

**LONGMONT FAIR CAMPAIGN PRACTICES ACT (LFCPA)  
ALLEGED VIOLATION REPORTING FORM**



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**I. Contact information for person filing this form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**II. Alleged violation information**

Name of individual or registered agent: \_\_\_\_\_

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

Address of Committee: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**III. Alleged violation(s)**

- Failure to file a required report
- Failure to file an Independent Expenditure report
- Accepting contributions in excess of the amount allowed by the LFCPA
- Acting as a conduit
- Failure to disclose a contribution or expenditure
- Failure to timely file a Candidate Affidavit
- Failure to file a Candidate Committee Statement of Organization
- Failure to file a Political or Issue Committee Registration form
- Failure to deposit funds in a separate account in a financial institution
- Accepting coin or currency in excess of \$100
- Use of unexpended campaign funds in violation of the LFCPA
- Encouraging withdrawal from a campaign
- Other (cite below the specific section of LFCPA violated) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- IV. **Describe the alleged violation** (attach additional pages if necessary) and **Attach Supporting Evidence** (copies of reports, pictures, sworn affidavits from witnesses, electioneering communications with sworn affidavit indicated date and manner received, etc.):

*Below to be sworn, completed, and signed before a Notary Public.*

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State of Colorado        }  
                                      } ss  
County of Boulder        }

Before me, the undersigned notary public, this day, \_\_\_\_\_, whose address is \_\_\_\_\_, personally appeared before me, and who being duly sworn according to law, deposes the following:

**Affiant's Statement**

I, \_\_\_\_\_, solemnly swear or affirm that the statements contained in this alleged violation form are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_