



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	
Address of Committee (as shown on registration)	
City, State & Zip Code	
Committee Type	
Name and Address of Financial Institution	

Type of Report:

- Regularly Scheduled Filing **Report Period Covered:** _____ **Through** _____
- 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 funds on hand at the end of the reporting period)

ITEMIZED CONTRIBUTIONS STATEMENT

(more than \$20.00)

Full Name of Committee: _____

	Name: (Last, First) _____	
	Address: _____	
	City/State/Zip: _____	
	Description: _____	
Date Accepted	Employer: (if applicable, mandatory) _____	
	Occupation: (if applicable, mandatory) _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

	Name: (Last, First) _____	
	Address: _____	
	City/State/Zip: _____	
	Description: _____	
Date Accepted	Employer: (if applicable, mandatory) _____	
	Occupation: (if applicable, mandatory) _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

	Name: (Last, First) _____	
	Address: _____	
	City/State/Zip: _____	
	Description: _____	
Date Accepted	Employer: (if applicable, mandatory) _____	
	Occupation: (if applicable, mandatory) _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

ITEMIZED EXPENDITURES STATEMENT

(more than \$20.00)

Full Name of Committee: _____

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

ITEMIZED EXPENDITURES STATEMENT

(more than \$20.00)

Full Name of Committee: _____

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

Date of Expense	Name: (Last, First) _____	Amount
	Address: _____	
	City/State/Zip: _____	
	Purpose of Expenditure: _____	
	<input type="checkbox"/> Check box if Electioneering Communication	

TOTALS

Full Name of Committee: _____

Report Period Covered: _____ Through _____

	Funds on hand at the beginning of reporting period (Includes Candidate Contribution Funds Transferred)	
1	Itemized Contributions more than \$20.00	
2	Total of Non-Itemized Contributions (Contributions of \$20.00 or less)	
3	Total Monetary Contributions (Total of lines 1 & 2)	
4	Total Non-Monetary Contributions	
5	Total Contributions (Total of lines 3 & 4)	
6	Itemized Expenditures more than \$20.00	
7	Total of Non-Itemized Expenditures (Expenditures of \$20.00 or less)	
8	Total Expenditures (Total of lines 6 & 7)	

GRAND TOTALS

A	Funds on Hand at the Beginning of Reporting Period (Includes Committee Funds Transferred)	
B	Total Monetary & Non-Monetary Contributions (line 5)	
C	Total Contributions & Beginning Amount (line A + line B)	
D	Total Expenditures (line 8)	
E	Funds on Hand at the End of Reporting Period (line C - line D)	

Print Registered Agent's Name: _____

Print Candidate Name: _____

I understand that campaign finance activities are governed by Chapter 2.54 Campaign and Political Finance in Municipal Elections of the Lakewood Municipal Code and the Lakewood City Clerk Rules and Regulations regarding campaign finance.

I further certify that I have read and understand the provisions of Chapter 2.54 Campaign and Political Finance in Municipal Elections of the Lakewood Municipal Code and the Lakewood City Clerk Rules and Regulations regarding campaign finance.

The City Clerk shall impose a penalty for each day a report is filed late per Chapter 2.54.050 (C) Campaign and Political Finance in Municipal Elections of the Lakewood Municipal Code and Rule #13 of the City Clerk Rules and Regulations.

By submitting this form, you are signing this Contribution and Expenditure Report electronically and certifying the above information to be true and correct, to the best of your knowledge. You agree your electronic signature is the legal equivalent of your manual signature.

