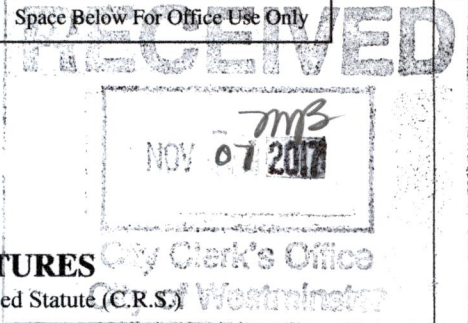


Colorado Secretary of State
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 Fax: (303) 869-4861
 Email: cphelp@sos.state.co.us
 www.sos.state.co.us



Space Below For Office Use Only



REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Firefighters for A Safer Westminster <small>As Shown On Registration</small>
Address of Committee/Person:	6860 W 95th Ave.
City, State & Zip Code:	Westminster, CO 80021
Committee Type:	Issue Committee
Name and Address of Financial Institution	Bellco Credit Union; 8851 N. Harlan St., Westminster, CO

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)	\$ 3291.22
2	Total Monetary Contributions (line 11)	\$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3291.22
4	Total Monetary Expenditures (line 19)	\$ 3266.21
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 25.01

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: William Friesell
 Registered Agent's Signature: Date: 11/6/2017
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Firefighters For A Safer Westminster

Current Reporting Period: 12/4/2016

Through 10/27/2017

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 3291.22
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0.00
8	Loans Received (From Schedule "C")	\$ 0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (From Schedule "D")	\$ 0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0.00
13	Total Contributions (Line 11 + line 12)	\$ 0.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 0.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.00
16	Loan Repayments Made (From Schedule "C")	\$ n/a
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 3266.21
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ n/a
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 3266.21
20	Total Spending (Line 18 + line 19)	\$ 3266.21

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Firefighters for a Safer Westminster

Returned Contributions

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 12/19/2016	4. Name (Last, First): <u>IAFF Local 2889 Westminster Professional Firefighters</u>
2. <u>Date Returned</u> 12/16/2016	5. Address: <u>PO Box 350547</u>
3. <u>Amount</u> \$ 3266.21	6. City/State/Zip: <u>Westminster, CO 80035</u>
	7. Purpose: <u>Unexpended funds</u>

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): _____