



City Clerk's Office
Lakewood Civic Center
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Lakewood, CO 80226-3127
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TDD: 303-987-7057

RECEIVED
CITY OF LAKWOOD
2019 DEC-2 AM 9:00

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee	Protect Lakewood
Address of Committee	PO Box 260411
City, State & Zip Code	Lakewood, CO 80226
Committee Type	Independent Expenditure Committee
Name and Address of Financial Institution	First Bank 550 S Wadsworth Blvd, Lakewood

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 E)

Report Period Covered from October 30, 2019 through November 29, 2019

ITEMIZED CONTRIBUTIONS STATEMENT

Full Name of Committee **Protect Lakewood**
Reporting Period **10/30/2019 through 11/29/2019**
TOTAL CONTRIBUTIONS \$ **- (total amount is calculated based on the entries below)**

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occ (if a
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

Full Name of Committee **Protect Lakewood**
Reporting Period **10/30/2019 through 11/29/2019**
TOTAL CONTRIBUTIONS \$ **-** (total value is calculated based on the entries below)

#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (if applicable, mandatory)
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (if applicable, mandatory)
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (if applicable, mandatory)
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ITEMIZED EXPENDITURES STATEMENT

Full Name of Committee		Protect Lakewood					
Reporting Period		10/30/2019 through 11/29/2019					
TOTAL EXPENDITURES		\$	17,139.19 (total amount is calculated based on the entries below)				
#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	
1	11/15/19	\$ 17,139.19	Strategies 360	999 18th St #2155	Denver, CO 80202	Consulting, design, digital buy	
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure
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LOANS

CANDIDATE COMMITTEE FUNDS TRANSFER FORM

This form is used by candidate committees established by the same committee for a different public office intending to transfer existing funds from an existing committee as defined by the Lakewood Municipal Code.

Full Name of Committee	Protect Lakewood					
Reporting Period	10/30/2019 through 11/29/2019					
TRANSFER FROM						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER TO						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER FROM						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER TO						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER FROM						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
TRANSFER TO						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer

DETAILED SUMMARY

Full Name of Committee **Protect Lakewood**
Reporting Period **10/30/2019 through 11/29/2019**
Loans - Outstanding Balance, \$ **0.00**

TOTALS DETAILED SUMMARY

A	Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred)	\$ 17,139.19
B	Total Monetary Contributions	\$ -
C	Total Monetary Contributions & Beginning Amount (line A + line B)	\$ 17,139.19
D	Total Non-Monetary Contributions	\$ -
E	Total Expenditures	\$ 17,139.19
F	Funds on Hand at the End of Reporting Period (line C - line E)	\$ -

Print Registered Agent's or Representative's Name

OR

Print Candidate's Name

Date Signed

Lynea Hansen

I certify that I have read and understand the campaign finance code, Chapter 2.54 "Campaign and Political Finance in Municipal Elections" of the Lakewood Municipal Code.

By submitting this form, I am certifying the above information to be true and correct, to the best of my knowledge.