

City of Lakewood
City Clerk's Office
480 S. Allison Pkwy
Lakewood, CO 80226
Ph: (303) 987-7080
Fax: (303) 987-7088



Space Below For Office Use Only

RECEIVED
CITY OF LAKEWOOD, COLO.

2009 DEC -3 P 2:27

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

OFFICE OF THE
CITY CLERK

| | |
|--|--|
| Full Name of Committee/Person: | Frank for City Council As Shown On Registration |
| Address of Committee/Person: | 2508 Balsam St. |
| City, State & Zip Code: | Lakewood, CO 80214 |
| Committee Type: | Candidate Committee |
| Name and Address of Financial Institution: | Great Western Bank, 215 Union Blvd, Lakewood, CO 80228 |

SOS ID NUMBER (state committees ONLY):

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) \$

| | | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 240.15 |
| 2 | Total Monetary Contributions (line 11) | \$ 0 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 240.15 |
| 4 | Total Monetary Expenditures (line 19) | \$ 240.15 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 0 |

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: Frank Lemissey

Registered Agent's Signature: [Signature] Date: 12-3-09

Print Candidate Name: Frank Lemissey

Candidates Signature: [Signature] Date: 12-3-09

DETAILED SUMMARY

Full Name of Committee/Person: Frank for City Council

Current Reporting Period: 10-31-09 Through 12-3-09

| | | | |
|----|--|----|-------------------------------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ | 240.15 |
| 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") | \$ | (17) 100.00 120.00 |
| 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") | \$ | 120.15 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ | 0 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 240.15 |
| 20 | Total Spending (Line 18 + line 19) | \$ | 240.15 |

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

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

Full Name of Committee/Person: _____

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>): _____ |

| | |
|--|---|
| 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)

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

Full Name of Committee/Person: Frank for City Council

PLEASE PRINT/TYPE

| | |
|---|--|
| 1. <u>Date Expended</u> 11-3-09 | 4. Name: <u>Elephant Bar Restaurant</u> |
| 2. <u>Amount</u> \$ 120 ⁰⁰ | 5. Address: <u>7111 W. Alaska Dr.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Lakewood, CO 80226</u> |
| | 7. Purpose of Expenditure: <u>Election Results Celebration</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

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

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

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

| | |
|---|--|
| 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 |

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Frank for City Council

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Accepted</u> 10-5-09 | 4. Name (Last, First): <u>Schneckenberger, Joe</u> |
| 2. <u>Date Returned</u> 12-2-09 | 5. Address: <u>P.O. Box 650</u> |
| 3. <u>Amount</u> \$ 100 ⁰⁰ | 6. City/State/Zip: <u>Golden, CO 80402</u> |
| | 7. Purpose: <u>left over campaign funds</u> |

| | |
|------------------------------------|--|
| 1. <u>Date Accepted</u> 4-6-09 | 4. Name (Last, First): <u>Tennisson, Frank</u> |
| 2. <u>Date Returned</u> 12-2-09 | 5. Address: <u>2508 Balsam St.</u> |
| 3. <u>Amount</u> \$ 20.15 | 6. City/State/Zip: <u>Lakewood, CO 80214</u> |
| | 7. Purpose: <u>left over campaign funds</u> |

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

| | |
|-------------------------|------------------------------|
| 1. <u>Date Expended</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> \$ | 6. City/State/Zip: _____ |
| | 7. Comment (Optional): _____ |

| | |
|-------------------------|------------------------------|
| 1. <u>Date Expended</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> \$ | 6. City/State/Zip: _____ |
| | 7. Comment (Optional): _____ |