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OCT - 8 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 GOVERNMENT
As Shown On Registration	
Address of Committee/Person:	7488 BRADBURN BLVD
City, State & Zip Code:	WESTMINSTER, CO 80501
Committee Type:	ISSUE
Name and Address of Financial Institution	FIRST BANK 1800 WANSWORTH BLVD, WESTMINSTER, CO 80504

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 Electoneering 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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 794.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 794.00
4	Total Monetary Expenditures (line 19)	\$ 673.69
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 120.31

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 True

Registered Agent's Signature: [Signature] Date: 10/8/2020

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: NESTIMASTER FOR RESPONSIBLE GVERNMENT

Current Reporting Period: 9.23.2020 Through 10.8.2020

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	400 ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	394 ⁰⁰
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	794 ⁰⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	794 ⁰⁰
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	653 ⁰⁰
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	19 ⁹⁹
16	Loan Repayments Made (Please list on Schedule "C")	\$	0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	673 ⁹⁹
20	Total Spending (Line 18 + line 19)	\$	673 ⁹⁹

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> 9-28-20	4. Name (Last, First): <u>ANKARIO, DANIEL & HELEN</u>
2. <u>Contribution Amt.</u> \$ <u>100⁰⁰</u>	5. Address: <u>2510 RANCH REVERIE RIDGE</u>
3. <u>Aggregate Amt. *</u> \$ <u>100⁰⁰</u>	6. City/State/Zip: <u>WESTMINSTER, CO, 80234</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>PROPERTY MANAGEMENT</u>

1. <u>Date Accepted</u> 9-28-20	4. Name (Last, First): <u>EWING, ROBERT</u>
2. <u>Contribution Amt.</u> \$ <u>100⁰⁰</u>	5. Address: <u>11080 RUTGERS CT</u>
3. <u>Aggregate Amt. *</u> \$ <u>100⁰⁰</u>	6. City/State/Zip: <u>WESTMINSTER, CO, 80031</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>SMALL BUSINESSMAN</u>

1. <u>Date Accepted</u> 9-28-20	4. Name (Last, First): <u>MCINTIRE, PATRICIA</u>
2. <u>Contribution Amt.</u> \$ <u>200⁰⁰</u>	5. Address: <u>7996 BRADYAN DR</u>
3. <u>Aggregate Amt. *</u> \$ <u>200⁰⁰</u>	6. City/State/Zip: <u>WESTMINSTER, CO 80010</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

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 RESAURANCE GOVERNMENT

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9-30-20	4. Name: <u>BECK, JONSON & NOLAN PC</u>
2. <u>Amount</u> \$ <u>357.50</u>	5. Address: <u>300 UNION BLVD #300</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LAKWOOD, CO 80228</u>
	7. Purpose of Expenditure: <u>RESEARCH & CONSULTATION</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-3-20	4. Name: <u>DEBBIE TETER</u>
2. <u>Amount</u> \$ <u>296.20</u>	5. Address: <u>7996 BRADBURN BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO 80030</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

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

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: WESTMINSTER FOR RESIDENTS GOVERNMENT

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

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: <u>N/A</u>
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>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: <u>N/A</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): _____