

Return to:
 Beth A. Hedberg, MMC
 City Clerk
 City of Edgewater
 2401 Sheridan Boulevard
 Edgewater, CO 80214
 720-763-3002
 Fax: 303-238-7192



Space Below For Office Use Only

RECEIVED
 SEP 03 2025
 BY: _____

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

Full Name of Committee/Person:	STEVE CONKLIN FOR EDGEWATER MAYOR As Shown On Registration
Address of Committee/Person:	2500 FENTON ST
City, State & Zip Code:	EDGEWATER CO 80214
Committee Type:	CAMPAIGN COMMITTEE
Name and Address of Financial Institution	FIRST BANK PO BOX 150097 LAKEWOOD CO

SOS ID NUMBER (state and county committees): _____

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: NOVEMBER 2, 2024 Through AUGUST 31 2025
Date Date

Declared Total Spending (if applicable) \$ 72
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 204.58
2 Total Monetary Contributions (line 11) <i>Returned Expenditures</i>	\$ 30.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 234.58
4 Total Monetary Expenditures (line 19)	\$ 72.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 162.58

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: STEVE CONKLIN

Candidates Signature: *[Signature]* Date: 9/3/2025

DETAILED SUMMARY

Full Name of Committee/Person: STATE CONVIN for EDGEMAN Mayor

Current Reporting Period: NOVEMBER 2, 2024 Through AUGUST 31, 2025

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 204.58
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")	\$ 30
11	Total Monetary Contributions (Total of lines 6 through 10) <i>RETURNED, NOT CONTRIBUTION</i>	\$ 30
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12) <i>RETURNED, NOT CONTRIBUTION</i>	\$ 30
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 72
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)	\$ 72
20	Total Spending (Line 18 + line 19)	\$ 72

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

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

Full Name of Committee/Person: STEVE CONKIN FOR EDGEMONT MAYOR

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 4/29/2024	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>2.00</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>SERVICE CHARGE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 1/31/2025	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>1.00</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE - JANUARY</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 2/28/2025	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>10</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE - FEBRUARY</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 3/31/2025	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>10</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE - MARCH</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 4/30/2025	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>10</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE - APRIL</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: STEVE CONKUN FOR EDgewater MAJOR

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>5/30/2025</u>	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>10</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE MAY</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>6/20/2025</u>	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>10</u>	5. Address: <u>PO BOX 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE - JUNE</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7/21/2025</u>	4. Name: <u>FIRST BANK</u>
2. <u>Amount</u> \$ <u>10</u>	5. Address: <u>PO BOX 150017</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
	7. Purpose of Expenditure: <u>INACTIVITY FEE - JULY</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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: STEVE CONKLIN for EDGEWATER MAYOR

Returned Contributions

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

PLEASE PRINT/TYPE

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

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

Returned Expenditures

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

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 1/31/2025	4. Name (Last, First): <u>FIRST BANK</u>
2. <u>Date Returned</u> 8/4/2025	5. Address: <u>PO Box 150097</u>
3. <u>Amount</u>	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
\$ <u>10</u>	7. Comment (Optional): <u>REFUND OF INACTIVITY FEE - JANUARY</u>

1. <u>Date Expended</u> 2/28/25 + 3/31/25	4. Name (Last, First): <u>FIRST BANK</u>
2. <u>Date Returned</u> 8/15/2025	5. Address: <u>PO Box 150097</u>
3. <u>Amount</u>	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
\$ <u>20</u>	7. Comment (Optional): <u>REFUND OF INACTIVITY FEE - FEB/MARCH</u>