Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us

www.sos.state.co.us





REPORT OF CONTRIBUTIONS AND EXPENDITURES (1-45-108, C.R.S.)

City Clerk's Office City of Westminster

Fu	all Name of Committee/Person:	Westminster 4 DeMott		
Α.	Idwaga of Committee D	As Shown On Registration		
Address of Committee/Person:		9640 W. 105th Way		
City, State & Zip Code:		Westminster CO 80021		
Committee Type:		Candidate		
Name and Address of Financial Institution		Pools: Mountain Lau Enfarance		
1112	sutution	Rocky Mountain Law Enforcmen	nt FCU 700 39th Ave Denver, CO	
	SOS ID NUMBER	(state and county committees):		
Type of Report				
	X Regularly Scheduled Filing			
	Amended Filing. This amends previous report filed on (date) 10-15-2017			
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:	10-29-2016 Throug	2h 10-15-2017	
		Date	Date	
	Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	icable) \$		
	[ALC. AXVIII, Sec. 4(1)]			
			Totals Detailed Summary Page	
1	Funds on Hand at the Beginning		\$ 9.74	
2	Total Monetary Contributions (lin		\$ 10184.32	
3		& Beginning Amount (line 1 + line 2)	\$ 10194.06	
4	Total Monetary Expenditures (line		\$ 8844.92	
5	Funds on Hand at the End of Rep	orting Period (monetary) (line 3 – line 4)	\$ 1349.14	
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:	David DeMott		
	Registered Agent's Signature: Date: Date:			
Print Candidate Name:David DeMott				
	Candidates Signature:	nd DeMat	Date: _11-01-2017	
			Colorado Secretary of State Form Rev. 12/09	

DETAILED SUMMARY

Full Name of Committee/Person:

Current Reporting Period:

15

16

17

18

19

20

Westminster 4 DeMott

Through 10-29-2016 10-15-2017 Funds on hand at the beginning of reporting period (Monetary Only) 9.74 \$ 9833.33 Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] 6 \$ (Please list on Schedule "A") 7 **Total of Non-Itemized Contributions** \$ (Contributions of \$19.99 and Less) 350.99 8 **Loans Received** \$ (Please list on Schedule "C") 0 9 **Total of Other Receipts** \$ (Interest, Dividends, etc.) 0 10 **Returned Expenditures (from recipient)** \$ (Please list on Schedule "D") 0 11 **Total Monetary Contributions** \$ (Total of lines 6 through 10) 10184.32 12 **Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions) 7065.97 13 **Total Contributions** (Line 11 + line 12) 17250.29 Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] 14 \$ 8480.91 (Please list on Schedule "B")

Total of Non-Itemized Expenditures

(Expenditures of \$19.99 or Less)

Loan Repayments Made

(Please list on Schedule "C")

Returned Contributions (To donor)

(Candidate/Candidate Committee & Political Parties only)

Total Monetary Expenditures

(Total of lines 14 through 17)

Total Spending

(Line 18 + line 19)

(Please list on Schedule "D") **Total Coordinated Non-Monetary Expenditures** 364.01

0

0

8844.92

8844.92

\$

\$

\$

\$

\$

Full Name of Committe	ee/Person: Westminster 1 De Mott			
PLEASE PRINT/TYPE				
1. <u>Date Expended</u> 2 ~ 6 - 1 7	4. Name: Ministry Press Inc			
2. Amount	5. Address: 4935 Allison St			
\$ 215 = 3. Recipient is (optional):	6. City/State/Zip: Arvada, CO 80004			
Committee Non-Committee	7. Purpose of Expenditure: Donation Envelopes			
	☐ Check box if Electioneering Communication			
1. <u>Date Expended</u> §- 10 - 17	4. Name: Face Book			
2. Amount	5. Address: 1601 Willow RD			
\$ 3.Recipient is (optional):	6. City/State/Zip: Block Menblank, CA 94025			
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: Face Gook Ads			
	☐ 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	7. Purpose of Expenditure:			
☐ 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	7. Purpose of Expenditure:			
☐ 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	7. Purpose of Expenditure:			
☐ Non-Committee	☐ Check box if Electioneering Communication			