

Space Below For Office Use Only

Colorado Secretary of State  
Elections Division  
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RECEIVED  
NOV 01 2019

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

Full Name of Committee/Person: J. Tullberg for City Council Jenna Tullberg  
As Shown On Registration

Address of Committee/Person: \_\_\_\_\_

City, State & Zip Code: Lafayette, CO 80026

Committee Type: Campaign Committee

Name and Address of Financial Institution: Great Western Bank

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: 10/11/19 Through 10/27/19  
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)	\$ 409.78
2	Total Monetary Contributions (line 11)	\$ 247.21
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 656.99
4	Total Monetary Expenditures (line 19)	\$ 132.69
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 524.30

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: Jenna Tullberg

Registered Agent's Signature: \_\_\_\_\_ Date: 10/31/19

Print Candidate Name: Jenna Tullberg

Candidates Signature: \_\_\_\_\_ Date: 10/31/19

**DETAILED SUMMARY**

Full Name of Committee/Person: J. Tullberg for City Council

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

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 409.78
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 247.21
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)	\$ 656.99
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 656.99
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 107.58
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 25.11
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)	\$ 132.69
20	Total Spending (Line 18 + line 19)	\$ 132.69



**Schedule A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: J. Tullberg for City Council

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/11/19</u>	4. Name (Last, First): <u>Borrell, Anne for City Council</u>
2. <u>Contribution Amt.</u> \$ <u>44.30</u>	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>reimbursement for joint expenses</u>
	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> ): _____

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)(a), C.R.S.]

Full Name of Committee/Person: J. Tullberg for City Council

PLEASE PRINT/TYPE

1. Date Expended <u>10/12/19</u>	4. Name: <u>Lafayette Public Library</u>
2. Amount \$ <u>25.00</u>	5. Address: <u>1715 Baseline Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" 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>10/21/19</u>	4. Name: <u>Safeway</u>
2. Amount \$ <u>58.48</u>	5. Address: <u>3333 Arapahoe Rd N # B</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Erie, CO 80516</u>
	7. Purpose of Expenditure: <u>potluck main dish expense</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/11/19</u>	4. Name: <u>Walmart</u>
2. Amount \$ <u>24.10</u>	5. Address: <u>745 US-287</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lafayette, CO 80026</u>
	7. Purpose of Expenditure: <u>Cocoa &amp; Snacks for Josephine event</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

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OCT 15 2019

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

Full Name of Committee/Person: J. Tullberg for City Council; Jenna Tullberg  
As Shown On Registration

Address of Committee/Person: \_\_\_\_\_

City, State & Zip Code: Lafayette, CO 80026

Committee Type: Campaign Committee

Name and Address of Financial Institution: Great Western Bank

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: 9/11/19 Date Through 10/10/19 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)	\$ <u>0</u>
2	Total Monetary Contributions (line 11)	\$ <u>1004.30</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>1004.30</u>
4	Total Monetary Expenditures (line 19)	\$ <u>594.52</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>409.78</u>

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: Jenna Tullberg

Registered Agent's Signature: [Signature] Date: 10/15/19

Print Candidate Name: Jenna Tullberg

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

**DETAILED SUMMARY**

Full Name of Committee/Person: J. Tullberg for City Council; Jenna Tullberg

Current Reporting Period: 9/11/19 Through 10/10/19

	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")	\$	604.30
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	30.00
8	Loans Received (Please list on Schedule "C")	\$	370.00
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)	\$	1004.30
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	441.00
13	Total Contributions (Line 11 - line 12)	\$	1445.30
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	521.62
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	72.90
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)	\$	594.52
20	Total Spending (Line 18 - line 19)	\$	594.52

**Schedule A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Jenna Tullberg; J Tullberg for City Council

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/16/19</u>	4. Name (Last, First): <u>Wield, Tammy</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Sheboygan, WI 53081</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>paypal donation</u>
	8. Employer (if applicable, mandatory): <u>unemployed</u>
	9. Occupation (if applicable, mandatory): <u>homemaker</u>

1. Date Accepted <u>9/17/16</u>	4. Name (Last, First): <u>Kleeman, Keri</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Port Washington, WI 53074</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>paypal donation</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>9/26/19</u>	4. Name (Last, First): <u>Wield, Tammy</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Sheboygan, WI 53081</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Fundraiser Donation</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>9/27/19</u>	4. Name (Last, First): <u>Rafael, Terra</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>Fundraiser Donation</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 A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: J. Tullberg for City Council; Jenna Tullberg

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/28/19</u>	4. Name (Last, First): <u>Baker, Elizabeth</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Robertsville, MO 63072</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>FundRazr Donation</u>
	8. Employer (if applicable, mandatory): <u>YMCA of the Ozarks</u>
	9. Occupation (if applicable, mandatory): <u>Business Manager</u>

1. Date Accepted <u>10/4/19</u>	4. Name (Last, First): <u>Feasel, Amy</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Longwood, FL 32750</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>FundRazr Donations</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/4/19</u>	4. Name (Last, First): <u>Neumann, Zachary</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Denver, CO 80218</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>FundRazr Donation</u>
	8. Employer (if applicable, mandatory): <u>UC Denver</u>
	9. Occupation (if applicable, mandatory): <u>Grad Professor</u>

1. Date Accepted <u>9/22/19</u>	4. Name (Last, First): <u>Lafayette, Tom &amp; Franny</u>
2. Contribution Amt. \$ <u>50.00</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>Check to Campaign Committee</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 A – Itemized Contributions Statement (S20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: J. Tullberg for City Council; Jenna Tullberg

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/1/19	4. Name (Last, First): <u>Fetter, Marty for City Council</u>
2. <u>Contribution Amt.</u> \$ 44.30	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>reimbursement for joint launch expenses</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self-employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>handyman</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> ): _____

\* 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(100), C.R.S.]

Full Name of Committee/Person: Jenna Tullberg; JTullberg for City Council

PLEASE PRINT/TYPE

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 checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lafayette, CO 80026</u>
	7. Purpose of Expenditure: <u>joint sign expense reimbursement</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/10/19</u>	4. Name: <u>Banners on the Cheap</u>
2. Amount \$ <u>105.28</u>	5. Address: <u>11525 a Stonehollow Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Austin, Tx 78758</u>
	7. Purpose of Expenditure: <u>joint campaign banner</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

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

Schedule C - Loans

Full Name of Committee/Person: Jenna Tullberg, J. Tullberg for City Council

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.) [No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): Tullberg, Jenna

Address:

City/State/Zip: Lafayette, CO 80026

Original Amount of Loan: \$ 250 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 370.00 Total of All Loans This Reporting Period: \$ 370.00 (Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0 (Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ (Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 370.00

TERMS OF LOAN: 9/11/19 Date Loan Received 11/15/19 Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Table with 3 columns: Full Name, Address, City, State, Zip, Amount Guaranteed. The table is currently empty.

**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: Jenna Tullberg - J. Tullberg for City Council

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 9/15/19	4. Name (Last, First): <u>Dovala, Steve</u>
2. <u>Fair Market Value</u> \$ <u>316.00</u>	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>personal headshots + joint group shots</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Allegro Coffee</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Account Rep</u>
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. <u>Date Provided</u> 9/25/19	4. Name (Last, First): <u>Graham, Robert</u>
2. <u>Fair Market Value</u> \$ <u>125.00</u>	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Denver, CO 80205</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>personal headshots</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Community College of Denver</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Communication Specialist</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  
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Email cphelp@sos.state.co.us  
www.sos.state.co.us



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

Committee Address (Physical): \_\_\_\_\_

Committee Address (Mailing): \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Web Address: \_\_\_\_\_

#### 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

#### Financial Institution Information:

Institution Name: Great Western Bank

Institution Address: 811 S. Public Rd

#### Agent / Contact Information:

Name of Person Acting As Registered Agent: Jenna Tullberg

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: CommunityRightsAdvocates@gmail.com

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

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

#### Authorization

Registered Agent's Signature: [Signature] Date: 9/11/19

Print Candidate Name: Jenna Tullberg

Candidate Address (include mailing): \_\_\_\_\_

Candidate Signature: [Signature] Date: 9/11/19