

Colorado Secretary of State  
 Elections Division  
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**RECEIVED**  
 NOV - 1 2019  
 City Clerk's Office  
 City of Westminster

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

**Full Name of Committee/Person:** Elect Lindsey Smith  
As Shown On Registration

**Address of Committee/Person:** 2982 W. 119th Ave.

**City, State & Zip Code:** Westminster, CO 80234

**Committee Type:** Candidate Committee

**Name and Address of Financial Institution:** First National Bank 12009 Sheridan Blvd. Broomfield, CO 80020

**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:** October 11, 2019 Date **Through** October 27, 2019 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)	\$ 2,571.03
2	Total Monetary Contributions (line 11)	\$ 654.19
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3,225.22
4	Total Monetary Expenditures (line 19)	\$ 1,476.83
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1,748.39

**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: Lindsey L. Smith

Registered Agent's Signature: Lindsey L. Smith Date: 10-31-19

Print Candidate Name: Lindsey L. Smith

Candidates Signature: Lindsey L. Smith Date: 10-31-19



**DETAILED SUMMARY**

Full Name of Committee/Person: Elect Lindsey Smith

Current Reporting Period: Oct. 11, 2019 Through Oct. 27, 2019

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	2,571.03
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	654.19
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	—
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	—
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	—
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	654.19
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	—
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	—
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1,460.42
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	16.41
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	—
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	—
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	—
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	1,476.83
20	<b>Total Spending</b> (Line 18 + line 19)	\$	1,476.83

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

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

Full Name of Committee/Person: Elect Lindsey Smith

**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</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).



## Itemized Contributions \$20 & Over

Last Name	First Name	Address	Employer	Occupation	Donation Date	Amount	Aggregate
DeMott	David	9640 W 105th Way, Westminster CO 80021	Post Net	VP of IT	10/14/2019	\$10.00	
Jameson	Gaylynn	9634 Newton Street, Westminster CO 80031	N/A	Retired	10/16/2019	\$20.19	
McConnell	Joseph	1075 W. 125th Dr., Westminster CO 80234	Retired	Retired	10/16/2019	\$100.00	
Realtor	Political Action Committee	309 Inverness Way S., Englewood CO 80112	Realtor	Political Action Committee	10/16/2019	\$99.00	
Carroll	Renee	8821 E. 150th Ct., Thornton CO 80602	Windstream	Sales Engineer	10/18/2019	\$50.00	
DeMott	David	9640 W 105th Way, Westminster CO 80021	Post Net	VP of IT	10/21/2019	\$10.00	\$20.00 David DeMott
Lauhon	Tom	10386 Xavier St., Westminster CO	Four Seasons Heating	Owner	10/22/2019	\$300.00	
East	Gordon	10395 Xavier St., Westminster CO	Retired	Retired	10/22/2019	\$40.00	
Sutterfield	Ed	9805 Raleigh St., Westminster CO 80031	Self	Independent Agent	10/23/2019	\$25.00	
						<b>\$654.19</b>	<i>Total</i>

Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Elect Lindsey Smith

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: <u>See Attached</u>
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

## Itemized Expenditures \$20 & Over

<b>EXPENSES</b>	<b>DATE</b>	<b>COMPANY</b>	<b>ADDRESS</b>	<b>ITEM PURCHASED</b>
\$125.00	10/18/2019	Facebook	1601 Willow Rd, Menlo Park, CA 94025	Ad
\$50.97	10/21/2019	Facebook	1601 Willow Rd, Menlo Park, CA 94025	Ad
\$184.45	10/22/2019	CRL Associates, Inc.	1660 Lincoln St #1800, Denver CO 80264	Robo Call
\$1,100.00	10/24/2019	Gravis Marketing	910 Belle Ave, Winter Springs, FL 32708	Robo Text

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**\$1,460.42 Total**