

Space Below For Office Use Only

Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 200  
Denver, CO 80290  
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Fax: (303) 869-4861  
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www.sos.state.co.us



RECEIVED  
NOV 01 2019

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

Full Name of Committee/Person:	PATRICIA TOWNSEND FOR CITY COUNCIL
As Shown On Registration	
Address of Committee/Person:	
City, State & Zip Code:	LAFAYETTE CO 80026
Committee Type:	CANDIDATE
Name and Address of Financial Institution	GREAT WESTERN BANK 811 S. PUBLIC RD 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

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)	\$ 300.76
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 300.76
4 Total Monetary Expenditures (line 19)	\$ 235.80
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 64.96

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: PATRICIA TOWNSEND

Candidates Signature: Date: 11/01/19

**DETAILED SUMMARY**

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

Current Reporting Period: 10/11/19 Through 10/27/19

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 300.76
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 0
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 235.80
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 235.80
20	Total Spending (Line 18 + line 19)	\$ 235.80

Schedule A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

**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> ): _____

NONE

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> ): _____

\* 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)(b), C.R.S.]

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

PLEASE PRINT/TYPE

1. Date Expended <u>10/11/19</u>	4. Name: <u>JENNA TOLLBERG FOR CITY COUNCIL</u>
2. Amount \$ <u>44.30</u>	5. Address: _____
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>reimbursement for shared expenses : signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/12/19</u>	4. Name: <u>FEDEX OFFICE</u>
2. Amount \$ <u>80.54</u>	5. Address: <u>745N 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>FLYER PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/19/19</u>	4. Name: <u>FEDEX OFFICE</u>
2. Amount \$ <u>85.96</u>	5. Address: <u>745N 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>FLYER PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/15/19</u>	4. Name: <u>MARTY FEFFER FOR CITY COUNCIL</u>
2. Amount \$ <u>25.00</u>	5. Address: <u>Dr</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>reimbursement for shared expense : social media consulting</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

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

Full Name of Committee/Person:	PATRICIA TOWNSEND FOR CITY COUNCIL
As Shown On Registration	
Address of Committee/Person:	
City, State & Zip Code:	LAFAYETTE CO 80026
Committee Type:	CANDIDATE
Name and Address of Financial Institution	GREAT WESTERN BANK 811 S PUBLIC RD 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) 10/15/19  
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: 9/10/19 Through 10/10/19  
Date Date

Declared Total Spending (if applicable) [Art XXVIII, Sec 4(1)] \$ 199.24

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$
2 Total Monetary Contributions (line 11)	\$ 500
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 500
4 Total Monetary Expenditures (line 19)	\$
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 300.76

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: PATRICIA TOWNSEND

Candidates Signature: [Signature] Date: 11/01/19

**Schedule A – Itemized Contributions Statement (S20 or more)**

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

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/7/19	4. Name (Last, First): <u>Townsend, Patricia</u>
2. <u>Contribution Amt.</u> \$ 500	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>for campaign expenses</u>
	8. Employer (if applicable, mandatory): <u>CU</u>
	9. Occupation (if applicable, mandatory): <u>Research Assistant</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, 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)

**DETAILED SUMMARY**

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

Current Reporting Period: 09/10/19 Through 10/10/19

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 500
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 500
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$
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)	\$

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RECEIVED  
OCT 15 2019

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

Full Name of Committee/Person:	PATRICIA TOWNSEND FOR CITY COUNCL <small>As Shown On Registration</small>
Address of Committee/Person:	.R
City, State & Zip Code:	LAFAYETTE CO 80026
Committee Type:	CANDIDATE
Name and Address of Financial Institution	GREAT WESTERN BANK 811 S. PUBLIC RD 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)	\$ 550
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 550
4 Total Monetary Expenditures (line 19)	\$ 199.24
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 350.76

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: PATRICIA TOWNSEND

Candidates Signature: [Signature] Date: 10/15/19



**DETAILED SUMMARY**

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

Current Reporting Period: 09/10/2019 Through 10/10/2019

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 550
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 550
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <del>316</del> 349.45
13	Total Contributions (Line 11 + line 12)	\$ <del>816</del> 849.45
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 199.24
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 199.24
20	Total Spending (Line 18 + line 19)	\$ 199.24

**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/12/19	4. Name (Last, First): <u>Townsend, Patricia</u>
2. <u>Contribution Amt.</u> \$ 50	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>to open bank account</u>
	8. Employer (if applicable, mandatory): <u>CU</u>
	9. Occupation (if applicable, mandatory): <u>Research Assistant</u>

1. <u>Date Accepted</u> 10/7/19	4. Name (Last, First): <u>Townsend, Patricia</u>
2. <u>Contribution Amt.</u> \$ 500	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>for future expenses</u>
	8. Employer (if applicable, mandatory): <u>CU</u>
	9. Occupation (if applicable, mandatory): <u>Research <del>Assistant</del> Assistant</u>

1. <u>Date Accepted</u>	4. Name (Last, First): <u>Townsend, Patricia</u>
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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, 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).

**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: PATRICIA TOWNSEND FOR CITY COUNCIL

PLEASE PRINT/TYPE

1. Date Provided <u>9/14/19</u>	4. Name (Last, First): <u>Steve Dovala</u>
2. Fair Market Value \$ <u>316.00</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>head shots, group shots</u>
	8. Employer (if applicable, mandatory): <u>Allegra Coffee</u>
	9. Occupation (if applicable, mandatory): <u>Coffee Sales Rep</u>
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. Date Provided <u>9/14/19</u>	4. Name (Last, First): <u>PATRICIA Townsend</u>
2. Fair Market Value \$ <u>33.45</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>phone for campaign</u>
	8. Employer (if applicable, mandatory): <u>CU</u>
	9. Occupation (if applicable, mandatory): <u>Research Asst.</u>
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. Date Provided	4. Name (Last, First): _____
2. Fair Market Value \$ _____	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): _____
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."

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

[1-15-108(F)(a), C.R.S.]

Full Name of Committee/Person: PATRICIA TOWNSEND FOR CITY COUNCIL

PLEASE PRINT/TYPE

1. Date Expended <u>10/1/19</u>	4. Name: <u>Anne Borrell for Lafayette City Council</u>
2. Amount \$ <u>1248</u>	5. Address: _____
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>reimbursement for shared expense: signs, tape</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/1/19</u>	4. Name: <u>Tonya Briggs for City Council</u>
2. Amount \$ <u>129.96</u>	5. Address: _____
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>reimbursement for shared expense: yard signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/5/19</u>	4. Name: <u>Community Rights Advocates Political Committee</u>
2. Amount \$ <u>34.40</u>	5. Address: <u>420 Strathmore Ln #106</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>reimbursement for: website domain, food truck for launch party</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/9/19</u>	4. Name: <u>Tracfone</u>
2. Amount \$ <u>22.40</u>	5. Address: <u>Tracfone.com</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Florida (bought online)</u>
	7. Purpose of Expenditure: <u>minutes for campaign phone</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

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www.sos.state.co.us



Below Space For Office Use Only  
Received 9/11/19

### 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: Patricia Townsend for City Council

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

Committee Address (Physical): 3. / LAFAYETTE CO 80026

Committee Address (Mailing): add 9/11/19

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Web Address: TownsendForCBOR@gmail.com

#### Check Only One Jurisdiction:

- Federal     State     County  
 Municipal     Multi-County     Other: \_\_\_\_\_

Purpose/Office Sought (include party, office, district & election year, if applicable): \_\_\_\_\_

Lafayette City Council 2019 2019  
add 9/11/19

#### Financial Institution Information:

Institution Name: Great Western Bank

Institution Address: 811 S PUBLIC RD, LAFAYETTE CO 80026

#### Agent / Contact Information:

Name of Person Acting As Registered Agent: Patricia Townsend

*Under Colorado law, only the registered agent (or the candidate in the case of candidate committees) may file the committee reports.*

Phone Number: \_\_\_\_\_ Registered Agent E-Mail: TownsendForCBOR@gmail.com

Alternate E-Mail 1: \_\_\_\_\_

Alternate E-Mail 2: \_\_\_\_\_

#### Authorization

Registered Agent's Signature: Patricia Townsend Date: 9/11/19

Print Candidate Name: Patricia Townsend

Candidate Address (include mailing): LAFAYETTE CO 80026

Candidate Signature: Patricia Townsend Date: 9/11/19