Colorado Secretary of State		Space Below For Office Use Only
Elections Division		RECEIVED
1700 Broadway, Ste. 200 Denver, CO 80290	E Start	7/13/2021
Ph: (303) 894-2200 ext. 6383	× (2 (2)) *	
Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us	1876	City Clerk's Office
www.sos.state.co.us		City of Westminster
BEPOI	RT OF CONTRIBUTIONS AND EXH	
	(1-45-108, C.R.S.)	ENDITORES
Full Name of Committee/Person:	The Committee tol As Shown On Registration	ower Westminster nater
Address of Committee/Person: 955 M. HOth Diving		
City, State & Zip Code:	Westminster, CC). 80023
Committee Type:	ISSUE (DMMIL	Lee. Lin
Name and Address of Financial Institution	MPIISFALAO BANI	26GW. BOBHUE
SOS ID NUMBE	R (state and county committees):	- MISIMANDER COPS
Type of Report		
Regularly Scheduled Filin	ng.	
	nds previous report filed on (date)	
Submit changes or new inform Termination Report. (Tern	ation ONLY nination Reports MUST Have a Monetary Balance of	f Zero in Line 5)
Check this box if this Rep	ort Contains Electioneering Communication	ns Information
T		
Reporting Period Covered:	ULLE 25 DON Throug	gh (111) (23)
	Date	Date
Declared Total Spending (if an [Art. XXVIII, Sec. 4(1)]	pplicable) \$	
[/ 11. //// / 11, 500. +(1)]		
· · · · · · · · · · · · · · · · · · ·		Totals Detailed Summary Page
	g of Reporting Period (monetary only)	\$ 20.00
2 Total Monetary Contributions (\$ 230.00
	as & Beginning Amount (line 1 + line 2)	\$ 360.00
4 Total Monetary Expenditures (1		\$
5 Funds on Hand at the End of Re	eporting Period (monetary) (line 3 – line 4)	\$ 360.00
The appropriate officer	shall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	h day that a report is filed late.
Authorization (Must be completed	by either the Registered Agent OR the Candidate):	I hereby certify and declare under
penalty of periury, that to the best of	f my knowledge or belief all contributions receiv	wed during this reporting period
	l in the form of membership dues transferred by	
permissible sources.		
Print Registered Agent's Name:	Desime Kose	
Registered Agent's Signature:	VINIAL KOSE	Date: 07/12/2021
Print Candidate Name:		
Candidates Signature:		Date:
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	DETAILED SUMMAI	RY
	Ill Name of Committee/Person: The Committee	2-To Lower Westminster
Cu	irrent Reporting Period: Dunl 25,2021	Through July 1, 2021
Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 130.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 230.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 020 00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 200.00 der
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 360.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$
20	Total Spending (Line 18 + line 19)	\$

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Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]
Full Name of Committee/Person: The Committee to with Alstminst
WARNING: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/TYPE 1. Date Accepted 06/28/2020) 2. Contribution Amt. \$ 100.00 3. Aggregate Amt.* \$ Check box if Electioneering 9. Occupation (if applicable, mandatory):
Electioneering 9. Occupation (if applicable, mandatory): Communication
1. Date Accepted 4. Name (Last, First): PederSen, Cuphia 2. Contribution Amt. 5. Address:
8. Employer (if applicable, <u>mandatory</u>):
Electioneering 9. Occupation (if applicable, mandatory): Communication
1. Date Accepted 4. Name (Last, First): Baker, Brug 2. Contribution Amt. 5. Address: 4. Name (Last, First): 3. Aggregate Amt. * 6. City/State/Zip: 100,00 3. Aggregate Amt. * 7. Description: 7. Description:
8. Employer (if applicable, mandatory):
Electioneering Communication 9. Occupation (if applicable, mandatory):
1. Date Accepted 4. Name (Last, First):
2. Contribution Amt. 5. Address:
\$ 6. City/State/Zip:
3. <u>Aggregate Amt.</u> * 7. Description:
8. Employer (if applicable, <u>mandatory</u>):
Electioneering 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).

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E.