

Space Below For Office Use Only

Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 200  
Denver, CO 80290  
Ph: (303) 894-2200 ext. 6383  
Fax: (303) 869-4861  
Email: cphelp@sos.state.co.us  
www.sos.state.co.us



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

|  |  |
|--|--|
| <b>Full Name of Committee/Person:</b>            | Lindsey Leigh Smith  |
| As Shown On Registration                         |  |
| <b>Address of Committee/Person:</b>              | 2982 W. 119 <sup>th</sup> Ave  |
| <b>City, State &amp; Zip Code:</b>               | Westminster, CO 80234  |
| <b>Committee Type:</b>                           | Candidate committee  |
| <b>Name and Address of Financial Institution</b> | 1 <sup>st</sup> National Bank 12009 Sheridan Blvd. Broomfield CO 80020 |

**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:**  **Through**   
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)        | \$ 1047.64                   |
| 2 | Total Monetary Contributions (line 11)                                    | \$ 53.21                     |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$ 1100.85                   |
| 4 | Total Monetary Expenditures (line 19)                                     | 607.82                       |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) | \$ 493.03                    |

**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: Jeri Torsak

Registered Agent's Signature: [Signature] Date: 3NOV17

Print Candidate Name: Lindsey L Smith

Candidates Signature: [Signature] Date: NOV 3 17

**DETAILED SUMMARY**

FullNameofCommittee/Person:     Lindsey Leigh    Smith

Current Reporting Period: 10-13-17 Through 10-30-17

|    |  |                    |
|----|--|--------------------|
|    | <b>Funds on hand at the beginning of reporting period</b> (Monetary Only)                                      | \$ 1047.64         |
| 6  | <b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")            | \$                 |
| 7  | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              | \$                 |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$                 |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$                 |
| 10 | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | \$53.21            |
| 11 | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | \$53.21            |
| 12 | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | \$                 |
| 13 | <b>Total Contributions</b><br>(Line 11 + line 12)  | <b>53.21</b><br>\$ |
| 14 | <b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")             | \$599.48           |
| 15 | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)                                 | \$8.34             |
| 16 | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$                 |
| 17 | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")                                      | \$                 |
| 18 | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) |                    |
| 19 | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | \$607.82           |
| 20 | <b>Total Spending</b><br>(Line 18 + line 19)   | \$607.82           |

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

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

**Full Name of Committee/Person:** Elect Lindsey Smith

PLEASE PRINT/TYPE

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><u>10/13/17</u>  | 4. Name: <u>Staples</u>  |
| 2. <u>Amount</u><br>\$ <u>89.93</u>   | 5. Address: <u>5150 W. 120<sup>th</sup> Ave Suite 100</u>          |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Westminster, CO 80020</u>                    |
|   | 7. Purpose of Expenditure: <u>169 Copies - Flyers</u>              |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><u>10/13/17</u>  | 4. Name: <u>Staples</u>  |
| 2. <u>Amount</u><br>\$ <u>89.93</u>   | 5. Address: <u>5150 W. 120<sup>th</sup> Ave Suite 100</u>          |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Westminster, CO 80020</u>                    |
|   | 7. Purpose of Expenditure: <u>169 copies - flyers</u>              |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><u>10/15/17</u>  | 4. Name: <u>Staples</u>  |
| 2. <u>Amount</u><br>\$ <u>48.86</u>   | 5. Address: <u>5150 W. 120<sup>th</sup> Ave Suite 100</u>          |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Westminster, CO 80020</u>                    |
|   | 7. Purpose of Expenditure: <u>INK</u>                              |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><u>10/21/17</u>  | 4. Name: <u>Staples</u>  |
| 2. <u>Amount</u><br>\$ <u>89.93</u>   | 5. Address: <u>5150 W. 120<sup>th</sup> Ave, Suite 100</u>         |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Westminster CO 80020</u>                     |
|   | 7. Purpose of Expenditure: <u>169 Copies - flyers</u>              |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><u>10/27/17</u>  | 4. Name: <u>Facebook</u>   |
| 2. <u>Amount</u><br>\$ <u>25.08</u>   | 5. Address: _____  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____   |
|   | 7. Purpose of Expenditure: <u>Ad</u>                               |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

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

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

**Full Name of Committee/Person:** ELECT Lindsey Smith

PLEASE PRINT/TYPE

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><u>10/26/2017</u>  | 4. Name: <u>CRL Associates</u>                                     |
| 2. <u>Amount</u><br>\$ <u>255.75</u>  | 5. Address: <u>1660 Lincoln St. Suite 1800</u>                     |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Denver, CO 80204</u>                         |
|   | 7. Purpose of Expenditure: <u>ROBO call</u>                        |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u>   | 4. Name: _____   |
| 2. <u>Amount</u><br>\$  | 5. Address: _____  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><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><br>\$  | 5. Address: _____  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><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><br>\$  | 5. Address: _____  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><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><br>\$  | 5. Address: _____  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><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: Elect Lindsley Smith

**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><br>10/21/17 | 4. Name (Last, First): <u>Staples</u>                     |
| 2. <u>Date Returned</u><br>10/21/17 | 5. Address: <u>5150 W. 120<sup>th</sup> Ave Suite 100</u> |
| 3. <u>Amount</u>                    | 6. City/State/Zip: <u>Westminster, CO 80020</u>           |
| \$ <u>53.21</u>                     | 7. Comment (Optional): <u>copier was not working</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): _____ |