Space Below For Office Use Only

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 TO COOP TO THE PROPERTY OF TH

Revd Oct 27 2023

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	Butler for Was	rd (
11	As Shown On Registration	
Address of Committee/Person:	P.O. 66Z	7
City, State & Zip Code:	Greeley, CO	80632
Committee Type:	'	_ 1
Name and Address of Financial nstitution	1st Bank, P.O.	Box Bood7, Lake wood
SOS ID NUMBER	(state and county committees):	
Type of Report		· · · · · ·
Regularly Scheduled Filin	g.	
Submit changes or new information	ds previous report filed on (date) tion ONLY	
Termination Report. (Term	ination Reports MUST Have a Monetary Balan	ce of Zero in Line 5)
Check this box if this Repo	ort Contains Electioneering Communication	ations information
Reporting Period Covered:	10/17/27	10/20/23
Reporting Period Covered:	Date	rough 10/29/23  Date
Declared Total Spending (if ap [Art. XXVIII, Sec. 4(1)]	plicable) \$	2.00
[711.77.111, 500. 4(1)]		T 1 D 1 1 10 D
Funds on Hand at the Decinning	of Paparting Pariod (	Totals Detailed Summary Page
Funds on Hand at the Beginning of Reporting Period (monetary only)		\$ 3437.33
Total Monetary Contributions (line 11)  Total of Monetary Contributions & Beginning Amount (line 1 + line 2)		\$ 0
8 8		\$ 0
Total Monetary Expenditures (line 19)  Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)		\$ 3437.33
Funds on Hand at the End of Re	porting Feriod (monetary) (line 3 – line 4)	3 34 5/, 35
The appropriate officer	shall impose a penalty of \$50 per day for [Art. XXVIII Sec. 10(2)(a)]	each day that a report is filed late.
Authorization (Must be completed	by either the Registered Agent <b>OR</b> the Candida	te): I hereby certify and declare under
	my knowledge or belief all contributions re	
	in the form of membership dues transferre	
permissible sources.		
Print Registered Agent's Name:		
Registered Agent's Signature:		Date:
Print Candidate Name:	ommy Butler	
Candidates Signature:	S B	Date: 10/z7/2
_		Colorado Secretary of State Form Rev. 12/09
		Colorado Secretary of State Politi Rev. 12/09

