

Space Below For Office Use Only

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



REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	STEVE CONKLIN FOR EDGEWATER MAYOR <small>As Shown On Registration</small>
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: Date Through 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)	\$ 162.56
2	Total Monetary Contributions (line 11) - per expenses	\$ 163.64
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 326.20
4	Total Monetary Expenditures (line 19)	\$ 15.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 311.20

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: STEVEN CONKLIN

Candidates Signature: [Signature] Date: 10/3/25

DETAILED SUMMARY

Full Name of Committee/Person: STATE COMMISSION FOR BUDGETARY MAJOR

Current Reporting Period: Sept 1 2025 Through September 28 2025

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	16258
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	12384
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")	\$	40 ⁰⁰
11	Total Monetary Contributions <i>RETURNED EXPEND.</i> (Total of lines 6 through 10)	\$	16384
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions <i>RETURNED EXPEND.</i> (Line 11 + line 12)	\$	16384
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)	\$	15 ⁰⁰
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)	\$	15 ⁰⁰
20	Total Spending (Line 18 + line 19)	\$	15 ⁰⁰

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

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

Full Name of Committee/Person: STEVE CONKLIN FOR EDGEMOUNT MAYOR

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-5-2025	4. Name (Last, First): MARY JEAN FREDRICKSON, MARY JEAN
2. <u>Contribution Amt.</u> \$ 100	5. Address: 6555 W. 25 TH LANE
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: EDGEMOUNT CO 80214
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CASH
	8. Employer (if applicable, mandatory): RETIRED
	9. Occupation (if applicable, mandatory):

1. <u>Date Accepted</u> 9-25-2025	4. Name (Last, First): CONKLIN, STEVE
2. <u>Contribution Amt.</u> \$ 2384	5. Address: 2500 FENTON ST
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: EDGEMOUNT CO 80214
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: ONLINE V.I.A ACTBLUE
	8. Employer (if applicable, mandatory): SELF
	9. Occupation (if applicable, mandatory): MANAGEMENT CONSULTANT

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, mandatory):
	9. Occupation (if applicable, mandatory):

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, mandatory):
	9. Occupation (if applicable, mandatory):

* 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 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> 4/30, 5/30, 6/30, 7/31	4. Name (Last, First): <u>FIRST BANK</u>
2. <u>Date Returned</u> 9/22/2025	5. Address: <u>PO Box 150017</u>
3. <u>Amount</u>	6. City/State/Zip: <u>LAKWOOD CO 80215</u>
\$ <u>4000</u>	7. Comment (Optional): <u>INACTIVITY FEE REFUNDS</u>

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