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

Address of Committee/Person: Address of Committee/Person: Sted Bothe Dr.					
Address of Committee/Person: City, State & Zip Code: Time add. CO 80547 Committee Type: Name and Address of Financial Institution Type of Report Regularly Scheduled Filing. 60 days before election 30 days before election 30 days before 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 8 24 Date Declared Total Spending (if applicable) Totals Detailed Summary Page 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 30 \text{ 30 Detailed Summary Page} Total Monetary Contributions (line 11)					
Committee Type: Conditional CO S0547					
Name and Address of Financial Wells Fargo - 2827 E. Harmong Rd. Fort Cillins (0 60538) Type of Report Type of Report Type of Regularly Scheduled Filing. 60 days before election 15 days before election 30 days before election 250 days after Election 250 days					
Name and Address of Financial Institution Wells Fargo - Jean E. Harmony Rd. Fort Collins Co 80538 Type of Report					
Type of Report Regularly Scheduled Filing. 60 days before election 15 days before 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: 03/18/24 Date Declared Total Spending (if applicable) Through Totals Detailed Summary Page Funds on Hand at the Beginning of Reporting Period (monetary only) Total Monetary Contributions (line 11)					
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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: O3/18/24 Through Date Date Totals Detailed Summary Page Funds on Hand at the Beginning of Reporting Period (monetary only) Total Monetary Contributions (line 11)					
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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: 03/18/24 Through Date Declared Total Spending (if applicable) \$ Totals Detailed Summary Page 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 320,60 320,63 Total Monetary Contributions (line 11) \$ 75,00					
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: 03/18/24 Through Date Declared Total Spending (if applicable) \$ Totals Detailed Summary Page 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 320,60 320,63 Total Monetary Contributions (line 11) \$ 75,00					
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: 03/18/24 Through 05/02/24 Date Declared Total Spending (if applicable) \$ Totals Detailed Summary Page 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 320.62 2 Total Monetary Contributions (line 11) \$ 75.00					
Check this box if this Report Contains Electioneering Communications Information Reporting Period Covered: 03/18/24 Through 05/02/24 Declared Total Spending (if applicable) \$ Totals Detailed Summary Page 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 320,60 320,62 Total Monetary Contributions (line 11) \$ 75.00					
Reporting Period Covered: 03/18/24 Through 05/02/24 Date Declared Total Spending (if applicable) \$ Totals Detailed Summary Page 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 320.62 2 Total Monetary Contributions (line 11) \$ 75.00					
Reporting Period Covered: 03/18/24 Through 05/02/24 Declared Total Spending (if applicable) \$ Totals Detailed Summary Page Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 320.60 320.62 Total Monetary Contributions (line 11) \$ 75.00					
1 Funds on Hand at the Beginning of Reporting Period (monetary only) 2 Total Monetary Contributions (line 11) \$ 75.00					
1 Funds on Hand at the Beginning of Reporting Period (monetary only) 2 Total Monetary Contributions (line 11) \$ 75.00					
I total of Monetal v Continuitions & Beginning Amoint time 1 1 km 2)					
4 Total Monetary Expenditures (line 19) \$ 395,62					
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) \$ 0,00					
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 Laoke					
Print Registered Agent's Name: Lisa Laake Registered Agent's Signature: Lisa Laake Date: 05/02/24					

DETAILED SUMMARY

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

Current Reporting Period: 03/18/24 Through 05/02/62

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 320,62
6	Itemized Contributions \$20 or More	\$ 75.00
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)	\$ 75.00
12	Total Non-Monetary Contributions	\$
13	Total Contributions (Line 11 + line 12)	\$ 75.00
14	Itemized Expenditures \$20 or More	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 2.93
16	Loan Repayments Made	\$
17	Returned Contributions (To donor)	\$ 392.69
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 395.62
20	Total Spending (Line 18 + line 19)	\$ 395.62

Itemized Contributions Statement (\$20 or more)

Full Name of	Committee/Person: Lisa Laake - Laake for Timerath Council				
PLEASE PRINT/TYPE					
1. Date Accepted 03/18/24	4. Name (Last, First): Willey, Melissa				
2. Contribution Amt. \$ 50,00	5. Address: 6750 Duncan Ct. 6. City/State/Zip: Timnath, W 80547				
3. Aggregate Amt. *	7. Description: Donation				
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): MyScif 9. Occupation (if applicable, mandatory): Parant				
1. Date Accepted	4. Name (Last, First): Netherby, Penny				
2. Contribution Amt. \$ 25.00	5. Address: 5421 Lulu City Dr.				
3. Aggregate Amt. *	6. City/State/Zip: Timnath, CO 80547 7. Description: Dynation				
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): Now 9. Occupation (if applicable, mandatory): Retired				
1. Date Accepted	4. Name (Last, First):				
2. Contribution Amt.	5. Address:				
3. Aggregate Amt. *	6. City/State/Zip: 7. Description:				
Check box if	8. Employer (if applicable, mandatory):				
Electioneering Communication	9. Occupation (if applicable, mandatory):				
1. Date Accepted	4. Name (Last, First):				
2. Contribution Amt.	5. Address:				
3. Aggregate Amt. *	6. City/State/Zip:				
Check box if	8. Employer (if applicable, mandatory):				
Electioneering Communication	9. Occupation (if applicable, mandatory):				



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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	s: <u>5751 Red Bridge Dr.</u>				
City, State, and Zip C	Code: Timpath, CO 30547				
Office: Council	Member Phone No.: 970-214-0753 Elec./Yr.: 2039	1			
Reporting Period:	Beginning Date $03/18/34$ Ending Date $05/09/34$	and hardwale about the Andrews			
1. Date Expended	3. Name:				
	4. Address:				
Z. Amount	5. City, State, Zip:				
\$	6. Purpose of Expense:	***************************************			
	o. Polipose of Expense.				
1. Date Expended	3. Name:				
1	4. Address:				
2. Amount	X				
\$	5. City, State, Zip:				
[6	6. Purpose of Expense:				
1. Date Expended					
	3. Name:				
2. Amount	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 Laahe Date: 05/02/5	14			