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 OFFICE OF THE
 CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108, C.R.S.)

Full Name of Committee/Person:	KAREN HARRISON FOR LAKEWOOD CITY COUNCIL
<small>As Shown On Registration</small>	
Address of Committee/Person:	1686 S. KLINE CT.
City, State & Zip Code:	LAKEWOOD, CO 80232
Committee Type:	MUNICIPAL ELECTION
Name and Address of Financial Institution	1ST BANK 1940 S. KIPLING LAKEWOOD, CO 80227

SOS ID NUMBER (state and county committees):

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 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable)
(Art. XXVIII, Sec. 4(1))

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 2,262.86
2 Total Monetary Contributions (line 11)	\$ -0-
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,262.86
4 Total Monetary Expenditures (line 19)	\$ 767.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1,495.86

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
 [Art. XXVIII Sec. 10(2)(a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: Karen D. Harrison
 Registered Agent's Signature: Karen D. Harrison Date: 12/03/2013
 Print Candidate Name: Karen D. Harrison
 Candidates Signature: Karen D. Harrison Date: 12/03/2013

DETAILED SUMMARY

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

Current Reporting Period: 10-28-13 Through 11-30-13

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 2,262.86
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0-
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0-
8	Loans Received (Please list on Schedule "C")	\$ 0-
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0-
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0-
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 0-
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0-
13	Total Contributions (Line 11 + line 12)	\$ 0-
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 767.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0-
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0-
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0-
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0-
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 767.00
20	Total Spending (Line 18 + line 19)	\$ 767.00

Schedule B - Itemized Expenditures Statement (\$20 or more)
 [1-45-108(1)(a), C.R.S.]

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

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10-31-13</u>	4. Name: <u>Mailchimp c/o The Rocket Science Group, LLC</u>
2. <u>Amount</u> <u>\$ 30.00</u>	5. Address: <u>Mailchimp.com 512 Means St. Suite 404</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Atlanta, GA 30318</u>
	7. Purpose of Expenditure: <u>Marketing</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11-5-13</u>	4. Name: <u>Doug Harrison - reimbursement for Chiasm Strategies</u>
2. <u>Amount</u> <u>\$ 400.00</u>	5. Address: <u>603 Duling Ave. Suite 211</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Jackson, MS 39216</u>
	7. Purpose of Expenditure: <u>Recorded telephone calls</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11-5-13</u>	4. Name: <u>The Hen at Fox Hollow, Inc.</u>
2. <u>Amount</u> <u>\$ 337.00</u>	5. Address: <u>13410 W. Morrison Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lakewood, CO 80228</u>
	7. Purpose of Expenditure: <u>Election Day party</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication