



4750 Signal Tree Drive
Timnath, CO 80547

Ph: 970.224.3211
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mpeters@timnathgov.com

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.Nr.: 2024

Reporting Period: Beginning Date _____ Ending Date 03/01/24

1. <u>Date Expended</u> <u>02/27/24</u>	3. Name: <u>Name Cheap</u>
2. <u>Amount</u> <u>\$ 6.16</u>	4. Address: <u>4600 E. Washington St., Suite 305</u>
	5. City, State, Zip: <u>Phoenix, AZ 85034</u>
	6. Purpose of Expense: <u>Purchased domain name</u>

1. <u>Date Expended</u> <u>03/01/24</u>	3. Name: <u>Print Place</u>
2. <u>Amount</u> <u>\$ 1,937.46</u>	4. Address: <u>1130 Ave H East</u>
	5. City, State, Zip: <u>Arlington, TX 76011</u>
	6. Purpose of Expense: <u>Mailers - postcard</u>

1. <u>Date Expended</u> <u>02/28/24</u>	3. Name: <u>PayPal - Laake for Timnath Council</u>
2. <u>Amount</u> <u>\$ 5.00</u>	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: <u>Testing paypal account</u>

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

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

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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Type of Report

- Regularly Scheduled Filing. 60 days before election 15 days before election Annual Report
 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)

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable) \$

Totals Detailed Summary Page		
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 25.00
2	Total Monetary Contributions (line 11)	\$
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4	Total Monetary Expenditures (line 19)	\$
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$

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

DETAILED SUMMARY

Date: 03/03/24

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

Current Reporting Period: 02/02/24 Through 03/01/24

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 25.00
6	Itemized Contributions \$20 or More	\$ 150.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ —
8	Loans Received	\$ —
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ —
10	Returned Expenditures (from recipient)	\$ —
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 150.00
12	Total Non-Monetary Contributions	\$ —
13	Total Contributions (Line 11 + line 12)	\$ 150.00
14	Itemized Expenditures \$20 or More	\$ —
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 5.00
16	Loan Repayments Made	\$ —
17	Returned Contributions (To donor)	\$ —
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ —
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 5.00
20	Total Spending (Line 18 + line 19)	\$ 5.00

Itemized Contributions Statement (\$20 or more)

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 02/28/24	4. Name (Last, First): <u>Lester, Deena</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>5737 Red Bridge Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Timnath, CO 80547</u>
	7. Description: <u>Donation</u>
	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>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	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: _____
	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: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____