

Colorado Secretary of State
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OCT 02 2025

City Clerk's Office
 City of Westminster

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person: KATHY STROUD FOR WESTMINSTER
As Shown On Registration

Address of Committee/Person: [REDACTED]

City, State & Zip Code: [REDACTED]

Committee Type: CANDIDATE Committee

Name and Address of Financial Institution: WESTERRA CREDIT UNION
 3700 E. Alameda Ave., DENVER, CO 80209

COMMITTEE ID NUMBER [REDACTED]

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date) [REDACTED]
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: 9-1-25 Through 9-30-25
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 327.60
2	Total Monetary Contributions (line 11)	\$ 600.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 927.60
4	Total Monetary Expenditures (line 19)	\$ 61.80
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 865.80

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: KATHRYN STROUD

Registered Agent's Signature: [Signature] Date: 10-2-25

Print Candidate Name: KATHRYN "KATHY" STROUD

Candidates Signature: [Signature] Date: 10-2-25

DETAILED SUMMARY

Full Name of Committee/Person: Kathy Stroud for Westminster

Current Reporting Period: 9/1/25 **Through** 9/30/25

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 327.60
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 600.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (From Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (From Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 600.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 600.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 61.80
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (From Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 61.80
20	Total Spending (Line 18 + line 19)	\$ 61.80

Schedule A Instructions

NOTE: In addition to the disclosure requirements of the constitution and statute please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation **and** employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY who are U.S. citizens. [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation **and** employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Contribution Limits

(Art. XXVIII, Sec. 3 of the Colorado Constitution and Campaign and Political Finance Rule 10.16)

Political Committees (State, County, District & Local):

- \$575◇ per House of Representatives Election Cycle

Political Party (From any person other than Small Donor):

- \$ 3,650◇ per year no more than \$3,050◇ to state party.

Political Party (From Small Donor):

- \$18,425◇ per year no more than \$15,350◇ to state party.

Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.

Schedule A – Itemized Contributions Statement (\$20 or more)

Page 1/2

Full Name of Committee/Person: KATHY STROUD FOR WESTMINSTER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-12-25	4. Name (Last, First): Aadland, Erik
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: [REDACTED]
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CASH donation through Aneidot
	8. Employer (if applicable, mandatory): Student
	9. Occupation (if applicable, mandatory): Student

1. <u>Date Accepted</u> 9-19-25	4. Name (Last, First): WAHL, Sheri
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: [REDACTED]
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CASH donation through Aneidot
	8. Employer (if applicable, mandatory): Self Employed
	9. Occupation (if applicable, mandatory): Owner

1. <u>Date Accepted</u> 9-20-25	4. Name (Last, First): COVARRUBIAS, Phil
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: [REDACTED]
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CASH donation
	8. Employer (if applicable, mandatory): COVARRUBIAS CONSTRUCTION SERVICES, INC.
	9. Occupation (if applicable, mandatory): OWNER

1. <u>Date Accepted</u> 9-24-25	4. Name (Last, First): Opeka, Terri
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: [REDACTED]
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CASH donation through Aneidot
	8. Employer (if applicable, mandatory): Self-Employed
	9. Occupation (if applicable, mandatory): Orion Mortgage

* 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 A – Itemized Contributions Statement (\$20 or more)

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Full Name of Committee/Person: KATHY STROUD FOR WESTMINSTER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-27-25	4. Name (Last, First): <u>STROUD, JACK</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: [REDACTED]
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: [REDACTED]
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash donation through Anedot</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): _____

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): _____

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.]

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Full Name of Committee/Person: Kathy Stroud FOR WESTMINSTER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9-2-25</u>	4. Name: <u>US POST OFFICE – Indian Tree</u>
2. <u>Amount</u> \$ <u>15.60</u>	5. Address: <u>7765 WADSWORTH BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, CO 80003</u>
	7. Purpose of Expenditure: <u>20 Postage stamps (to mail TY NOTES)</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-16-25</u>	4. Name: <u>Anedot Inc.</u>
2. <u>Amount</u> \$ <u>8.30</u>	5. Address: <u>3723 Greenville Ave., Suite #41002</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DALLAS, TX 75206</u>
	7. Purpose of Expenditure: <u>Fees charged by Anedot</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-19-25</u>	4. Name: <u>Anedot Inc.</u>
2. <u>Amount</u> \$ <u>2.30</u>	5. Address: <u>3723 Greenville Ave., Suite #41002</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DALLAS, TX 75206</u>
	7. Purpose of Expenditure: <u>Fees charged by Anedot</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-24-25</u>	4. Name: <u>Anedot Inc.</u>
2. <u>Amount</u> \$ <u>2.30</u>	5. Address: <u>3723 Greenville Ave., Suite #41002</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DALLAS, TX 75206</u>
	7. Purpose of Expenditure: <u>Fees charged by Anedot</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-27-25</u>	4. Name: <u>Anedot Inc.</u>
2. <u>Amount</u> \$ <u>8.30</u>	5. Address: <u>3723 Greenville Ave., Suite #41002</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DALLAS, TX 75206</u>
	7. Purpose of Expenditure: <u>Fees charged by Anedot</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.]

PAGE 2/2

Full Name of Committee/Person: Kathy Stroud FOR WESTMINSTER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9-25-25</u>	4. Name: <u>SQUARE Space</u>
2. <u>Amount</u> \$ <u>25.00</u>	5. Address: <u>225 Varick Street, 12th Floor</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>NEW YORK, NY 10014</u>
	7. Purpose of Expenditure: <u>Website/BASIC Plan/2nd Month Subscription</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

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