

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: Cooperman for Louisville's Ward 1

As shown on Registration

Full Address of Committee/Person: 216 Griffith Street, Louisville, CO 80027

Name/Address of Financial Institution: FirstBank, 500 South McCaslin Boulevard, Louisville, CO 80027

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: 10/10/25

through: 10/30/25

Declared Total Spending (if applicable): \$ 0.00

TOTALS DETAILED SUMMARY PAGE

1. Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>0.00</u>
2. Total Monetary Contributions (line 11)	\$ <u>0.00</u>
3. Total Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>0.00</u>
4. Total Monetary Expenditure (line 19)	\$ <u>0.00</u>
5. Funds on Hand at the End of Reporting Period (monetary) (line 3 –line 4)	\$ <u>0.00</u>

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: Josh Cooperman

☒ 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: Josh Cooperman

Date: 10/30/25

Print Candidate Name: Josh Cooperman

☒ 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: Josh Cooperman

Date: 10/30/25

DETAILED SUMMARY

Full Name of Committee/Person: Cooperman for Louisville's Ward 1

Current Reporting Period: 10/10/25 through 10/30/25

Funds on hand at the beginning of reporting period (Monetary Only)	\$ <u>993.25</u>
6. Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ <u>1150</u>
7. Total of Non-Itemized Contributions (\$19.99 or less)	\$ <u>0</u>
8. Loans Received (Please list on Schedule "C")	\$ <u>0</u>
9. Total of Other Receipts (Interest, etc.)	\$ <u>0</u>
10. Returned Expenditures (From recipient) (Please list on Schedule "D")	\$ <u>0</u>
11. Total Monetary Contributions (Total of lines 6 – 10)	\$ <u>0.00</u>
12. Total Non-Monetary Contributions (Statement of Non-Monetary Contributions)	\$ <u>2.75</u>
13. Total Contributions (Line 11 + line 12)	\$ <u>0.00</u>
14. Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ <u>882.01</u>
15. Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <u>0</u>
16. Loan Repayments Made (Please list on Schedule "C")	\$ <u>0</u>
17. Returned Contributions (To donor) (Please list on Schedule "D")	\$ <u>0</u>
18. Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee)	\$ <u>0</u>

19. Total Monetary Expenditures (Total of Lines 14 -17)	\$ <u>0.00</u>
20. Total Spending (Line 18 + line 19)	\$ <u>0.00</u>

Statement of Non-Monetary Contributions

Full Name of Committee/Person: _____

Contributor Name (Individual/Entity):	
Address:	City/State/Zip:
Occupation & Employer (required)	
Date Contribution Accepted:	Fair Market Value:
Description:	

Contributor Name (Individual/Entity):	
Address:	City/State/Zip:
Occupation & Employer (required)	
Date Contribution Accepted:	Fair Market Value:
Description:	

Contributor Name (Individual/Entity):	
Address:	City/State/Zip:
Occupation & Employer (required)	
Date Contribution Accepted:	Fair Market Value:
Description:	

Contributor Name (Individual/Entity):	
Address:	City/State/Zip:
Occupation & Employer (required)	
Date Contribution Accepted:	Fair Market Value:
Description:	

Contributor Name (Individual/Entity):	
Address:	City/State/Zip:
Occupation & Employer (required)	
Date Contribution Accepted:	Fair Market Value:
Description:	

Contributor Name (Individual/Entity):	
Address:	City/State/Zip:
Occupation & Employer (required)	
Date Contribution Accepted:	Fair Market Value:
Description:	