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**RECEIVED**

OCT 17 2025

City Clerk's Office  
 Westminster

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

**Full Name of Committee/Person:** CITIZENS FOR A QUALITY WESTMINSTER ISSUE COMMITTEE  
As Shown On Registration

**Address of Committee/Person:** [REDACTED]

**City, State & Zip Code:** [REDACTED]

**Committee Type:** ISSUE COMMITTEE

**Name and Address of Financial Institution:** WESTMINSTER FEDERAL C.U. 9053 HALLAM, SUITE 10 WESTMINSTER, CO 80631

**COMMITTEE ID NUMBER**

39-3445015

**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:** 10/01/2025 Through 10/15/2025  
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)	\$ 12,879.83
2	Total Monetary Contributions (line 11)	\$ 10,600.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 23,479.83
4	Total Monetary Expenditures (line 19)	\$ 10,018.30
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 13,461.53

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: JANA KEETZER  
 Registered Agent's Signature: [Signature] Date: 10/17/2025  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: CITIZENS FOR A QUALITY WESTMINSTER ISSUE COMMITTEE

Current Reporting Period: 10/01/2025 Through 10/15/2025

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$	12,879.83
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (From Schedule "A")	\$	10,600.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	—
8	<b>Loans Received</b> (From Schedule "C")	\$	—
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	—
10	<b>Returned Expenditures (from recipient)</b> (From Schedule "D")	\$	—
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	10,600.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	—
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	10,600.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (From Schedule "B")	\$	10,018.30
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	—
16	<b>Loan Repayments Made</b> (From Schedule "C")	\$	—
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	—
18	<b>Total Coordinated Non-Monetary (in-kind) Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	—
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	10,018.30
20	<b>Total Spending</b> (Line 18 + line 19)	\$	10,018.30

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

1

Full Name of Committee/Person:

CITIZENS FOR A QUALITY WESTERN  
ISSUE COMMITTEE

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>SEE ATTACHED SPREADSHEET</u>
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, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

\* 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:** CITIZENS FOR A QUALITY WESTMINSTER  
ISSUE COMMITTEE

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/01-10/15/25	4. Name: <u>GO DADDY</u>
2. <u>Amount</u> \$ 18. <sup>30</sup>	5. Address: <u>GO DADDY WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>TEMPE, AZ 85284</u>
	7. Purpose of Expenditure: <u>SURCHARGES FOR DEPOSITS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/10/25	4. Name: <u>INVICTUS ADVERTISING</u>
2. <u>Amount</u> \$ 10,000. <sup>00</sup>	5. Address: <u>16192 COASTAL HIGHWAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LOWES, DE 19958</u>
	7. Purpose of Expenditure: <u>ADVERTISING</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