Space Below For Office Use Only

Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861

Email: cpfhelp@sos.state.co.us

www.sos.state.co.us



RECEIVED CITY OF LAKEWOOD, COLO.

2013 NOV -1 A 11: 57

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	KAREN HARRISON FOR L	AKEWOOD CITY COUNCIL
	As Shown On Registration	
Address of Committee/Person:	16P6 S. KLINE CT.	
City, State & Zip Code:	LAKEHOOD, CO gUZ3Z	
Committee Type:	MUNICIPAL ELECTION	
Name and Address of Financial Institution		PLING LAKELIOOD, CO POZZT
	(state and county committees):	
Type of Report		
Regularly Scheduled Filing	) )	
Amended Filing. This amend	ds previous report filed on (date)	
Submit changes or new informat		
Termination Report. (Termi	nation Reports MUST Have a Monetary Bala	ance of Zero in Line 5)
	rt Contains Electioneering Communi	
•	C	indimension
Reporting Period Covered:	1-1-13 T	hrough 10-10-13
	Date	Date
Declared Total Spending (if app		
[Art. XXVIII, Sec. 4(1)]	slicable) \$	
		Totals Detailed Summary Page
Funds on Hand at the Beginning	\$ ~~	
2 Total Monetary Contributions (lin	\$ 5,277.39	
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)		\$ 5277.39
Total Monetary Expenditures (lin	\$ 3,014.53	
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)		
	hall impose a penalty of \$50 per day fo [Art. XXVIII Sec. 10(2)(a)]	
		late): I hereby certify and declare, under
penalty of perjury, that to the best of r	ny knowledge or belief all contributions	received during this reporting period,
including any contributions received	in the form of membership dues transferr	red by a membership organization, are from
permissible sources.	. /	
	Vin Kall	\
Print Registered Agent's Name:	Laren D. Larrizor	)
Registered Agent's Signature:	Laren W. Herriscu	Date: 11/01/2013
Print Candidate Name:	LD-Harrison	, , ,
Candidates Signature:	n W Herrisan	Date: ///0//20/3
J		Colorado Secretary of State Form Rev. 12/0

## **DETAILED SUMMARY**

Full Name of Committee/Person: KAREN HARRISON FOR LAKEWOOD CITY COUNCIL

Current Reporting Period: 1-1-13 Through 10-10-13

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ -0-
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 5,267.39
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 10.00
8	Loans Received (Please list on Schedule "C")	\$ ~~
9	Total of Other Receipts (Interest, Dividends, etc.)	\$o_
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 5,277.39
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 791.18
13	Total Contributions (Line 11 + line 12)	\$ 6,068.57
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 2,986.54
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 27.99
16	Loan Repayments Made (Please list on Schedule "C")	\$ ~~~
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ -0-
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 3,014.53
20	Total Spending (Line 18 + line 19)	\$ 3,014.53

## Statement of Non-Monetary Contributions [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: KAREN HARRISON FOR LAKEWOOD CITY COUNCIL

PLEASE PRINT/TYPE	
1. Date Provided	4. Name (Last, First): BRANDOK -HAPRISON INSURANCE AGENCY
9-25-13	
2. Fair Market Value	5. Address: 1690 KIPLING ST
\$ 791.18	6. City/State/Zip: LAKEWOOD, W DUZIS
3. Aggregate Amt.	7. Description: YMRD SIENS
\$ 791.18	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. D. (. D	
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

<sup>\*</sup> Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."