

Colorado Secretary of State
 Elections Division
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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: Date **Through** 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)	\$ -0-
2	Total Monetary Contributions (line 11)	\$ 5,277.39
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 5,277.39
4	Total Monetary Expenditures (line 19)	\$ 3,014.53
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 2,262.86

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: 10/14/2013

Print Candidate Name: Karen D. Harrison

Candidates Signature: Karen D. Harrison Date: 10/14/2013

DETAILED SUMMARY

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

Current Reporting Period:

1-1-13

Through

10-15-13

Funds 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")	\$ -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)	\$ 5,277.39
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ -0-
13	Total Contributions (Line 11 + line 12)	\$ 5,277.39
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")	\$ -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)	\$ 3,014.53
20	Total Spending (Line 18 + line 19)	\$ 3,014.53

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>4.1.13</u>	4. Name (Last, First): <u>HARRISON, KAREN</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>1690 KIPLING ST.</u>
3. <u>Aggregate Amt. *</u> \$ <u>500</u>	6. City/State/Zip: <u>LAKEWOOD, CO 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>BRADDOCK HARRISON AGENCY</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>

1. <u>Date Accepted</u> <u>4.9.13</u>	4. Name (Last, First): <u>GUNZNER, JOHN</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>5738 S. PRESOTT ST.</u>
3. <u>Aggregate Amt. *</u> \$ <u>50</u>	6. City/State/Zip: <u>LITTLETON, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> <u>5.6.13</u>	4. Name (Last, First): <u>CHRISTENSEN, PETER</u>
2. <u>Contribution Amt.</u> \$ <u>121.39</u>	5. Address: <u>7240 W. CUSTER #302</u>
3. <u>Aggregate Amt. *</u> \$ <u>121.39</u>	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> <u>5.6.13</u>	4. Name (Last, First): <u>CHRISTENSEN, TOBY</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>7240 W. CUSTER #302</u>
3. <u>Aggregate Amt. *</u> \$ <u>100</u>	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>HOUSEWIFE</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5.9.13	4. Name (Last, First): <u>BOYD, BETTY</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>12527 W. ARIZONA PL.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>QUINN, T. P.</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>1685 S. HOYT ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>BURKHOLDER, STEVE</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>2444 S. YARROW WAY</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>HAMMEL, KAREN</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>9638 W. OREGON</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>KINNEY, JIM + AVELINA</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>1984 S. PARFET DR.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>ALLEN, DIANA</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>9066 W. COLORADO PL.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>SHAKTI</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>7306 W. MARYLAND AVE</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>FLEET, MARY ANNE</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>14381 W. ARCHER AVE.</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>GOLDEN, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>LAKEWOOD SYMPHONY</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>EXEC. DIRECTOR</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>BINDNER, MARY</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>2669 S. WADSWORTH</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>SMITH, ANN</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>2400 JUNIPER CT.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>GOLDEN, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>RUSSEK, STAN</u>
2. <u>Contribution Amt.</u> \$ 20	5. Address: <u>2400 JUNIPER CT.</u>
3. <u>Aggregate Amt. *</u> \$ 20	6. City/State/Zip: <u>GOLDEN, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.10.13	4. Name (Last, First): <u>BUTZEN, TRACI</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>8280 W. EVANS PL.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>BHA</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>OFFICE MGR.</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5.11.13	4. Name (Last, First): <u>KNOWLES, ROGER</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1945 S. WARD CT.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CHIROPRACTOR</u>

1. <u>Date Accepted</u> 5.11.13	4. Name (Last, First): <u>SCHNEIDER, S. M.</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>2150 MYRTLEWOOD LN.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 5.12.13	4. Name (Last, First): <u>RASCHKE, ANDRE</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>10495 W. ILIFF AVE.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.14.13	4. Name (Last, First): <u>BURNHAM, NANCY</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>7270 S. BROOK FOREST DR.</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>EVERGREEN, CO 80439</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RESONATE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>OFFICE MGR.</u>

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Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5.14.13	4. Name (Last, First): <u>RAMJANI, KEE</u>
2. <u>Contribution Amt.</u> \$ 51	5. Address: <u>9948 W. JEWELL AVE. #C</u>
3. <u>Aggregate Amt. *</u> \$ 51	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.15.13	4. Name (Last, First): <u>BREWER, PATRICIA</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>5805 W. ELLSWORTH AVE.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.18.13	4. Name (Last, First): <u>BARON, SAMUEL</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>2153 S. YANK WAY</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>LAKEWOOD, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>OPTOMETRIST</u>

1. <u>Date Accepted</u> 5.22.13	4. Name (Last, First): <u>FORD, ART + DIANE</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>9134 W. IOWA PL.</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

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Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6.5.13	4. Name (Last, First): <u>BARLOWAY, LYNTHIA</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>1860 GLEN DALE DR.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKWOOD, CO 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 6.13.13	4. Name (Last, First): <u>EVERSON, MARY</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>6212 S. AMES CT.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LITTLETON, CO 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 7.12.13	4. Name (Last, First): <u>OGG, LESLEY</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>680 S. CARL ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 7.15.13	4. Name (Last, First): <u>SEIDELL, RAY</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1801 S. WADSWORTH BL.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>AUTO MECHANIC</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: KARLEN HARRISON FOR LAILEWOOD CITY COUNCIL

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7.18.13	4. Name (Last, First): <u>HAUSCHILD, MARY</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>1257 S. ALLISON ST.</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>LAILEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 7.18.13	4. Name (Last, First): <u>KINNEY, JIM + AVELINA</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>1984 S. PARFET DR.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAILEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 7.19.13	4. Name (Last, First): <u>ADAMSON, ROBERT</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>1186 S. EVERETT ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAILEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 7.20.13	4. Name (Last, First): <u>COOK, LAURENCE J.</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1678 S. DUDLEY CT.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAILEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7.27.13	4. Name (Last, First): <u>MOORE, JAMES PHD</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>1298 S. BRENTWOOD WAY</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>DENVER UNIVERSITY</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>LAW PROFESSOR</u>

1. <u>Date Accepted</u> 7.28.13	4. Name (Last, First): <u>MCCULLOUGH, BONNIE</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>364 S. NEWCOMBE ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.20.13	4. Name (Last, First): <u>WIECHMAN, DAVID</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>722 S. BEECH ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5.20.13	4. Name (Last, First): <u>SIMPKINS, LORI</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>1756 S. VAN DYKE WAY</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>LAKEWOOD, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7.26.13	4. Name (Last, First): <u>SOTIROS, RICHARD</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>9289 W. BALTIC DR.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>C. P. A.</u>

1. <u>Date Accepted</u> 10.3.13	4. Name (Last, First): <u>PICKETT, BECKY</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1156 S. KENDALL CT.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>CHILDRENS HOSPITAL</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>NURSE</u>

1. <u>Date Accepted</u> 10.3.13	4. Name (Last, First): <u>DESHAZER, LOREN</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>8723 W. CLIFF LN.</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10.3.13	4. Name (Last, First): <u>ANDERSON, NORMA</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>2622 S. IRIS ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10.3.13	4. Name (Last, First): <u>HANNUM, TERRY</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>9948 W. OREGON PL.</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>LAKEWOOD, CO 80232</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10.3.13	4. Name (Last, First): <u>NICOLETTI, JOHN</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>3397 S. FELLET CT.</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PSYCHOLOGIST</u>

1. <u>Date Accepted</u> 10.8.13	4. Name (Last, First): <u>FELLET, JAMES</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>3373 S. FELLET CT.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10.8.13	4. Name (Last, First): <u>METRO HOUSING COALITION</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>9033 E. EASTER PL. #200</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>CENTENNIAL, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>N/A</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10.8.13	4. Name (Last, First): <u>ARMSTRONG, WILLIAM</u>
2. <u>Contribution Amt.</u> \$ 1,000	5. Address: <u>8787 W. ALAMEDA AVE.</u>
3. <u>Aggregate Amt. *</u> \$ 1,000	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>COLO. CHRISTIAN UNIV.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PRESIDENT</u>

1. <u>Date Accepted</u> 10.8.13	4. Name (Last, First): <u>REALTOR CANDIDATE POLITICAL ACTION COMMITTEE</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>309 INVERNESS WAY SOUTH</u>
3. <u>Aggregate Amt. *</u> \$ 250	6. City/State/Zip: <u>ENGLEWOOD, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>N/A</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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>6.13.13</u>	4. Name: <u>CONSTELLATION POLITICAL</u>
2. <u>Amount</u> \$ <u>100</u>	5. Address: <u>INTERNET PURCHASE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>DATA LIST FOR VOTERS WARD 5</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7.11.13</u>	4. Name: <u>OFFICE DEPOT</u>
2. <u>Amount</u> \$ <u>159.63</u>	5. Address: <u>650 S. WADSWORTH BLVD.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
	7. Purpose of Expenditure: <u>LETTERHEAD, ENVELOPES</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>5.17.13</u>	4. Name: <u>GO DADDY</u>
2. <u>Amount</u> \$ <u>33.34</u>	5. Address: <u>INTERNET PURCHASE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>WEBSITE</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7.25.13</u>	4. Name: <u>AMP GRAPHICS</u>
2. <u>Amount</u> \$ <u>609.97</u>	5. Address: <u>5159 DOVER ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, CO 80002</u>
	7. Purpose of Expenditure: <u>POSTCARDS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7.29.13</u>	4. Name: <u>YAHOO</u>
2. <u>Amount</u> \$ <u>89.89</u>	5. Address: <u>INTERNET PURCHASE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>WEBSITE</u> <input type="checkbox"/> Check box if Electioneering Communication

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>7.29.13</u>	4. Name: <u>SAFEWAY</u>
2. <u>Amount</u> \$ <u>139.72</u>	5. Address: <u>13111 W. ALAMEDA PKWY</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>FUNDRAISING PARTY</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7.29.13</u>	4. Name: <u>PARTY AMERICA</u>
2. <u>Amount</u> \$ <u>24.30</u>	5. Address: <u>7000 W. ALAMEDA AVE.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKEWOOD, CO 80226</u>
	7. Purpose of Expenditure: <u>FUNDRAISING PARTY</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9.17.13</u>	4. Name: <u>D'ANDREA PHOTOGRAPHY</u>
2. <u>Amount</u> \$ <u>200</u>	5. Address: <u>6851 W. ELDORADO PL.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKEWOOD, CO 80227</u>
	7. Purpose of Expenditure: <u>WEBSITE</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10.3.13</u>	4. Name: <u>DIRECT MAIL SERVICES</u>
2. <u>Amount</u> \$ <u>1433.20</u>	5. Address: <u>999 S. JASON ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80223</u>
	7. Purpose of Expenditure: <u>MAILERS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10.11.13</u>	4. Name: <u>AMP GRAPHICS</u>
2. <u>Amount</u> \$ <u>196.49</u>	5. Address: <u>5159 DOVER ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARLVADA, CO 80002</u>
	7. Purpose of Expenditure: <u>POST CARDS</u> <input type="checkbox"/> Check box if Electioneering Communication