

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

Full Name of Committee/Person: The Committee to Lower Westminster Water Rates

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

PLEASE PRINT/TYPE

1. Date Accepted <u>07/14/2021</u>	4. Name (Last, First): <u>Pat McIntire</u>
2. Contribution Amt. \$ <u>250.00</u>	5. Address: [REDACTED]
3. Aggregate Amt. * \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Rec'd cash, returned for check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>n/a</u>

1. Date Accepted <u>07/14/2021</u>	4. Name (Last, First): <u>Peter Debbie</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: [REDACTED]
3. Aggregate Amt. * \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>(Had these two switched, corrected now)</u>
	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):

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).

**Schedule D – Returned Contributions & Expenditures**

**Full Name of Committee/Person:** The Committee to Lower Westminster Water Rates

**Returned Contributions**

*(Previously reported on Schedule A – Contributions accepted and then returned to donors)*

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 07/14/2021	4. Name (Last, First): <u>McIntire, Pat</u>
2. <u>Date Returned</u> 07/25/2021	5. Address: 
3. <u>Amount</u> \$ <u>250.00</u>	6. City/State/Zip: 
	7. Purpose: <u>Return cash to receive check for correct paper trail.</u>

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: _____
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): _____