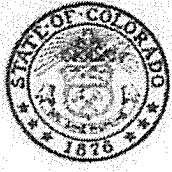


Space Below For Office Use Only

Rec'd
12-4-23
HC

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cplhelp@sos.state.co.us
www.sos.state.co.us



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

Full Name of Committee/Person:	Butler for Ward I
As Shown On Registration	
Address of Committee/Person:	P.O. Box 662
City, State & Zip Code:	Greeley, CO 80632
Committee Type:	Candidate
Name and Address of Financial Institution	1st Bank, P.O. Box 150097, Lakewood, CO 802

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: Through
Date 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)	\$	\$3,437.33
2	Total Monetary Contributions (line 11)	\$	\$0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$	\$3,437.33
4	Total Monetary Expenditures (line 19)	\$	\$3,437.33
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$	\$0.00

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: Barbara M. Niebauer

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Tommy Butler

Candidates Signature: Date: 12/4/23

DETAILED SUMMARY

Full Name of Committee/Person: Butler for Ward I
 Current Reporting Period: 10/18/2023 Through: 12/12/2023

	Funds on hand at the beginning of reporting period (Monetary Only)	\$3,437.33
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$0.00
7	Total of Non-Itemized Contributions (Contribution of \$19.99 and Less)	\$0.00
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$0.00
10	Returned Expenditures (from recipient) (Please list on 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)] (Please list on Schedule "B")	\$3,437.33
15	Total of non-Itemized Expenditures (Expenditures of \$19.99 or less)	\$0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee Political Parties only)	\$0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$3,437.33
20	Total Spending (Line 18 + line 19)	\$3,437.33

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

Full Name of Committee/Person: Butler for Ward I

PLEASE PRINT/TYPE

1. Date Expended 11/3/2023	4. Name: <u>SquaresSpace Inc</u>
2. Amount 33	5. Address: <u>225 Varick Street</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>New York NY 10014</u>
	7. Purpose of Expenditure: <u>Website Monthly Fee</u> <input type="checkbox"/> Check Box if Electioneering Communication

1. Date Expended 11/8/2023	4. Name: <u>Margie's Java Joint</u>
2. Amount 500	5. Address: <u>931 16th St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80631</u>
	7. Purpose of Expenditure: <u>Venue Rental for Election Night Party</u> <input type="checkbox"/> Check Box if Electioneering Communication

1. Date Expended 11/17/2023	4. Name: <u>Amazon</u>
2. Amount 126.1	5. Address: <u>P.O. Box 81226</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Seattle WA 98108</u>
	7. Purpose of Expenditure: <u>Printer Ink</u> <input type="checkbox"/> Check Box if Electioneering Communication

1. Date Expended 11/27/2023	4. Name: <u>Weld Food Bank</u>
2. Amount 1378.23	5. Address: <u>1108 H St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80631</u>
	7. Purpose of Expenditure: <u>One of 2 donations to certified 501c3 Non-Profits to close acc</u> <input type="checkbox"/> Check Box if Electioneering Communication

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

Full Name of Committee/Person: Butler for Ward I

PLEASE PRINT/TYPE

1. Date Expended 11/29/2023	4. Name: <u>Greeley-Weld Habitat for Humanity</u>
2. Amount 1400	5. Address: <u>2080 Greeley Mall</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80631</u>
	7. Purpose of Expenditure: <u>One of 2 donations to certified 501c3 Non-Profits to close acc</u>
	<input type="checkbox"/> Check Box if Electioneering Communication