tr><td>8895.00</td></tr></table>	8895.00																			
8895.00																						
Occupation		Total Received Through Co-nduit This Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
Aggregate Year-to-Date ▼																						
<table border="1"><tr><td></td></tr></table>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow St  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Credit Card Processing Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5234 Date of Disbursement 07 / 09 / 2010  Amount of Each Disbursement this Period 39.50  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow St  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Credit Card Processing Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5238 Date of Disbursement 07 / 18 / 2010  Amount of Each Disbursement this Period 45.43  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) ActBlue Technical Services  Mailing Address 14 Arrow St  City Cambridge State MA Zip Code 02138  Purpose of Disbursement Credit Card Processing Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5240 Date of Disbursement 07 / 25 / 2010  Amount of Each Disbursement this Period 0.99  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	85.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B.5241
	Mailing Address 14 Arrow St	Date of Disbursement 08 / 01 / 2010
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period 38.33
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B.5244
	Mailing Address 14 Arrow St	Date of Disbursement 08 / 29 / 2010
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period 0.99
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B.5251
	Mailing Address 14 Arrow St	Date of Disbursement 09 / 26 / 2010
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period 0.99
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	40.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B.5252
	Mailing Address 14 Arrow St	Date of Disbursement 09 / 29 / 2010
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period 205.40
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B.5254
	Mailing Address 14 Arrow St	Date of Disbursement 09 / 30 / 2010
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period 19.75
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5242
	Mailing Address 730 15th Street NW	Date of Disbursement 08 / 15 / 2010
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 27.26
	Purpose of Disbursement Bank Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>252.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.5248 Date of Disbursement 09 / 15 / 2010
	Mailing Address 730 15th Street NW	Amount of Each Disbursement this Period 25.21
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Stephen & Susan Schutz	Transaction ID: SB21B.5236 Date of Disbursement 07 / 16 / 2010
	Mailing Address P.O. Box 1046	Amount of Each Disbursement this Period 120.00
	City La Jolla State CA Zip Code 92038	
	Purpose of Disbursement Valet Parking	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Sunset Parking Service	Transaction ID: SB21B.5236.0 Date of Disbursement 07 / 16 / 2010
	Mailing Address P.O. Box 551	Amount of Each Disbursement this Period 120.00
	City Solano Beach State CA Zip Code 92075	
	Purpose of Disbursement Valet Parking	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

145.21

TOTAL This Period (last page this line number only) ..... ▶

523.85



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB22.5247 Date of Disbursement 07 / 02 / 2010
	Mailing Address 14 KNIGHTSWOOD DRIVE	Amount of Each Disbursement this Period -1500.00
	City MARLTON State NJ Zip Code 80553	
	Purpose of Disbursement Void Check-Distribution of Joint Fundraising Proceeds	
	Candidate Name JOHN H. ADLER	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 03	

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB22.5246 Date of Disbursement 08 / 31 / 2010
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 24000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Joint Fundraising Proceeds	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) DEMOCRATS WIN SEATS (DWS PAC)	Transaction ID: SB22.5245 Date of Disbursement 08 / 31 / 2010
	Mailing Address 1071 TWIN BRANCH LN	Amount of Each Disbursement this Period 500.00
	City WESTON State FL Zip Code 33326	
	Purpose of Disbursement Joint Fundraising Proceeds	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	23000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRATS WIN SEATS (DWS PAC)**

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement  
Joint Fundraising Proceeds

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.5250

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DINA TITUS FOR CONGRESS**

Mailing Address P. O. Box 50614  
Suite C5

City Henderson State NV Zip Code 89016

Purpose of Disbursement  
Joint Fundraising Proceeds

Candidate Name  
DINA TITUS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: SB22.5243

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

5500.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JARED POLIS COMMITTEE**

Mailing Address P.O. Box 4572  
Ste A

City Boulder State CO Zip Code 80306

Purpose of Disbursement  
Joint Fundraising Proceeds

Candidate Name  
JARED POLIS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: CO District: 02

Transaction ID: SB22.5253

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Jared Polis Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
MARKEY FOR CONGRESS

**Transaction ID:** SB22.5239  
Date of Disbursement

Mailing Address PO Box 1333

/   /

City State Zip Code  
Fort Collins CO 80521

Amount of Each Disbursement this Period

Purpose of Disbursement  
Joint Fundraising Proceeds

Candidate Name  
ELIZABETH HELEN MARKEY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

**B.**

Full Name (Last, First, Middle Initial)  
MINNICK FOR CONGRESS

**Transaction ID:** SB22.5249  
Date of Disbursement

Mailing Address P O Box 306

/   /

City State Zip Code  
Boise ID 83701

Amount of Each Disbursement this Period

Purpose of Disbursement  
Joint Fundraising Proceeds

Candidate Name  
WALTER C MINNICK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: ID District: 01

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►