

City Clerk's Office
749 Main Street, Louisville, CO 80027
303.335.4536
MeredythM@LouisvilleCO.gov

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

Full Name of Committee/Person: _____
As shown on Registration

Full Address of Committee/Person: _____

Name/Address of Financial Institution: _____

Type of Report

- ☐ Regularly Scheduled Filing ☐ Amended Filing for report filed on: _____
- ☐ Termination Report (Termination Report Must Have a Monetary Balance of Zero in Line 5)

Reporting Period Covered: _____ through: _____

Declared Total Spending (if applicable): \$ _____

TOTALS DETAILED SUMMARY PAGE

- | | |
|---|----------|
| 1. Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ _____ |
| 2. Total Monetary Contributions (line 11) | \$ _____ |
| 3. Total Monetary Contributions & Beginning Amount (line1 + line 2) | \$ _____ |
| 4. Total Monetary Expenditure (line 19) | \$ _____ |
| 5. Funds on Hand at the End of Reporting Period (monetary) (line 3 –line 4) | \$ _____ |

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.*

The City's Election Official may impose a penalty of \$50.00 per day for each day that a report is filed late.

Print Registered Agent's Name: _____

☐ By checking this box, I am confirming that my typed name below is my legal name and serves as my electronic signature. I agree that my electronic signature is the legal equivalent of my manual signature on this document.

Signature: _____ Date: _____

Print Candidate Name: _____

☐ By checking this box, I am confirming that my typed name below is my legal name and serves as my electronic signature. I agree that my electronic signature is the legal equivalent of my manual signature on this document.

Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: _____ through _____

Funds on hand at the beginning of reporting period (Monetary Only)	\$ _____
6. Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ _____
7. Total of Non-Itemized Contributions (\$19.99 or less)	\$ _____
8. Loans Received (Please list on Schedule "C")	\$ _____
9. Total of Other Receipts (Interest, etc.)	\$ _____
10. Returned Expenditures (From recipient) (Please list on Schedule "D")	\$ _____
11. Total Monetary Contributions (Total of lines 6 – 10)	\$ _____
12. Total Non-Monetary Contributions (Statement of Non-Monetary Contributions)	\$ _____
13. Total Contributions (Line 11 + line 12)	\$ _____
14. Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ _____
15. Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ _____
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)	\$ _____

19. Total Monetary Expenditures (Total of Lines 14 -17)	\$ _____
20. Total Spending (Line 18 + line 19)	\$ _____

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

Candidate/Issues Committees are required to disclose occupation and employer for all contributions of \$100 or more.

Full Name of Committee / Person: Caleb 4 Louisville

Reporting Period: 10/17/2023

Total Contributions this reporting period: \$575.00

Contributor (Individual / Entity)	Address (include City, State, Zip)	Occupation & Employer (required for all contributions of \$100 or more)	Date Contribution Accepted	Amount of Contribution
Tim Bowen			9/19/2023	\$50.00
Shannon Salber			9/19/2023	\$75.00
Tracy Hansen			9/19/2023	\$50.00
Ross Bowdey		Director, Fox Property Mgmt	9/19/2023	\$100.00
Jen Fox			9/19/2023	\$75.00
Chris Hollekim			9/19/2023	\$50.00
Hannah Walters			9/19/2023	\$25.00
Gilbert Dickinson		Attorney, Jackson Kelly PLLC	9/19/2023	\$100.00
Christina Dickinson			9/19/2023	\$25.00
Carla Nyquist			9/19/2023	\$25.00

Page 1 Total **\$575.00**

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

Full Name of Committee / Person: Caleb 4 Louisville

Reporting Period: 10/17/2023

Total Expenditures this reporting period: \$1,669.40

Person/Entity (to whom expenditure was made)	Address (include City, State, Zip)	Purpose	Date Expenditure Made	Amount of Expenditure
Custom Ink	online	T-shirts	8/24/2023	\$982.95
24 Hour Wristbands	online	Parade Fans	8/26/2023	\$218.50
Zazzle	online	Parade Koozies	8/26/2023	\$325.10
Custom Lanyard	online	Parade Fans	8/26/2023	\$142.85

Schedule C Loans

Full Name of Committee/Person: Caleb 4 Louisville

Reporting period: 7/1/2023-10/17/2023

Total Loans this reporting period: 1

LOANS – Loans Owed by the Candidate/ Committee

Use a separate schedule for each loan. This form is for line items 8 and 16 of the Detailed Summary Report.

(A candidate's 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.)

LOAN SOURCE

Name (Last, First or Institution): James Caleb Dickinson

Address: 721 Grant Ave

City/State/Zip: Louisville, CO 80027

Original Loan Amount: \$ 1,500.00

Interest Rate: 0

Terms of Loan – Date Loan Received: 8/1/2023

Date Due for Final Payment: 11/1/2027

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Loan Amount Received This Reporting Period:

\$ 1,500.00

Total of all Loans This Reporting Period: \$ 1,500.00
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period:

\$ _____

Interest Amount Paid This Reporting Period:

\$ _____

Amount Repaid this Reporting Period:
(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:

\$ 1,500.00