Space Below For Office Use Only Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290 (303) 894-2200 ext. 6383 (303) 869-4861 Fax: Email: cpfhelp@sos.state.co.us NOV 13 2023 www.sos.state.co.us REPORT OF CONTRIBUTIONS AND EXPENDITU RES City Clerk's Office (1-45-108, C.R.S.) City of Westminster Full Name of Committee/Person: THE COUNTER 70 E WEG As Shown On Registration Address of Committee/Person: 14761 RALAMA TH City, State & Zip Code: WESTHINSTER めっと Committee Type: CANDIDAR? Name and Address of Financial FIRST BONK Institution BS 2) 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 Electioneering Communications Information Reporting Period Covered: 27, 2623 Through Date Date Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] **Totals Detailed Summary Page** Funds on Hand at the Beginning of Reporting Period (monetary only) (,198,76 Total Monetary Contributions (line 11) \$ 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 4 | Total Monetary Expenditures (line 19) Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) 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: Registered Agent's Signature: BRUCE Print Candidate Name:

of 14

Candidates Signature: _

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DETAILED SUMMARY

Full Name of Committee/Person: THE COMMITTEE TO ELECT KINGE BAKKEL

Current Reporting Period: OTO BEL 27, 2025

Through NOV 13

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 1,19875
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 06.06
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")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ +, 298,75 100.
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 1,29P.71
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 779.22
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")	\$ 519.53
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1,298.75
20	Total Spending (Line 18 + line 19)	\$ 1,298.75

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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 ELERT BRUCE BAKER

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

PLEASE PRINT/	TYPE
1. Date Accepted	4. Name (Last, First): DEHERRE RA, TIM
2. Contribution Amt.	5. Address: 14(754 MARIPOCA CE
\$ 100 00	6. City/State/Zip: (45 57 M/N 57ER, (0) POOLS
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): RETIRED
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
☐ Check box if	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. Aggregate Amt. * \$	7. Description:
☐ Check box if	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. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	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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Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Date Expended 4. Name: Selicical Mark of the last of the las	Full Name of Commit	tee/Person: THE COMMITTEE TO ELECT BRUGE BAKER						
Check box if Electioneering Communication								
Check box if Electioneering Communication		4. Name: POLITICAL MARKETING INTE, INC						
Check box if Electioneering Communication		5. Address: 4415-C WASTITUTION LANG #166						
Check box if Electioneering Communication	3. Recipient is (optional):	- 6. City/State/Zip: WARI ANNA A 32447						
1. Date Expended 4. Name: 2. Amount 5. Address: \$ 6. City/State/Zip: 3.Recipient is (optional): 7. Purpose of Expenditure: □ Non-Committee Check box if Electioneering Communication 1. Date Expended 4. Name: 2. Amount 5. Address: \$ 6. City/State/Zip: 7. Purpose of Expenditure: □ Check box if Electioneering Communication 1. Date Expended 4. Name: 2. Amount 5. Address: \$ 6. City/State/Zip: 7. Purpose of Expenditure: 7. Purpose of Expenditure: □ Committee 7. Purpose of Expenditure: □ Committee 1. Committee □ Committee 1. Committee □ Committee 1. City/State/Zip: 7. Purpose of Expenditure: 1. Purpose of Expenditure: □ Check box if Electioneering Communication		7. Purpose of Expenditure:						
4. Name:	1 Data Francisch							
\$ 3. Recipient is (optional): Committee	1. Date Expended	4. Name:						
3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 4. Name: 2. Amount 5. Address: \$ 3.Recipient is (optional): Check box if Electioneering Communication 7. Purpose of Expenditure: Check box if Electioneering Communication 7. Purpose of Expenditure: Check box if Electioneering Communication 7. Purpose of Expenditure: Check box if Electioneering Communication 7. Address: Check box if Electioneering Communication 8. Address: Check box if Electioneering Communication 9. Purpose of Expenditure: Check box if Electioneering Communication	1	5. Address:						
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Non-Committee Check box if Electioneering Communication	3.Recipient is (optional):	6. City/State/Zip:						
		Check box if Electioneering Communication						
1. Date Expended 4. Name:	1. Date Expended	4. Name:						
2. Amount 5. Address:		5. Address:						
\$ 3.Recipient is (optional): 6. City/State/Zip:	3.Recipient is (optional):	6. City/State/Zip:						
Committee 7. Purpose of Expenditure:								
Check box if Electioneering Communication		LI Check box if Electioneering Communication						

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$Schedule \ D-Returned \ Contributions \ \& \ Expenditures$

Full Name of Commit	tee/Person: THE COUNTREE TO ELECT BRUCE BAKE
(Previous	Returned Contributions sly reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE 1. Date Accepted D-9.23 2. Date Returned [[-13-2] 3. Amount \$ 5 9.53	4. Name (Last, First): RAKER / BRUGE 5. Address: L476 KARAPH T 6. City/State/Zip: WEST MINGREY 10 800 21 7. Purpose: RETURN
Date Accepted Date Returned	4. Name (Last, First):
3. Amount	6. City/State/Zip: 7. Purpose:
(Previously PLEASE PRINT/TYPE	Returned Expenditures or reported on Schedule B — Expenditures returned or refunded to the committee)
Date Expended Date Returned	4. Name (Last, First):
3. Amount	5. Address: 6. City/State/Zip: 7. Comment (Optional):
Date Expended Date Returned	4. Name (Last, First):
3. Amount	5. Address: 6. City/State/Zip: 7. Comment (Optional):
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