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RECEIVED  
12/9/2023  
City Clerk's Office  
City of Westminster

### REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

<b>Full Name of Committee/Person:</b>	Elect Lindsey Smith <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	3745 W. 104th Dr., Unit B
<b>City, State &amp; Zip Code:</b>	Westminster, CO 80031
<b>Committee Type:</b>	Candidate Committee
<b>Name and Address of Financial Institution</b>	First National Bank 12009 Sheridan Blvd., Broomfield, CO 80020

#### COMMITTEE ID NUMBER

#### 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:**  Date **Through**  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)	\$ 9.17
2 Total Monetary Contributions (line 11)	\$
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4 Total Monetary Expenditures (line 19)	\$
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$9.17

**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. Emmons (Smith)

Registered Agent's Signature: Lindsey L. Emmons Date: 12/1/23

Print Candidate Name: Lindsey L. Emmons (Smith)

Candidates Signature: Lindsey L. Emmons Date: 12/1/23

**DETAILED SUMMARY**

**Full Name of Committee/Person:** Elect Lindsey Smith

**Current Reporting Period:** Oct. 30, 2022 **Through** Dec. 1, 2023

<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)		\$9.17
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$
8	<b>Loans Received</b> (From Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b> (From Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$
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)] (From Schedule "B")	\$
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b> (From Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$
18	<b>Total Coordinated Non-Monetary (in-kind) Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$
20	<b>Total Spending</b> (Line 18 + line 19)	\$

## Schedule A Instructions

NOTE: In addition to the disclosure requirements of the constitution and statute please note provisions for specific Committee type, as follows:

### **Candidate, Issue, Political Party and Political Committee (PC)**

- Required to disclose occupation **and** employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

### **Small Donor Committee**

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY who are U.S. citizens. [Art. XXVIII, Sec. 2(14)(a)]

### **Electioneering Communications Reporting**

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation **and** employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

## **Contribution Limits**

(Art. XXVIII, Sec. 3 of the Colorado Constitution and Campaign and Political Finance Rule 10.16)

### **Political Committees (State, County, District & Local):**

- \$575◇ per House of Representatives Election Cycle

### **Political Party (From any person other than Small Donor):**

- \$ 3,650◇ per year no more than \$3,050◇ to state party.

### **Political Party (From Small Donor):**

- \$18,425◇ per year no more than \$15,350◇ to state party.

**Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.**

## **PROHIBITED CONTRIBUTIONS**

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- It shall be unlawful for a corporation or labor organization to make contributions to a candidate committee or a political party. A corporation or labor organization may establish a political committee or small donor committee which may accept contributions or dues from employees, officeholders, shareholders, or members to make contributions to a candidate committee or political party.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
  - Any natural person who is not a citizen of the United States;
  - A foreign government; or
  - any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political party shall accept a contribution, or make an expenditure, in currency or coin exceeding one hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political committee, small donor committee, or political party with the expectation that some or all of the amounts of such contribution will be reimbursed by another person. No person shall be reimbursed for a contribution made to any candidate committee, issue committee, political committee, small donor committee, or political party, nor shall any person make such reimbursement except as provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]

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

1

**Full Name of Committee/Person:**

**WARNING: Please read the instruction page for Schedule “A” before completing!**

**PLEASE PRINT/TYPE**

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> ): _____

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).

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

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

**Full Name of Committee/Person:** \_\_\_\_\_

**PLEASE PRINT/TYPE**

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

**Schedule C - Loans**

Candidate Committees only

Full Name of Committee/Person: \_\_\_\_\_

**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: \$ \_\_\_\_\_ Interest 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**

Full Name	Address, City, State, Zip	Amount Guaranteed

**Schedule D – Returned Contributions & Expenditures**

**Full Name of Committee/Person:** \_\_\_\_\_

**Returned Contributions**

*(Previously reported on Schedule A – Contributions accepted and then returned to donors)*

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

**Returned Expenditures**

*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)*

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

## 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:** \_\_\_\_\_

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> 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."