

AMENDED

Colorado Secretary of State
Elections Division
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RECEIVED

FEB -1 2021

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 GOVERNMENT
As Shown On Registration

Address of Committee/Person: 7408 BRADBURN BLVD

City, State & Zip Code: WESTMINSTER, CO 80030

Committee Type: ISSUES

Name and Address of Financial Institution: FIRST BANK
8700 WASHINGTON BLVD, AVARADO

SOS ID NUMBER (state and county committees):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date) 12/9/2020
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: 11/6/2020 Through 12/9/2020
Date Date

Declared Total Spending (if applicable) \$

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 145.14
2 Total Monetary Contributions (line 11)	\$ 7482.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 7627.14
4 Total Monetary Expenditures (line 19)	\$ 7192.40
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 434.74

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: JESSICA TRIBE

Registered Agent's Signature: [Signature] Date: 11/29/2021

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

AMENDED

DETAILED SUMMARY

Full Name of Committee/Person: WESTMINSTER FOR RESPONSIBLE GOVERNMENT

Current Reporting Period: 6/6/2020 Through 12/9/2020

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	145 ¹⁴
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	7395 ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	87 ¹⁰⁰
8	Loans Received (Please list on Schedule "C")	\$	
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	7482 ⁰⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	-
13	Total Contributions (Line 11 + line 12)	\$	7482 ⁰⁰
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	7051 ⁷⁹
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	140 ⁶¹
16	Loan Repayments Made (Please list on Schedule "C")	\$	
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	7192 ⁴⁰
20	Total Spending (Line 18 + line 19)	\$	7192 ⁴⁰

AMCN/JC - ADDITIONAL

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. Date Accepted 12/1/2020	4. Name (Last, First): BUETTMAN, DAVE
2. Contribution Amt. \$ 200.00	5. Address: 14757 OSAGE CT
3. Aggregate Amt. * \$ 200.00	6. City/State/Zip: WESTMINSTER CO 80023
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PAYPAL
	8. Employer (if applicable, mandatory): RETIRED
	9. Occupation (if applicable, mandatory):

1. Date Accepted 1/19/2021	4. Name (Last, First): TETER, DEBIE
2. Contribution Amt. \$ 500.00	5. Address: 7996 BRADBURN BLVD
3. Aggregate Amt. * \$ 500.00	6. City/State/Zip: WESTMINSTER CO 80030
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): SALES

1. Date Accepted 11/20/2020	4. Name (Last, First): INGRAM, LORI
2. Contribution Amt. \$ 50.00	5. Address: DUDLEY
3. Aggregate Amt. * \$ 50.00	6. City/State/Zip: WESTMINSTER CO
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PAYPAL
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. \$	5. Address:
3. Aggregate Amt. * \$	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).

AMENDED - ADDITIONAL

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

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

Full Name of Committee/Person: DEPARTMENT FOR RESPONSIBLE GOVERNMENT

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>12/1/2020</u>	4. Name: <u>SCOTT GERTNER LAW</u>
2. <u>Amount</u> <u>\$ 952 ⁸⁵</u>	5. Address: <u>1801 BRONCKERY SUITE 507</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER CO</u>
	7. Purpose of Expenditure: <u>LEGAL SERVICES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication