



RECEIVED
By Lisa Anderson at 1:02 pm, Oct 23, 2020

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Desiree LaFleur District 4

Registered Agent: Desiree LaFleur

Phone Number: 720-394-6433

Email Address: desiree@finnlafleur.com

Committee Type: [X] Candidate Committee [ ] Issue Committee

Name of Committee's Bank: Wells Fargo

- Regularly Scheduled Filing
Amended Filing. This amends previous report filed on
Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 10/9/20 Ending Date: 10/18/20

Table with 3 columns: Description, Amount, and Notes. Rows include BEGINNING BALANCE, Contributions (+), Contributions In Kind (+), Loans (+), Expenditures/Expenditures In-Kind (-), and ENDING BALANCE. A red note states 'Totals must match attached detailed reports.'

I hereby certify that to the best of my knowledge and belief all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent's Name: Desiree LaFleur

Registered Agent's Signature: Desiree A. LaFleur Date: 10/23/20

If Applicable

Candidate Name: Desiree LaFleur

Candidates Signature: Desiree A. LaFleur Date: 10/23/20

## Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: Desiree LaFleur District 4

<u>Date Accepted:</u> <u>10/17/20</u> Amount: \$ <u>50.00</u>	NAME (First, Last): <u>Edward Rusch</u> Address: <u>101 Hillside Drive</u> City/State/Zip: <u>Castle Rock, CO 80104</u>
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> \$ _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____

## Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: Desiree LaFleur District 4

<u>Date Expended:</u> <u>10/19/20</u>  Amount: <u>\$ 357.00</u>	PAYABLE TO: <u>Postcard Mania</u> Address: <u>2145 Sunnydale BLVD, Building 102</u> City/State/Zip: <u>Clearwater, FL 33765</u> Purpose/Description: <u>Additional 1k mailers for residents in District 4</u>
<u>Date Expended:</u> <u>10/19/20</u>  Amount: <u>\$ 759.03</u>	PAYABLE TO: <u>Postcard Mania</u> Address: <u>2145 Sunnydale BLVD, Building 102</u> City/State/Zip: <u>Clearwater, FL 33765</u> Purpose/Description: <u>Postage for mailers</u>
<u>Date Expended:</u> <u>10/17/20</u>  Amount: <u>\$ 25.00</u>	PAYABLE TO: <u>Facebook</u> Address: _____ City/State/Zip: _____ Purpose/Description: <u>Social Media Ad</u>
<u>Date Expended:</u> <u>10/20/20</u>  Amount: <u>\$ 3.75</u>	PAYABLE TO: <u>Paypal</u> Address: _____ City/State/Zip: _____ Purpose/Description: <u>processing fees</u>

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

# Detailed Report of CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: \_\_\_\_\_

<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

# Detailed Report of LOANS

Name of Committee: \_\_\_\_\_

<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____



Quote Date: 19-Oct-2020  
 Quote ID: 0538431  
 Description: Upgrade job 0253032  
 Sales Rep: Raj Oakley

**PostcardMania Order Form**

**Billing Information:**

Name: Desiree LaFleur  
 Company Name: Desiree LaFleur  
 Address 1: 10 Cantril Street  
 Address 2: \_\_\_\_\_  
 City: Castle Rock State: CO Zip: 80104  
 Phone: 7203946433 Fax: \_\_\_\_\_  
 Email: desiree@finnlafleur.com

**Shipping Information:**

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Product	Quantity	Price Per	Price
Postcard 6X8.5, color variable 4/4 & Addressing, 14PT C1S - ...	1,000	0.420000	420.00
Mailing Service - Addressing	1,000	0.000000	0.00
<b>Paid Amt :</b>	<b>357.00</b>	<b>Subtotal</b>	<b>420.00</b>
<b>Total Due:</b>	<b>.00</b>	<b>Discounts</b>	<b>-63.00</b>
		<b>Sales Tax</b>	<b>.00</b>
		<b>Total</b>	<b>357.00</b>

Payment on 10/12/2020: CC:\*\*\*\*-\*\*\*\*-\*\*\*\*-9044 (357.00)

This quote expires on 10/16/2020

**Order Notes**

Postage is invoiced and paid separately at time of mailing. Standard Letter Rate/Larger Postcards will range b/w 25.9¢- 29.9¢ per piece. Delivery is 7-14 days (may take longer) and undeliverable mail will not be returned to you.



Inv. Date: 19-Oct-2020  
 Invoice ID: 0539577  
 Mail Date: 10/14/2020  
 Sales Rep: Raj Oakley

**PostcardMania Postage Invoice**

**Billing Information:**

Name: Desiree LaFleur  
 Company Name: Desiree LaFleur  
 Address 1: 10 Cantril Street  
 Address 2: \_\_\_\_\_  
 City: Castle Rock State: CO Zip: 80104  
 Phone: 7203946433 Fax: \_\_\_\_\_  
 Email: desiree@finnlafleur.com

**Shipping Information:**

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Product	Quantity	Price
Postage	1,729	759.03
<b>Paid Amt :</b>	<b>759.03</b>	<b>Subtotal</b>
<b>Total Due:</b>	<b>.00</b>	<b>Sales Tax</b>
		<b>Total</b>
		<b>759.03</b>

Payment on 10/14/2020: CC:\*\*\*\*-\*\*\*\*-\*\*\*\*-9044

(759.03)

**Order Notes**