

2019 OCT 28 P 2:42

OFFICE OF THE
CITY CLERK



City Clerk's Office
Lakewood Civic Center
480 S Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057

REPORT OF CONTRIBUTIONS AND EXPENDITURES

| | |
|--|---|
| Full Name of Committee | Team Lakewood |
| Address of Committee | 10094 W. Maryland drive |
| City, State & Zip Code | Lakewood, Co. 80232 |
| Committee Type | Issue Committee |
| Name and Address of Financial Institution | Foothills Credit Union 7990 W. Alameda ave., Lakewood, Co. 80226 |

Type of Report

☐ Regularly Scheduled Filing

☒ Amended Filing

This amends previous report filed on (date)

October 3, 2019

Submit changes or new information ONLY

☐ Termination Report

(Termination Reports MUST have a monetary balance of zero in Line E)

Report Period Covered from September 4, 2019 through October 3, 2019

ITEMIZED CONTRIBUTIONS STATEMENT

| | | | | | | | | |
|-------------------------------|--|---|--|--|--|--|--|--|
| Full Name of Committee | | Team Lakewood | | | | | | |
| Reporting Period | | 09/04/2019 through 10/03/2019 | | | | | | |
| TOTAL CONTRIBUTIONS | | \$ 200.00 (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) | Electioneering Communication (Y/N) |
|----|---------------|-----------|---------------|---------------------|---------------------|--|--|--|
| 1 | 7/22/19 | \$ 200.00 | Michael Bieda | 1320 S. Uruguay st. | Lakewood, Co. 80226 | Self- Employeed | Attorney | |
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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 | | Team Lakewood | | | | | | | |
| Reporting Period | | 09/04/2019 through 10/03/2019 | | | | | | | |
| 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) | Electioneering 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) |
|----|---------------|-------------------|------|---------|----------------|-------------|-------------------------------------|---------------------------------------|------------------------------------|
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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

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|-------------------------------|--|--|--|--|--|--|--|
| Full Name of Committee | | Team Lakewood | | | | | |
| Reporting Period | | 09/04/2019 through 10/03/2019 | | | | | |
| TOTAL EXPENDITURES | | \$ 30.00 (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 | 8/2/19 | \$ 30.00 | Mel's Type Setting | 1523 S. Pearl St. | Denver, Co. 80210 | type setting | |
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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) |
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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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LOANS

| | |
|-------------------------|--|
| Full Name of Committee | Team Lakewood |
| Reporting Period | 09/04/2019 through 10/03/2019 |
| TOTAL OUTSTANDING LOANS | \$ - (total amount is calculated based on the entries below) |

[illegible]

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 | | Team Lakewood | | | | |
| Reporting Period | | 09/04/2019 through 10/03/2019 | | | | |
| 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 |
| | | | | | | |
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DETAILED SUMMARY

Full Name of Committee Team Lakewood
Reporting Period 09/04/2019 through 10/03/2019
Loans - Outstanding Balance, \$ 0.00

TOTALS DETAILED SUMMARY

| | | | |
|----------|--|----|--------|
| A | Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred) | \$ | 75.20 |
| B | Total Monetary Contributions | \$ | 200.00 |
| C | Total Monetary Contributions & Beginning Amount (line A + line B) | \$ | 275.20 |
| D | Total Non-Monetary Contributions | \$ | - |
| E | Total Expenditures | \$ | 30.00 |
| F | Funds on Hand at the End of Reporting Period (line C - line E) | \$ | 245.20 |

Print Registered Agent's or Representative's Name
OR

Peggy Ralph

Print Candidate's Name

Date Signed

October 28, 2019

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.