

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



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

**Full Name of Committee/Person:** Tonya Briggs for City Council  
As Shown on Registration

**Address of Committee/Person:**

**City, State & Zip Code:**

**Committee Type:**

**Name and Address of Financial Institution:** Great Western Bank 811 S. Pueblo Rd Lafayette

**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 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)	\$ 894.99
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 894.99
4	Total Monetary Expenditures (line 19)	\$ 0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 894.99

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: Tonya Briggs

Registered Agent's Signature: [Signature] Date: 11/15/19

Print Candidate Name: Tonya Briggs

Candidates Signature: [Signature] Date: 11/15/19

**DETAILED SUMMARY**

Full Name of Committee/Person: \_\_\_\_\_

Current Reporting Period:

10/11/19

Through

10/27/19

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$	<del>0</del>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	<del>0</del>
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)	\$	
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 [C.R.S. 1-45-108(1)(a)]</b> (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)	\$	<del>0</del>
20	<b>Total Spending</b> (Line 18 + line 19)	\$	<del>0</del>

Colorado Secretary of State  
Regina Casimiro  
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www.sos.state.co.gov



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**RECEIVED**  
**NOV 01 2019**

**CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS  
AND  
NON-EXPENDITURE OF FUNDS**  
(11-10301 & 1-1-109 CRS)

I, the undersigned, am a candidate for public office and have not received contributions or made expenditures for my campaign or for the campaign of the candidate.

Name of Candidate:

Tonya Briggs

Address of Candidate:

City, State, Zip:

Lafayette CO 80026

Reporting Period: Be

From

Date 10/15/19

Ending On:

11/1/19

**CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD**

\$ 0.00

**EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD**

\$ 0.00

I, Tonya Briggs, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my behalf during this reporting period.

Candidate's Signature

Date

11/1/19

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](http://www.sos.state.co.us)



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**RECEIVED**  
**OCT 15 2019**

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

Full Name of Committee/Person:	Tonya Briggs for City Council <small>As Shown On Registration</small>
Address of Committee/Person:	
City, State & Zip Code:	Lafayette CO 80026
Committee Type:	city council 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)	\$ 989.84
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 989.84
4 Total Monetary Expenditures (line 19)	\$ 95.35
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 894.49

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: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: Tonya Briggs for City Council

Current Reporting Period: 9/12/19 Through 10/10/19

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	989 <sup>84</sup>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	
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)	\$	989 <sup>84</sup>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	1,900 <sup>06</sup>
13	Total Contributions (Line 11 + line 12)	\$	2,889 <sup>90</sup>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	78 <sup>71</sup>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	16 <sup>64</sup>
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)	\$	95 <sup>35</sup>
20	Total Spending (Line 18 + line 19)	\$	95 <sup>35</sup>

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

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

Full Name of Committee/Person: Tonye Briggs for City Council

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>9/12/19</u>	4. Name (Last, First): <u>Briggs, Tonye</u>
2. <u>Contribution Amt.</u> \$ <u>120</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>open funds for checking account</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>self - Around The Clock</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner/operator</u>

1. <u>Date Accepted</u> <u>10/7/19</u>	4. Name (Last, First): <u>Liekhus, Tracy</u>
2. <u>Contribution Amt.</u> \$ <u>300</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>Eric CO 80516</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>contribution from my mom</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> <u>10/7/19</u>	4. Name (Last, First): <u>Gallagher, Susan</u>
2. <u>Contribution Amt.</u> \$ <u>50</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>Contribution</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> <u>10/1/19</u>	4. Name (Last, First): <u>Borrell, Anne</u>
2. <u>Contribution Amt.</u> \$ <u>129<sup>96</sup></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 group signs</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>graphic design</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: Tonya Briggs for City Council

**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>Feller, Marty</u>
2. <u>Contribution Amt.</u> \$ 129 <sup>96</sup>	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 group signs</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>handman</u>

1. <u>Date Accepted</u> 10/1/19	4. Name (Last, First): <u>Townsend, Patricia</u>
2. <u>Contribution Amt.</u> \$ 129 <sup>96</sup>	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 of signs (group)</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>CU</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>research asst.</u>

1. <u>Date Accepted</u> 10/1/19	4. Name (Last, First): <u>Tullberg, Jenna</u>
2. <u>Contribution Amt.</u> \$ 129 <sup>96</sup>	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 of signs</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>community college of Denver</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>hiring recruit</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)**  
[1-15-10R(1)(a), C.R.S.]

Full Name of Committee/Person: Tonya Briggs for City Council

PLEASE PRINT/TYPE

1. Date Expended <u>10/1/19</u>	4. Name: <u>Community Rights Advocates Political Committee</u>
2. Amount \$ <u>34<sup>40</sup></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 of shared expenses</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/1/19</u>	4. Name: <u>Jenna Tullberg</u>
2. Amount \$ <u>44<sup>31</sup></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 of shared expenses</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



**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: Tonya Briggs for City Council

PLEASE PRINT/TYPE

1. Date Provided <u>9/4/19</u>	4. Name (Last, First): <u>Dovala, Steve</u>
2. Fair Market Value \$ <u>316</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>headshots &amp; group shots</u>
	8. Employer (if applicable, mandatory): <u>Megro coffee</u>
	9. Occupation (if applicable, mandatory): <u>Account 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>Briggs, Tonya</u>
2. Fair Market Value \$ <u>4481</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>purchase of flyers @ post net with personal funds</u>
	8. Employer (if applicable, mandatory): <u>self - Around The Clock</u>
	9. Occupation (if applicable, mandatory): <u>owner/operator</u>
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. Date Provided <u>9/16/19</u>	4. Name (Last, First): <u>Briggs, Tonya</u>
2. Fair Market Value \$ <u>64980</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>purchase of signs (group) from Post net with personal funds</u>
	8. Employer (if applicable, mandatory): <u>self - Around the clock</u>
	9. Occupation (if applicable, mandatory): <u>owner/operator</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."

**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: Tonye Briggs For City Council

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 9/30/19	4. Name (Last, First): <u>Briggs, Tonye</u>
2. <u>Fair Market Value</u> \$ 300	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>purchase of personal signs from Creative Bits w/ personal funds</u>
	8. Employer (if applicable, mandatory): <u>Self - Around The Clock</u>
	9. Occupation (if applicable, mandatory): <u>owner/contractor</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 9/30/19	4. Name (Last, First): <u>Briggs, Tonye</u>
2. <u>Fair Market Value</u> \$ 233 <sup>89</sup>	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>purchase of flyers at Staples with personal funds</u>
	8. Employer (if applicable, mandatory): <u>Self - Around The Clock</u>
	9. Occupation (if applicable, mandatory): <u>owner/operator</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10/1/19	4. Name (Last, First): <u>Briggs, Tonye</u>
2. <u>Fair Market Value</u> \$ 355 <sup>56</sup>	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>purchase of flyers @ Vista print with personal funds</u>
	8. Employer (if applicable, mandatory): <u>Self / Around The Clock</u>
	9. Occupation (if applicable, mandatory): <u>owner/operator</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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[www.sos.state.co.us](http://www.sos.state.co.us)



Below Space For Office Use Only  
Received 9/10/19

### NEW COMMITTEE REGISTRATION FORM (1-15-108, 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: Tonya Briggs for City Council  
Name should be descriptive. Include office, organization name, etc. Note: CO does not have PACs, only political committees.

Committee Address (Physical): 111 S. Lafayette CO 80026

Committee Address (Mailing): Lafayette CO 80026

Phone Number: 303-894-1000 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 Campaign

#### 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: Tonya Briggs  
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: tonya@tonyabriggs.com  
Alternate E-Mail 1: \_\_\_\_\_  
Alternate E-Mail 2: \_\_\_\_\_

#### Authorization

Registered Agent's Signature: [Signature] Date: 9/9/19  
Print Candidate Name: Tonya Briggs  
Candidate Address (include mailing): Lafayette CO  
Candidate Signature: [Signature] Date: 9/9/19