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CITY OF LAKWOOD, COLO.

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City Clerk's Office
Lakewood Civic Center
480 S Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
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OFFICE OF THE
CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee	Save Our Lakewood
Address of Committee	868 S. Alkire St.
City, State & Zip Code	Lakewood, CO 80228
Committee Type	Independent Expenditure Committee
Name and Address of Financial Institution	Westerra Credit Union P.O. Box 9408, Denver, CO 80209-0408

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 5, 2019 through October 21, 2019

ITEMIZED CONTRIBUTIONS STATEMENT

Full Name of Committee		Save Our Lakewood						
Reporting Period		10/05/2019 through 10/21/2019						
TOTAL CONTRIBUTIONS		\$ 1,961.00	(total amount is calculated based on the entries below)					
#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (If applicable, mandatory)	Occupation (If applicable, mandatory)	Electroneering Communication (Y/N)
1	10/22/19	\$ 25.00	Tamara Bilewski	1823 S. Welch Circle	Lakewood, CO 80228		Retired	
2	10/22/19	\$ 50.00	Denise Luepschen	12290 W. Ohio Place	Lakewood, CO 80228		Retired	
3	10/22/19	\$ 50.00	Roger Merrick	13705 W. Auburn Ave.	Lakewood, CO 80228		Retired	
4	10/22/19	\$ 70.00	Forrest Jones	9390 Lombardy Lane	Lakewood, CO 80215		Retired	
5	10/22/19	\$ 500.00	John Henderson	2167 S. Juniper St.	Lakewood, CO 80228		lawyer	
6	10/22/19	\$ 150.00	Joan Poston				Retired	
7	10/22/19	\$ 16.00	Carol Baum	1447 S. Welch Ct.	Lakewood CO 80228		Retired	
8	10/22/19	\$ 800.00	David Wiechman	722 S. Beech St.	Lakewood CO 80228		Retired	
9	10/22/19	\$ 50.00	Phyllis O'Neill	12393 W. Louisiana Ave.	Lakewood, CO 80228		Retired	
10	10/22/19	\$ 200.00	Charlie Oleson	1888 S. Lamar Ct.	Lakewood CO 80232		Retired	
11	10/22/19	\$ 50.00	Jennifer Shay	14032 W. Exposition Dr.	Lakewood CO 80228		Retired	
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
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ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (If applicable, mandatory)	Electioneering Communication (Y/N)
152								
153								
154								
155								

STATEMENT OF NON-MONETARY CONTRIBUTIONS

Full Name of Committee		Save Our Lakewood							
Reporting Period		10/05/2019 through 10/21/2019							
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)	Occupation (if applicable, mandatory)	Electroneering Communication (Y/N)
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

#	Date Accepted	Fair Market Value	Name	Address	City/State/Zip	Description	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
13									
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STATEMENT OF NON-MONETARY CONTRIBUTIONS

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

Full Name of Committee	Save Our Lakewood						
Reporting Period	10/05/2019 through 10/21/2019						
TOTAL EXPENDITURES	\$	- (total amount is calculated based on the entries below)					
#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
1							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
51							
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ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
64							
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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		Save Our Lakewood				
Reporting Period		10/05/2019 through 10/21/2019				
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 **Save Our Lakewood**
Reporting Period **10/05/2019 through 10/21/2019**
Loans - Outstanding Balance, \$ **0.00**

TOTALS DETAILED SUMMARY

A	Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred)	\$ 300.00
B	Total Monetary Contributions	\$ 1,961.00
C	Total Monetary Contributions & Beginning Amount (line A + line B)	\$ 2,261.00
D	Total Non-Monetary Contributions	\$ -
E	Total Expenditures	\$ -
F	Funds on Hand at the End of Reporting Period (line C - line E)	\$ 2,261.00

Print Registered Agent's or Representative's Name Ray Milhollin
OR
Print Candidate's Name _____
Date Signed _____

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.