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Received
9/21/15
BPhye

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

Full Name of Committee/Person:	Clark for Council
As Shown On Registration	
Address of Committee/Person:	2454 HOUSTON WARING CIR
City, State & Zip Code:	LITTLETON CO 80120
Committee Type:	Candidate
Name and Address of Financial Institution:	Public Service Credit Union
Email Address:	

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)	\$	1600 1600
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$	1600 1600
4	Total Monetary Expenditures (line 19)	\$	0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$	1600 1600

The appropriate officer (city clerk) shall impose a penalty of \$50 per day for each day that a report is filed late. (Littleton Municipal Code 1-7-7)

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: DOUG CLARK

Registered Agent's Signature: [Signature] Date: 9/21/2015

Print Candidate Name: DOUG CLARK

Candidates Signature: [Signature] Date: 9/21/2015

DETAILED SUMMARY

Full Name of Committee/Person: CLARK FOR COUNCIL

Current Reporting Period: Aug 24 2015 Through Sep 17 2015

	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")	\$	1600
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)	\$	1600
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	1600
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	0
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")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	0
20	Total Spending (Line 18 + line 19)	\$	0

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

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

Full Name of Committee/Person: CLARK FOR COUNCIL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/25/2015	4. Name (Last, First): <u>Brown, Norm</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>5705 S Clarkson St</u>
3. <u>Aggregate Amt. *</u> \$ <u>500</u>	6. City/State/Zip: <u>Greenwood Village CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Self employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Construction</u>

1. <u>Date Accepted</u> 9/10/2015	4. Name (Last, First): <u>Clark Arlene</u>
2. <u>Contribution Amt.</u> \$ <u>700</u>	5. Address: <u>4027 W Myrtle DR</u>
3. <u>Aggregate Amt. *</u> \$ <u>700</u>	6. City/State/Zip: <u>Phoenix AZ 85057</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>NONE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 9/11/2015	4. Name (Last, First): <u>Metcalf David</u>
2. <u>Contribution Amt.</u> \$ <u>150</u>	5. Address: <u>7870 S Hill DR</u>
3. <u>Aggregate Amt. *</u> \$ <u>150</u>	6. City/State/Zip: <u>Littleton CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Littleton Public Schools</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Facility Coordinator</u>

1. <u>Date Accepted</u> 9/11/2015	4. Name (Last, First): <u>Erickson Jennie</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>5567 S King St</u>
3. <u>Aggregate Amt. *</u> \$ <u>50</u>	6. City/State/Zip: <u>Littleton CO 80123</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>

* 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: CLARK FOR COUNCIL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/10/2015	4. Name (Last, First): <u>James Hill</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: <u>PO Box 589</u>
3. <u>Aggregate Amt. *</u> \$ <u>200</u>	6. City/State/Zip: <u>Littleton CO 80160</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	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>	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).