Addamali

Communication

Huen	Augi	ust 25, 2021
Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]		
Full Name of Committee/Person: The Committee to Court Westminster		
WARNING: Please read the instruction page for Schedule "A" before completing!		
PLEASE PRINT/TYPE		
1. Date Accepted 2. Contribution Amt. \$ 1. Date Accepted 2. Contribution Amt. 3. Aggregate Amt. *	4. Name (Last, First): 5. Address: 6. City/State/Zip: 6. City/State/Zip:	30
\$	7. Description: TOUL WAS VETUIRA OF	- Check
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	
1. Date Accepted 2. Contribution Amt. \$ 00000000000000000000000000000000000	4. Name (Last, First): COOR 5. Address: City/State/Zip: MACOUN BOO 7. Description: MACOUN BOO 8. Foreland the state of	
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	1
1. Date Accepted	4. Name (Last, First):	
2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:	
	6. City/State/Zip:	
	7. Description:	
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	1
1. Date Accepted	4. Name (Last, First):	
2. Contribution Amt. \$	5. Address: 6. City/State/Zip:	
3. Aggregate Amt. *	7. Description:	
	8. Employer (if applicable, mandatory):	
☐ Check box if		

* 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).

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Schedule D - Returned Contributions & Expenditures

Full Name of Committee/Person: The 1000

2. Date Returned

1. Date Expended

3. Amount

\$

Returned Contributions (Previously reported on Schedule A - Contributions accepted and then returned to donors) PLEASE PRINT/TYPE 1. Date Accepted 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Purpose: 1 1. Date Accepted 4. Name (Last, First): 2. Date Returned 5. Address: _____ 6. City/State/Zip: _____ 3. Amount 7. Purpose: _____ \$ **Returned Expenditures** (Previously reported on Schedule B - Expenditures returned or refunded to the committee) PLEASE PRINT/TYPE 1. Date Expended 4. Name (Last, First): _____

7. Comment (Optional): _____

5. Address: _____

6. City/State/Zip: _____

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