

City of Lone Tree
 City Clerk
 9220 Kimmer Drive, Suite 100
 Lone Tree, CO 80124
 Telephone: 303-708-1818
 Fax: 303-225-4949
 www.cityoflonetree.com/fecp



CITY OF LONE TREE

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Lone Tree Municipal Code §2-1-90

Full Name of Committee:	
As Shown On Committee Registration Form	
Address of Committee:	
City, State & Zip Code:	
Committee Type:	<input type="checkbox"/> Candidate <input type="checkbox"/> Issue <input type="checkbox"/> Political
Name and Address of Financial Institution	

Type of Report (check all that apply)

- 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 Communication Information**

Reporting Period Covered: **Through**
Date Date

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$
2	Total Monetary Contributions (line 11)	\$
2a	Total Cash Amount Received from Debts or Obligations (line 8a)	\$
2b	Total Non-Monetary Contributions (line 11a)	\$
3	Total of Monetary Amount Received & Beginning Amount (add line 1 +2 + 2a)	\$
4	Total Expenditures (line 16)	\$
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$
5a	Total Debt or Obligation at the End of Reporting Period (line 8 – line 14)	\$

**The City Clerk shall impose a penalty of \$50.00 per day for each day that a report is filed late.
 Lone Tree Municipal Code §2-1-190(c)**

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee: _____

Current Reporting Period: **Through**

Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	Itemized Monetary Contributions in excess of \$25 <i>City of Lone Tree Municipal Code §2-1-90</i> (Please list on Schedule "A")	\$
6a	Itemized Non-Monetary Contributions in excess of \$25 <i>City of Lone Tree Municipal Code §2-1-90</i> (Please list on Schedule "A")	\$
7	Total of Non-Itemized Monetary Contributions <i>City of Lone Tree Municipal Code §2-1-90</i> (Contributions of \$25.00 and less list for your records only on Form A-N)	\$
7a	Total of Non-Itemized Non-Monetary Contributions <i>City of Lone Tree Municipal Code §2-1-90</i> (Contributions of \$25.00 and less list for your records only on Form A-N)	\$
8	Total Debts or Obligations (Please list on Schedule "C")	\$
8a	Total Cash Amount Received from Debts or Obligations (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11a	Total Non-Monetary Contributions (Total of lines 6a and 7a)	\$
11	Total Monetary Contributions (Total of lines 6, 7, 9 and 10)	\$
12	Itemized Expenditures in excess of \$25 <i>City of Lone Tree Municipal Code §2-1-90</i> (Please list on Schedule "B")	\$
13	Total of Non-Itemized Expenditures (Expenditures of \$25.00 or list for your records only on Form B-N)	\$
14	Debt or Obligation Repayments Made (Please list on Schedule "C")	\$
15	Returned Contributions (To donor) (Please list on Schedule "D")	\$
16	Total Expenditures (Total of lines 12 through 15)	\$

Schedule A – Itemized Contributions Statement (in excess of \$25)

Lone Tree Municipal Code § 2-1-90

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

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>): _____

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>): _____

Monetary Contribution (under \$25) \$ _____
Monetary Contribution (\$25 or more) \$ _____
Monetary Contribution Total \$ _____

Non-Monetary Contribution (under \$25) \$ _____
Non-Monetary Contribution (\$25 or more) \$ _____
Non-Monetary Contribution Total \$ _____

Form A-N – Listing of Itemized Contributions not in excess of \$25
for Committee Use Only

PLEASE PRINT/TYPE

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>): _____

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>): _____

Schedule B – Itemized Expenditures Statement (in excess of \$25)

Lone Tree Municipal Code § 2-1-90

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

Expenditures (under \$25) \$ _____
Expenditures (\$25 or more) \$ _____
Total Expenditures \$ _____

Form B-N – Listing of Expenditures not in excess of \$25
for Committee Use Only

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication e	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Expended</u>	3. Name: _____
	4. Address: _____
	5. City/State/Zip: _____
	6. Purpose of Expenditure: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

Schedule C – Outstanding Debts or Obligations

Lone Tree Municipal Code §2-1-90(h)

Debt or Obligations Owed by the Committee

(Use a separate schedule for each outstanding debt or obligation.
This form is for line item 8 and 16 of the Detailed Summary Report.)

DEBT OR OBLIGATION

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Debt or Obligation: \$ _____ Interest Rate if any: _____

Cash Amount Received This Reporting Period: \$ _____
(Sum of Schedule C pages; place total amount on line 8a of Detailed Summary Report)

Total of Debt or Obligation for this
Reporting Period: \$ _____
(Sum of Schedule C pages; place total amount
on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of principal & interest entered on Detail Summary)

Total Repayments Made for this
Reporting Period: \$ _____
(Sum of Schedule C pages; place total amount on
line 14 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN (if any): _____
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS DEBT OR OBLIGATION

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures
Lone Tree Municipal Code §2-1-100

Full Name of Committee/Person: _____

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Total Amount of Returned Contributions <i>(Report on line 15 of the Detailed Summary)</i>	\$
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Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Total Amount of Returned Expenditures <i>(Report on line 10 of the Detailed Summary)</i>	\$
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