

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cplhelp@sos.state.co.us
 www.sos.state.co.us



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DEC 05 2019

REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108, C.R.S.)

| | |
|---|---|
| Full Name of Committee/Person: | barnes4Lafayette |
| As Shown On Registration | |
| Address of Committee/Person: | |
| City, State & Zip Code: | Lafayette CO 80026 |
| Committee Type: | Candidate |
| Name and Address of Financial Institution | TCF Bank 320 N. US 287 Lafayette CO 80026 |

SOS ID NUMBER (state and county committees):

Type of Report

- 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 Communications Information

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]

| | | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 415.74 |
| 2 | Total Monetary Contributions (line 11) | \$ 0.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 415.74 |
| 4 | Total Monetary Expenditures (line 19) | \$ 182.25 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 233.49 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
 [Art. XXVIII Sec. 10(2)(a)]

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: Timothy E. Barnes

Candidates Signature: Timothy E. Barnes Date: 5 Dec 2019

DETAILED SUMMARY

Full Name of Committee/Person:

barnes 4 lafayette

Current Reporting Period:

28 Oct 2019

Through

30 Nov 2019

| | | | |
|----|--|----|--------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ | 415.74 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 0.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ | 0.00 |
| 8 | Loans Received (Please list on Schedule "C") | \$ | 0.00 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ | 0.00 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ | 0.00 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ | 0.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | 0.00 |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 0.00 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 182.25 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ | 0.00 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ | 0.00 |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ | 0.00 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ | 0.00 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 182.25 |
| 20 | Total Spending (Line 18 + line 19) | \$ | 182.25 |

Schedule B – Itemized Expenditures Statement (\$20 or more)

[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: barnes 4 Lafayette

PLEASE PRINT/TYPE

| | |
|---|--|
| 1. <u>Date Expended</u> 29 Oct 2019 | 4. Name: <u>Morrell Printing</u> |
| 2. <u>Amount</u> \$ 102.21 | 5. Address: <u>990 S. Public Rd</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign Flyers</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> 7 Nov 2019 | 4. Name: <u>Endo Brewing</u> |
| 2. <u>Amount</u> \$ 80.04 | 5. Address: <u>2755 Dagny Way STE 101</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Food + beverages for volunteers</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

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NOV 01 2019

REPORT OF CONTRIBUTIONS AND EXPENDITURES
(1-15-10S, C.R.S.)

Full Name of Committee/Person: barnes4lafayette
As Shown On Registration

Address of Committee/Person: _____

City, State & Zip Code: Lafayette CO 80026

Committee Type: candidate

Name and Address of Financial Institution: TCF Bank 320 N. US 287 Lafayette CO 80026

SOS ID NUMBER (state and county committees): _____

Type of Report

- 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 Communications Information

Reporting Period Covered: 13 Oct 2019 Through 27 October 2019
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] S NA

| | Totals Detailed Summary Page |
|---|------------------------------|
| 1 Funds on Hand at the Beginning of Reporting Period (monetary only) | S 435.05 |
| 2 Total Monetary Contributions (line 11) | S 340 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | S 775.05 |
| 4 Total Monetary Expenditures (line 19) | S 359.31 |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | S 415.74 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

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: Timothy E. Barnes

Candidates Signature: Timothy E. Barnes Date: 1 Nov 2019

DETAILED SUMMARY

Full Name of Committee/Person: barnes4lafayette

Current Reporting Period: 13 OCT 2019 Through 27 Oct 2019

| | | | |
|----|---|----|--------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ | 435.00 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 340.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ | |
| 8 | Loans Received (Please list on Schedule "C") | \$ | |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ | |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ | |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ | 340.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 340.00 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 359.31 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ | |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ | |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ | |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate Candidate Committee & Political Parties only) | \$ | |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 359.31 |
| 20 | Total Spending (Line 18 - line 19) | \$ | 359.31 |

Schedule A – Itemized Contributions Statement (S20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: bavnes4 Lafayette

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. Date Accepted <u>13 Oct 2019</u> | 4. Name (Last, First): <u>Figel, Arthur</u> |
| 2. Contribution Amt. \$ <u>50.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Boulder CO 8030</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|--|
| 1. Date Accepted <u>16 Oct 2019</u> | 4. Name (Last, First): <u>McCracken Joan</u> |
| 2. Contribution Amt. \$ <u>250.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Napa CA 94559</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Sister-in-law</u> |
| | 8. Employer (if applicable, mandatory): <u>Self-employed</u> |
| | 9. Occupation (if applicable, mandatory): <u>Marketing rep</u> |

| | |
|--|---|
| 1. Date Accepted <u>16 Oct 2019</u> | 4. Name (Last, First): <u>Rydquist, Eric</u> |
| 2. Contribution Amt. \$ <u>20.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 1. Date Accepted <u>13 Oct</u> | 4. Name (Last, First): <u>Zonder Nikolaus</u> |
| 2. Contribution Amt. \$ <u>20.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art XXVIII, Sec 2(6), Political Party Art XXVIII, Sec 3(3); Political Committee Art XXVIII, Sec 3(5), Small Donor Committee Art XXVIII, Sec 2(14)

Schedule B - Itemized Expenditures Statement (\$20 or more)
[1-15-108(1)(a), C.R.S.]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

| | |
|---|--|
| 1. Date Expended <u>13 Sept 2019</u> | 4. Name: <u>FedEx Office @ Walmart</u> |
| 2. Amount \$ <u>7.05</u> | 5. Address: <u>745 US 287</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign Flyers (65)</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended <u>18 Oct 2019</u> | 4. Name: <u>Marvell Printing</u> |
| 2. Amount \$ <u>275.61</u> | 5. Address: <u>990 S. Public Rd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign Yard signs (15)</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended <u>28 Oct 2019</u> | 4. Name: <u>Marvell Printing</u> |
| 2. Amount \$ <u>102.21</u> | 5. Address: <u>990 S. Public Rd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign flyers (1,000)</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended <u>13 Oct 2019</u> | 4. Name: <u>FedEx Office @ Walmart</u> |
| 2. Amount \$ <u>34.44</u> | 5. Address: <u>745 US 287</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign Flyers (100)</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended | 4. Name: _____ |
| 2. Amount | 5. Address: _____ |
| \$ | 6. City/State/Zip: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

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RECEIVED
OCT 15 2019

REPORT OF CONTRIBUTIONS AND EXPENDITURES
(1-45-108, C.R.S.)

| | |
|---|---|
| Full Name of Committee/Person: | barnes4lafayette |
| As Shown On Registration | |
| Address of Committee/Person: | |
| City, State & Zip Code: | Lafayette CO 80026 |
| Committee Type: | candidate |
| Name and Address of Financial Institution | TCF Bank 320 N. US 287 Lafayette CO 80026 |

SOS ID NUMBER (state and county committees):

Type of Report

- 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 Communications Information

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable)
[Art XXVIII, Sec 4(1)]

| | Totals Detailed Summary Page |
|---|------------------------------|
| 1 Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 0 |
| 2 Total Monetary Contributions (line 11) | \$ 800.00 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 800.00 |
| 4 Total Monetary Expenditures (line 19) | \$ 365.95 |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 435.05 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

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: Timothy Barnes

Candidates Signature: Timothy E. Barnes Date: 15 OCT 2019

DETAILED SUMMARY

Full Name of Committee/Person: Barnes + Lafayette

Current Reporting Period: 5 September 2019 Through 10 October 2019

| | | | |
|----|---|----|----------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ | 0.00 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 790.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ | 10.00 |
| 8 | Loans Received (Please list on Schedule "C") | \$ | 0.00 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ | |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ | |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ | 800.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | 500.00 |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 1,300.00 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 365.95 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ | |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ | |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ | |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate Candidate Committee & Political Parties only) | \$ | |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 365.95 |
| 20 | Total Spending (Line 18 - line 19) | \$ | 365.95 |

Schedule A – Itemized Contributions Statement (S20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: barnes4 Lafayette

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. Date Accepted <u>13 Sept 2019</u> | 4. Name (Last, First): <u>Everitt, David</u> |
| 2. Contribution Amt \$ <u>300.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ | 6. City/State/Zip: <u>Moab UT 84532</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend of The family</u> |
| | 8. Employer (if applicable, mandatory): <u>City of Moab</u> |
| | 9. Occupation (if applicable, mandatory): <u>City Manager</u> |

| | |
|--|---|
| 1. Date Accepted <u>9 Octo 2019</u> | 4. Name (Last, First): <u>Bogie, Dave</u> |
| 2. Contribution Amt \$ <u>100.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ | 6. City/State/Zip: <u>Fort Mohave AZ 86426</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend from childhood</u> |
| | 8. Employer (if applicable, mandatory): <u>Self-Employed</u> |
| | 9. Occupation (if applicable, mandatory): <u>owner, Window Treatments</u> |

| | |
|--|--|
| 1. Date Accepted <u>25 Sept 2019</u> | 4. Name (Last, First): <u>Saints, Jon</u> |
| 2. Contribution Amt \$ <u>100.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend</u> |
| | 8. Employer (if applicable, mandatory): <u>Maxar Technologies</u> |
| | 9. Occupation (if applicable, mandatory): <u>Software engineer</u> |

| | |
|--|--|
| 1. Date Accepted <u>10 Oct 2019</u> | 4. Name (Last, First): <u>John McCracken</u> |
| 2. Contribution Amt \$ <u>100.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ | 6. City/State/Zip: <u>Reston VA 20190</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Father-in-law</u> |
| | 8. Employer (if applicable, mandatory): <u>NA</u> |
| | 9. Occupation (if applicable, mandatory): <u>Retired</u> |

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art XXVIII, Sec 2.6i, Political Party Art XXVIII, Sec 3(3), Political Committee Art XXVIII, Sec 3(5), Small Donor Committee Art XXVIII Sec 2(14)

Schedule A – Itemized Contributions Statement (S20 or more)
 [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: barnes & Lafayette

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. Date Accepted <u>15 Sept 2019</u> | 4. Name (Last, First): <u>Ostroy, Andrea,</u> |
| 2. Contribution Amt. \$ <u>40.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Family Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|--|
| 1. Date Accepted <u>10 Oct 2019</u> | 4. Name (Last, First): <u>Heimer Janet</u> |
| 2. Contribution Amt. \$ <u>50.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Boulder CO 80304</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend and colleague from CAP</u> |
| | 8. Employer (if applicable, mandatory): <u>Retired</u> |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 1. Date Accepted <u>9 Oct 2019</u> | 4. Name (Last, First): <u>Elliott Larson,</u> |
| 2. Contribution Amt. \$ <u>50.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Boulder CO 80302</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Family Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 1. Date Accepted <u>29 Sept 2019</u> | 4. Name (Last, First): <u>Katherine Huth,</u> |
| 2. Contribution Amt. \$ <u>25.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * \$ _____ | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional rules: Candidate Committee Art. XXVII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (S20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Barnes & Lafayette

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. Date Accepted <u>13 Sept 2019</u> | 4. Name (Last, First): <u>Rule, Alicia</u> |
| 2. Contribution Amt. \$ <u>25.00</u> | 5. Address: _____ |
| 3. Aggregate Amt. * | 6. City/State/Zip: <u>Blaine, WA 98230</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Friend</u> |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 1. Date Accepted <u>2019</u> | 4. Name (Last, First): _____ |
| 2. Contribution Amt. \$ | 5. Address: _____ |
| 3. Aggregate Amt. * | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 1. Date Accepted <u>2019</u> | 4. Name (Last, First): _____ |
| 2. Contribution Amt. \$ | 5. Address: _____ |
| 3. Aggregate Amt. * | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 1. Date Accepted | 4. Name (Last, First): _____ |
| 2. Contribution Amt. \$ | 5. Address: _____ |
| 3. Aggregate Amt. * | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional articles: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(13).

Schedule B – Itemized Expenditures Statement (\$20 or more)
[1-15-108(1)(a), C.R.S.]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

| | |
|---|--|
| 1. Date Expended <u>23 Sept 2019</u> | 4. Name: <u>Morrell Printing</u> |
| 2. Amount \$ <u>40.99</u> | 5. Address: <u>990 S. Public Rd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign flyers (50)</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended <u>9 Oct 2019</u> | 4. Name: <u>Morrell Printing</u> |
| 2. Amount \$ <u>230.77</u> | 5. Address: <u>990 S. Public Rd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign flyers⁵⁰ window/yard¹⁰ signs¹⁰</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended <u>11 Oct 2019</u> | 4. Name: <u>Morrell Printing</u> |
| 2. Amount \$ <u>94.19</u> | 5. Address: <u>990 S. Public Rd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| | 7. Purpose of Expenditure: <u>Campaign flyers (1200)</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended | 4. Name: _____ |
| 2. Amount \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. Date Expended | 4. Name: _____ |
| 2. Amount \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1). C.R.S.]

Full Name of Committee/Person: barnes4lafayette

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Provided</u> Sept 2017 | 4. Name (Last, First): <u>Saints, Marissa</u> |
| 2. <u>Fair Market Value</u> \$ 500.00 | 5. Address: _____ |
| 3. <u>Aggregate Amt.</u> \$ | 6. City/State/Zip: <u>Lafayette CO 80026</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Logo creation yard sign design</u> |
| | 8. Employer (if applicable, <u>mandatory</u>): <u>self-employed</u> |
| | 9. Occupation (if applicable, <u>mandatory</u>): <u>Community organizer</u> |
| | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

| | |
|--|--|
| 1. <u>Date Provided</u> | 4. Name (Last, First): _____ |
| 2. <u>Fair Market Value</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>): _____ |
| | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

| | |
|--|--|
| 1. <u>Date Provided</u> | 4. Name (Last, First): _____ |
| 2. <u>Fair Market Value</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>): _____ |
| | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

* Note. If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Colorado Secretary of State
Elections Division
1700 Broadway, Ste 200
Denver, CO 80290
Ph (303) 894-2200 ext 6383
Fax (303) 869-4861
Email cphelp@sos.state.co.us
www.sos.state.co.us

Below Space For Office Use Only



NEW COMMITTEE REGISTRATION FORM

(1-45-108, C.R.S.)

Please use this form if you are registering a new committee for Colorado campaign finance purposes.

Select Only One Committee Type:

- Candidate Committee Political Party Small Donor Committee
 Political Committee Issue Committee 527 Political Organization Federal PAC

Committee Name: barnes4lafayette
Name should be descriptive. Include office, organization name, etc. Note: CO does not have PACs, only political committees.

Committee Address (Physical): 80026 Lafayette, CO

Committee Address (Mailing): Lafayette, CO

Phone Number: _____ Alternate Phone Number: _____

Fax Number: _____ Web Address: timbarnesforlafayette.com

Check Only One Jurisdiction:

- Federal State County
 Municipal Multi-County Other: _____

Purpose/Office Sought (include party, office, district & election year, if applicable): Lafayette, CO
City Council Member

Financial Institution Information:

Institution Name: TCF Bank

Institution Address: 320 N. US 287 Lafayette CO 80026

Agent / Contact Information:

Name of Person Acting As Registered Agent: Timothy Barnes
Under Colorado law, only the registered agent for the candidate in the case of candidate committees may file the committee reports.

Phone Number: _____ Registered Agent E-Mail: barnes4lafayette@gmail.com

Alternate E-Mail 1: _____

Alternate E-Mail 2: _____

Authorization

Registered Agent's Signature: Timothy E. Barnes Date: 5 Sept 2019

Print Candidate Name: TIMOTHY/E. BARNES

Candidate Address (include mailing): ST Lafayette, CO 80026

Candidate Signature: Timothy E. Barnes Date: 5 Sept 2019