

Town of Timnath  
 4750 Signal Tree Drive  
 Timnath, CO 80547  
 Ph: (970) 224-3211  
 Fax: (970) 224-3218  
 mpeters@timnathgov.com



## REPORT OF CONTRIBUTIONS AND EXPENDITURES

<b>Full Name of Committee/Person:</b>	Lisa Laake - Laake for Timnath Council <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	5751 Red Bridge Dr.
<b>City, State &amp; Zip Code:</b>	Timnath, CO 80547
<b>Committee Type:</b>	Candidate Committee
<b>Name and Address of Financial Institution</b>	Wells Fargo - 2827 E. Harmony Rd., Fort Collins, CO 80528

### Type of Report

- Regularly Scheduled Filing.
  60 days before election
  15 days before election  
 30 days before election
  30 days after Election

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:** 03/02/24 Date
 Through 03/17/24 Date

**Declared Total Spending (if applicable)** \$

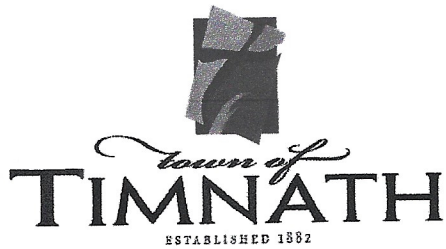
	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 175.00
2 Total Monetary Contributions (line 11)	\$ 150.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 325.00
4 Total Monetary Expenditures (line 19)	\$ -
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 325.00

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

**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: Lisa Laake

Registered Agent's Signature: Lisa Laake Date: 03/18/24



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**STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE**  
(For use by a candidate who has not received any contributions, but has made expenditures of personal funds.)

Candidate's Name: Lisa Laake

Candidate's Address: 5751 Red Bridge Dr.

City, State, and Zip Code: Timnath, CO 80547

Office: Council member Phone No.: 970-214-0753 Elec.Yr.: 2024

Reporting Period: Beginning Date 03/02/24 Ending Date ~~03/08/24~~ 03/17/24

1. <u>Date Expended</u> <u>03/04/24</u>	3. Name: <u>Office Depot</u>
2. <u>Amount</u> <u>\$ 45.38</u>	4. Address: <u>2216 E. Harmony Rd.</u>
	5. City, State, Zip: <u>Fort Collins, CO 80528</u>
	6. Purpose of Expense: <u>Flyers for candidate forum</u>

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: Lisa Laake Date: 03/18/24



**DETAILED SUMMARY**

Full Name of Committee/Person: Lisa Laake - Laake for Timnath Council

Current Reporting Period: 03/02/24 Through 03/17/24

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 175.00
6	<b>Itemized Contributions \$20 or More</b>	\$ 150.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ —
8	<b>Loans Received</b>	\$ —
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ —
10	<b>Returned Expenditures (from recipient)</b>	\$ —
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 150.00
12	<b>Total Non-Monetary Contributions</b>	\$ —
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 150.00
14	<b>Itemized Expenditures \$20 or More</b>	\$ —
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ —
16	<b>Loan Repayments Made</b>	\$ —
17	<b>Returned Contributions (To donor)</b>	\$ —
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ —
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ —
20	<b>Total Spending</b> (Line 18 + line 19)	\$ —

Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person: Lisa Laake - Laake for Timnath Council

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 03/15/24	4. Name (Last, First): <u>Bakke, Tatjana</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>6810 Duncan Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Timnath, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Financial donation</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Homemaker</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> ): _____