

RECEIVED
CITY OF LAKEWOOD, COLO.
2019 DEC -5 A 8:22
OFFICE OF THE
CITY CLERK



Lakewood

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

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 27, 2019 through December 2, 2019

ITEMIZED CONTRIBUTIONS STATEMENT

Full Name of Committee		Team Lakewood		Reporting Period		10/27/2019 through 12/02/2019		TOTAL CONTRIBUTIONS		\$ -		(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													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													

ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								

ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								

ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
101								
102								
103								
104								
105								
106								
107								

ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
108								
109								
110								
111								
112								
113								
114								
115								
116								
117								
118								
119								
120								
121								
122								
123								
124								
125								
126								
127								
128								
129								

ITEMIZED CONTRIBUTIONS STATEMENT

#	Date Accepted	Amount	Name	Address	City/State/Zip	Employer (if applicable, mandatory)	Occupation (if applicable, mandatory)	Electioneering Communication (Y/N)
130								
131								
132								
133								
134								
135								
136								
137								
138								
139								
140								
141								
142								
143								
144								
145								
146								
147								
148								
149								
150								
151								

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		10/27/2019 through 12/02/2019	
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)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									

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)
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

ITEMIZED EXPENDITURES STATEMENT

Full Name of Committee		Team Lakewood		10/27/2019 through 12/02/2019		-		(total amount is calculated based on the entries below)	
Reporting Period		10/27/2019 through 12/02/2019		-		(total amount is calculated based on the entries below)			
TOTAL EXPENDITURES		\$							
#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							

ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							

ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							

ITEMIZED EXPENDITURES STATEMENT

#	Date of Expense	Amount	Name	Address	City/State/Zip	Purpose of Expenditure	Electioneering Communication (Y/N)
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							

LOANS

[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		10/27/2019 through 12/02/2019				
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 **Team Lakewood**
Reporting Period **10/27/2019 through 12/02/2019**
Loans - Outstanding Balance, \$ **0.00**

TOTALS DETAILED SUMMARY

A	Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred)	\$	250.14
B	Total Monetary Contributions	\$	-
C	Total Monetary Contributions & Beginning Amount (line A + line B)	\$	250.14
D	Total Non-Monetary Contributions	\$	-
E	Total Expenditures	\$	-
F	Funds on Hand at the End of Reporting Period (line C - line E)	\$	250.14

Print Registered Agent's or Representative's Name Peggy Ralph
OR
Print Candidate's Name _____
Date Signed December 5, 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.