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NOV 02 2023

City Clerk's Office City of Westminster

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.) Full Name of Committee/Person: COMMON Sense For Westminster As Shown On Registration Address of Committee/Person: 13818 OS2 ge Ct. City, State & Zip Code: Westminster Co 80023 Committee Type: Issue Committee Name and Address of Financial Institution P.O. BOX 150097 Lakewood CO 80215 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: 10 16 2023 Through 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) 1717,20 Total Monetary Contributions (line 11) 1465.00 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 3182.20 Total Monetary Expenditures (line 19) 1433.38 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) 1748 82 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 Candidate Name: Candidates Signature: ______ Date: ______

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DETAILED SUMMARY

Full Name of Committee/Person:

Common Sense For Westminster

Current Reporting Period:

10.16 2023

Through

11.3.2023

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 1717.20
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1465.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 10/14
8	Loans Received (Please list on Schedule "C")	\$ N/A
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ N/H
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ N/A
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1465.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ N/A
13	Total Contributions (Line 11 + line 12)	\$ 1465.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1418.49
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 14.89
16	Loan Repayments Made (Please list on Schedule "C")	\$ N/A
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ N/A
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ N/A
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ F 143148 1433.38
20	Total Spending (Line 18 + line 19)	\$ \(\text{9} \) 143148 \(1433.38 \) \$ \(\text{9} \) 143148 \(1433.38 \)

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Common Sense for Westminster

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

PLEASE PRINT/TYPE				
1. Date Accepted	4. Name (Last, First): Dan Rose			
10/27/23 2. Contribution Amt.	5. Address: 955 W 140 th DC			
¢				
375.00 3. Aggregate Amt. *	6. City/State/Zip: Westminster CD 80023			
\$	7. Description:check			
395.00	8. Employer (if applicable, mandatory): Refired			
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):			
Communication				
1. Date Accepted	1 N Westing To land			
10/75/23	4. Name (Last, First): Kristine Ireland			
2. Contribution Amt.	5. Address: 13818 Lexington Pl			
\$ 1000.00	6. City/State/Zip: Wes thinster CO 80023			
3. Aggregate Amt. *	7. Description: Check.			
1000.00	8. Employer (if applicable, mandatory): Self Employed			
☐ Check box if	9. Occupation (if applicable, mandatory): Piano Teacher.			
Electioneering Communication	9. Occupation (if applicable, mandatory):			
1. Date Accepted	4. Name (Last, First): Kenneth Hinderlider			
2. <u>Contribution Amt.</u>	5. Address: 7426 Clay 51.			
\$ 30.00	6. City/State/Zip: Westminster Co 80030			
3. Aggregate Amt. *				
\$ 30.00	7. Description: Check			
☐ Check box if	8. Employer (if applicable, mandatory): Retired			
Electioneering	9. Occupation (if applicable, mandatory):			
Communication				
1. Date Accepted	4. Name (Last, First): Julia Freund.			
11/2/23	-11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2			
2. Contribution Amt.	5. Address: 870 W 134th Ave # C			
90.00	6. City/State/Zip: Westminster Co 80234			
3. Aggregate Amt. *	7. Description: Check			
\$ 40.00	8. Employer (if applicable, mandatory): Lumpu Technologies			
Check box if	9. Occupation (if applicable, mandatory): Marketing OPS			
Electioneering Communication	7. Occupation (it applicable, manualory).			
* For contribution lim	its 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.				

5(5), I office Committee III. III I III, 550 5(5), Office 25000 Committee III.

XXVIII, Sec. 2(14).

Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Commi	ttee/Person: Common Sense for Westminston
PLEASE PRINT/TYPE	
1. Date Expended 10/31 2. Amount	4. Name: Political Marketing Intil
2. Amount	5. Address: 4415C Constitution Ln
\$ /4/8 47 3.Recipient is (optional):	- 6. City/State/Zip: Marianna F1 32448
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: <u>Text Alerts</u> .
Non-Committee	☐ Check box if Electioneering Communication
1. <u>Date Expended</u>	4. Name:
2. Amount	5. Address:
3. Recipient is (optional):	6. City/State/Zip:
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication
Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication
Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional): Committee	
☐ Non-Committee	7. Purpose of Expenditure: Check box if Electioneering Communication
	— Chook ook it Electioneering Communication

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Schedule C - Loans

Full Name of Committee/Person: Common Sense For Westminster

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE	
Name (Last, First or Institution):	/
Address:	
City/State/Zip:	
Original Amount of Loan: \$ Intere	est Rate:
Loan Amount Received This Reporting Period: \$	Total of All Loans This Reporting Period: \$ (Place on line 8 of Detailed Summary Report)
Principal Amount Paid This Reporting Period: \$	
Interest Amount Paid This Reporting Period: \$	
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Detail Summary)	Total Repayments Made: \$(Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Balance: \$	
TERMS OF LOAN:	
Date Loan Received	Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Address, City, State, Zip	Amount Guaranteed
	Address, City, State, Zip

Schedule D - Returned Contributions & Expenditures

Full Name of Committee/Person: Common Scase for Westainster					
Returned Contributions (Previously reported on Schedule A – Contributions accepted and then returned to donors)					
PLEASE PRINT/TYPE					
Date Accepted	T				
	4. Name (Last, First):				
2. Date Returned	5. Address:				
3. Amount	6. City/State/Zip:				
\$	7. Purpose:				
1. Date Accepted					
a. But Hecepton	4. Name (Last, First):				
2. Date Returned	5. Address:				
3. Amount	6. City/State/Zip:				
\$	7. Purpose:				
	Returned Expenditures				
(Previous)	y reported on Schedule B – Expenditures returned or refunded to the committee)				
PLEASE PRINT/TYPE					
Date Expended	4 Name (Lan Finn)				
2. Date Returned	4. Name (Last, First):				
2. Date Returned	5. Address:				
3. Amount	6. City/State/Zip:				
\$					
	7. Comment (Optional):				
Date Expended	4. Name (Last, First):				
2. <u>Date Returned</u>	5. Address:				
3. Amount	6. City/State/Zip:				
\$	7. Comment (Optional):				
711111					

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Statement of Non-Monetary Contributions[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Common Sense For Westminster					
PLEASE PRINT/TYPE					
1. Date Provided	4. Name (Last, First):				
2. Fair Market Value	5. Address:				
\$	6. City/State/Zip:				
3. Aggregate Amt.	7. Description:				
\$	8. Employer (if applicable, mandatory):				
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):				
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *				
1. Date Provided	4. Name (Last, First):				
2. Fair Market Value	5. Address:				
\$	6. City/State/Zip:				
3. Aggregate Amt.	7. Description: 8. Employer (if applicable, mandatory):				
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):				
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *				
1 Data Described					
1. Date Provided	4. Name (Last, First):				
2. Fair Market Value	5. Address:				
\$	6. City/State/Zip:				
3. Aggregate Amt.	7. Description:				
\$	8. Employer (if applicable, mandatory):				
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):				
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *				

^{*} Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."