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**RECEIVED**  
OCT 26 2020  
City Clerk's Office  
City of Westminster

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

**Full Name of Committee/Person:** WESTMINSTER FOR RESPONSIBLE  
As Shown On Registration

**Address of Committee/Person:** 7488 BEADBURN BLVD

**City, State & Zip Code:** WESTMINSTER, CO 80030

**Committee Type:** ISSUE

**Name and Address of Financial Institution:** FIRST BANK - 8800 WINDSORA BLVD, WESTMINSTER CO 80030

**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:** 10/8/2020 Through 10/23/2020  
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)	\$ 20.31
2	Total Monetary Contributions (line 11)	\$ 547.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 667.31
4	Total Monetary Expenditures (line 19)	\$ 522.17
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 145.14

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: \_\_\_\_\_  
Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: WEST MINISTER FOR RESPONSIBLE GOVERNMENT

Current Reporting Period: 01-01-2020 Through 10-23-2020

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	12031
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	25 <sup>00</sup>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	522 <sup>10</sup>
8	Loans Received (Please list on Schedule "C")	\$	Ø
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	Ø
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	Ø
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	547 <sup>00</sup>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	Ø
13	Total Contributions (Line 11 + line 12)	\$	547 <sup>00</sup>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	508 <sup>05</sup>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	14 <sup>15</sup>
16	Loan Repayments Made (Please list on Schedule "C")	\$	Ø
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	Ø
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	Ø
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	522 <sup>17</sup>
20	Total Spending (Line 18 + line 19)	\$	522 <sup>17</sup>

**Schedule A - Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: WESTMINSTER FOR RESPONSIBLE GOVERNMENT

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-12-2000	4. Name (Last, First): <u>KUESTER, RICHARD</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>7699 BRADKURN</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.00</u>	6. City/State/Zip: <u>WESTMINSTER, CO</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	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): _____

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 B - Itemized Expenditures Statement (\$20 or more)**  
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: WESTMINSTER FOR RESPONSIBLE GOVERNMENT

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10-9-2020	4. Name: <u>OFFICE DEPOT</u>
2. <u>Amount</u> \$ 151 <sup>00</sup>	5. Address: <u>92nd &amp; SHERIDAN</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO 80530</u>
	7. Purpose of Expenditure: <u>PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-19-2020	4. Name: <u>DOLLAR TREE</u>
2. <u>Amount</u> \$ 27 <sup>10</sup>	5. Address: <u>3290 W 72nd AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO 80530</u>
	7. Purpose of Expenditure: <u>TAPES FOR VETS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-22-2020	4. Name: <u>DEBBIE TETER</u>
2. <u>Amount</u> \$ 329 <sup>00</sup>	5. Address: <u>7996 BRAD BURN</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO 80530</u>
	7. Purpose of Expenditure: <u>FACE BOOK ADS</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: WESTMINSTER FOR RESPONSIBLE GOVERNMENT

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

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): _____