

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



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 DEC 05 2019

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

Full Name of Committee/Person: Tipping Point Lafayette / Walton
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): n/a

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: 10/28/19 Through 11/30/19
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)	\$ <u>395.38</u>
2 Total Monetary Contributions (line 11)	\$ <u>40.00</u>
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>435.38</u>
4 Total Monetary Expenditures (line 19)	\$ <u>241.23</u>
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>194.15</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: Stephanie Walton

Registered Agent's Signature: Stephanie M. Walton Date: 12/5/19

Print Candidate Name: Stephanie Walton

Candidates Signature: Stephanie M. Walton Date: 12/5/19

DETAILED SUMMARY

Full Name of Committee/Person: Tipping Point Lafayette / Walton

Current Reporting Period: 10/28/19 Through 11/30/19

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 395.38
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 40.00
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)	\$ 40.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 40.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 231.33
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 9.90
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)	\$ 241.23
20	Total Spending (Line 18 + line 19)	\$ 241.23

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

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

Full Name of Committee/Person: Tippling Point Lafayette/Walton

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/31/19	4. Name (Last, First): <u>SWIFT, GRANT</u>
2. <u>Contribution Amt.</u> \$ 40.00	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: _____
	8. Employer (if applicable, <u>mandatory</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: _____
<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)

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

Full Name of Committee/Person: Tipping Point Lafayette/Walton

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 11/4/19	4. Name: <u>FedEx</u>
2. <u>Amount</u> \$ 52.33	5. Address: <u>745 N. Hwy 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>printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/5/19	4. Name: <u>Campaign Partner</u>
2. <u>Amount</u> \$ 29.00	5. Address: <u>PO Box 118</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Still River, MA 01467</u>
	7. Purpose of Expenditure: <u>website</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/12/19	4. Name: <u>Colorado Democratic Party</u>
2. <u>Amount</u> \$ 150.00	5. Address: <u>789 Sherman St. Ste 110</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80203</u>
	7. Purpose of Expenditure: <u>voter file</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

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

Full Name of Committee/Person: TIPPING POINT Lafayette/Walton
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): n/a

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 Date Through 10/27/19 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)	\$ 610.13
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 610.13
4	Total Monetary Expenditures (line 19)	\$ 214.75
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 395.38

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: Stephanie Walton

Registered Agent's Signature: Stephanie M. Walton Date: 11/1/19

Print Candidate Name: Stephanie Walton

Candidates Signature: Stephanie M. Walton Date: 11/1/19

DETAILED SUMMARY

Full Name of Committee/Person: Tipping Point Lafayette/Walton

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

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 610.13
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)	\$ 248.14
13	Total Contributions (Line 11 + line 12)	\$ 248.14
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 209.80
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 4.95
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)	\$ 214.75
20	Total Spending (Line 18 - line 19)	\$ 214.75

Schedule B - Itemized Expenditures Statement (\$20 or more)
[1-45-108(D)(a), C.R.S.]

Full Name of Committee/Person: Tipping Point Lafayette/Walton

PLEASE PRINT/TYPE

1. Date Expended <u>10/11/19</u>	4. Name: <u>Walmart</u>
2. Amount \$ <u>99.18</u>	5. Address: <u>745 N. Hwy 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>office supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/13/19</u>	4. Name: <u>Walmart</u>
2. Amount \$ <u>25.74</u>	5. Address: <u>745 N. Hwy 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>Office supplies/postage</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/13/19</u>	4. Name: <u>FedEx</u>
2. Amount \$ <u>84.88</u>	5. Address: <u>745 N. Hwy 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>printing</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: Tipping Point Lafayette / Walton

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10/13/19	4. Name (Last, First): <u>Walton, Stephanie</u>
2. <u>Fair Market Value</u> \$ 248.14	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>yard signs</u>
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>training developer</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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, 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."

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 OCT 15 2019

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

Full Name of Committee/Person: Tipping Point Lafayette / Walton
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

SOS ID NUMBER (state and county committees): n/a

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: 8/14/19 Through 10/10/19
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)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 1080
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1080
4 Total Monetary Expenditures (line 19)	\$ 469.87
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 610.13

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: Stephanie Walton

Registered Agent's Signature: Stephanie M. Walton Date: 10/15/19

Print Candidate Name: Stephanie Walton

Candidates Signature: Stephanie M. Walton Date: 10/15/19

DETAILED SUMMARY

Full Name of Committee/Person: Tippling Point Lafayette / Walton

Current Reporting Period: 8/14/19 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")	\$ 1070.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 10.00
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)	\$ 1080.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 1080.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 448.34
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 21.53
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)	\$ 469.87
20	Total Spending (Line 18 - line 19)	\$ 469.87

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

Full Name of Committee/Person: Tipping Point Lafayette/Walton

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/14/19	4. Name (Last, First): <u>Walton, Stephanie</u>
2. <u>Contribution Amt.</u> \$ 100	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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>training developer</u>

1. <u>Date Accepted</u> 9/6/19	4. Name (Last, First): <u>O'Brien, Rebecca</u>
2. <u>Contribution Amt.</u> \$ 20	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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>n/a</u>

1. <u>Date Accepted</u> 9/6/19	4. Name (Last, First): <u>Behanna, Chelsea</u>
2. <u>Contribution Amt.</u> \$ 100	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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Adams 12 Schools</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Principal</u>

1. <u>Date Accepted</u> 9/6/19	4. Name (Last, First): <u>Hartke, Gretchen</u>
2. <u>Contribution Amt.</u> \$ 300	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Chicago, IL 60618</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Instructional Designer</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 A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Tipping Point Lafayette/Walton

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/6/19	4. Name (Last, First): <u>Buzan, Susie</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Bloomington, IN 47401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>retired</u>

1. <u>Date Accepted</u> 9/11/19	4. Name (Last, First): <u>Buzan, Steve</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Solomons, MD 20688</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>retired</u>

1. <u>Date Accepted</u> 9/18/19	4. Name (Last, First): <u>Klein, Julie</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>sustainability consultant</u>

1. <u>Date Accepted</u> 9/27/19	4. Name (Last, First): <u>Hart Hyatt, Cate</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Columbus, IN 47201</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9. Occupation (if applicable, <u>mandatory</u>): <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(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: Tipping Point Lafayette/Walton

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>9/8/19</u>	4. Name (Last, First): <u>Foote, Mike</u>
2. <u>Contribution Amt.</u> \$ <u>100</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>attorney</u>

1. <u>Date Accepted</u> <u>10/5/19</u>	4. Name (Last, First): <u>Jones, Matt</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>Louisville, CO 80027</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Boulder County</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Commissioner</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(D)(a), C.R.S.]

Full Name of Committee/Person: Tippling Point Lafayette/Walton

PLEASE PRINT/TYPE

1. Date Expended <u>9/6/19</u>	4. Name: <u>Campaign Partner</u>
2. Amount \$ <u>34</u>	5. Address: <u>PO Box 118</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Still River, MA 01467</u>
	7. Purpose of Expenditure: <u>website</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/5/19</u>	4. Name: <u>Campaign Partner</u>
2. Amount \$ <u>29</u>	5. Address: <u>PO Box 118</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Still River, MA 01467</u>
	7. Purpose of Expenditure: <u>website</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/9/19</u>	4. Name: <u>Colorado Democratic Party</u>
2. Amount \$ <u>50</u>	5. Address: <u>789 Sherman St. Ste 110</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80203</u>
	7. Purpose of Expenditure: <u>voter file</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/8/19</u>	4. Name: <u>FedEx</u>
2. Amount \$ <u>41.01</u>	5. Address: <u>976 W. Dillon Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Louisville, CO 80026</u>
	7. Purpose of Expenditure: <u>printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/30/19</u>	4. Name: <u>Fed Ex</u>
2. Amount \$ <u>64.88</u>	5. Address: <u>745 N. US Hwy 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>printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

Full Name of Committee/Person: Tippling Point Lafayette/Walton

PLEASE PRINT/TYPE

1. Date Expended <u>9/26/19</u>	4. Name: <u>Fed Ex</u>
2. Amount \$ <u>32.53</u>	5. Address: <u>745 N. Hwy 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>printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/9/19</u>	4. Name: <u>Fed Ex</u>
2. Amount \$ <u>172.48</u>	5. Address: <u>745 N. Hwy 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>printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/27/19</u>	4. Name: <u>Stephanie Walton</u>
2. Amount \$ <u>24.44</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/printing</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

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



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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: Tipping Point Lafayette

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

Committee Address (Physical): 1111 1/2 CO, 80026

Committee Address (Mailing): _____

Phone Number: 719 486 1111 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): _____

City Council, City of Lafayette, 2019

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

Phone Number: 719 486 1111 Registered Agent E-Mail: Stephanie41lafayette@gmail.com

Alternate E-Mail 1: _____

Alternate E-Mail 2: _____

Authorization

Registered Agent's Signature: Stephanie M. Walton Date: 8/14/19

Print Candidate Name: Stephanie Walton

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

Candidate Signature: Stephanie M. Walton Date: 8/14/19