

RECEIVED  
CITY OF LAKWOOD, COLO.

2019 SEP -5 P 12: 24

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	The Jeffco Leadership Fund
Address of Committee	1942 Broadway, Ste. 314C
City, State & Zip Code	Boulder, CO 80302
Committee Type	Political Committee
Name and Address of Financial Institution	BBVA Compass 3804 W 32nd Ave, Denver, CO 80211

### 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 August 5, 2019 through September 3, 2019

### ITEMIZED CONTRIBUTIONS STATEMENT

<b>Full Name of Committee</b>		The Jeffco Leadership Fund						
<b>Reporting Period</b>		08/05/2019 through 09/03/2019						
<b>TOTAL CONTRIBUTIONS</b>		\$ - (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		The Jeffco Leadership Fund							
Reporting Period		08/05/2019 through 09/03/2019							
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)
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

<b>Full Name of Committee</b>		The Jeffco Leadership Fund					
<b>Reporting Period</b>		08/05/2019 through 09/03/2019					
<b>TOTAL EXPENDITURES</b>		\$ - (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							
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

## 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.

<b>Full Name of Committee</b>		<b>The Jeffco Leadership Fund</b>				
<b>Reporting Period</b>		<b>08/05/2019 through 09/03/2019</b>				
<b>TRANSFER FROM</b>						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
<b>TRANSFER TO</b>						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
<b>TRANSFER FROM</b>						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
<b>TRANSFER TO</b>						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
<b>TRANSFER FROM</b>						
Full Name of Committee	Address (physical)	Mailing Address (if different from physical)	Phone Num	Fax Num	Email Address	Total Amount of Transfer
<b>TRANSFER TO</b>						
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 **The Jeffco Leadership Fund**  
Reporting Period **08/05/2019 through 09/03/2019**  
Loans - Outstanding Balance, \$ **0.00**

### TOTALS DETAILED SUMMARY

<b>A</b>	Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred)	\$ 400.00
<b>B</b>	Total Monetary Contributions	\$ -
<b>C</b>	Total Monetary Contributions & Beginning Amount (line A + line B)	\$ 400.00
<b>D</b>	Total Non-Monetary Contributions	\$ -
<b>E</b>	Total Expenditures	\$ -
<b>F</b>	Funds on Hand at the End of Reporting Period (line C - line E)	\$ 400.00

Print Registered Agent's or Representative's Name Albert Sahlstrom  
OR

Print Candidate's Name

Date Signed September 4, 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.