Space Below For Office Use Only

Colorado Secretary of State **Elections Division** 1700 Broadway, Ste. 200 Denver, CO 80290

(303) 894-2200 ext. 6383 (303) 869-4861 cpfhelp@sos.state.co.us Fax:

Candidates Signature:

www.sos.state.co.us



Rued Nov1, 2023

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.) ommittee to Elect Melissa Full Name of Committee/Person: Address of Committee/Person: City, State & Zip Code: Committee Type: Name and Address of Financial Institution 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: Oct. 13 2023 Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] **Totals Detailed Summary Page** Funds on Hand at the Beginning of Reporting Period (monetary only) 381,08 Total Monetary Contributions (line 11) \$ Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ Total Monetary Expenditures (line 19) \$ 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) \$ 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: ALAN G. MENY Registered Agent's Signature: Print Candidate Name:

Colorado Secretary of State Form Rev. 12/09

Date:

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Melissa ME Donald

Current Reporting Period: Oct. 13, 2023 Through Oct, 29, 2023

Funds on hand at the beginning of reporting period (Monetary Only)		\$	2,381,08
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	2,381,08
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	10,492.74
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	10,492.74
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	10, 492.74 8,342,31
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	Û
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	٥
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	s	8,342,31
20	Total Spending (Line 18 + line 19)	\$	8,342,31 8,342,31

Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Committee to Elect Melissa McDonald

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/1	
1. Date Accepted	4. Name (Last, First): Williams, Isaac
Oct. 13, 2023	5. Address: 2513 11th Avenue
2. Contribution Amt. \$ 5210,00	6. City/State/Zip: Greeley, Co 80631
3. Aggregate Amt. * \$ 7210.00	7. Description:donation 8. Employer (if applicable, mandatory): Self
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): În Sur an ce of out
1. Date Accepted Oct 23, 2023 2. Contribution Amt. \$ 500 3. Aggregate Amt. * \$ 500 Check box if Electioneering Communication	4. Name (Last, First): Murphy Pobert 5. Address: 3620 W. 10th St., Ste PMB319 6. City/State/Zip: Greeley, Co 80634 7. Description: Amation 8. Employer (if applicable, mandatory): Flood + Peterson Insurance, Inc., 9. Occupation (if applicable, mandatory): Vice President
1. Date Accepted Oct 13, 2007 2. Contribution Amt. \$ 250. 3. Aggregate Amt. * \$ 150. Check box if Electioneering Communication	4. Name (Last, First): Gillmore, Travis 5. Address: Z665 54th Avenue 6. City/State/Zip: Greeley, Co 80634 7. Description: donation 8. Employer (if applicable, mandatory): Phelps-Toint, Inc., 9. Occupation (if applicable, mandatory): Executive
1. Date Accepted OT 24 2023 2. Contribution Amt. \$ 50	4. Name (Last, First): Fitzsimmens, Michael 5. Address: 315 S. Ash Street 6. City/State/Zip: Yuma, CO 80759 7. Description: Amatrix 8. Employer (if applicable, mandatory): First Presbyterian Church 9. Occupation (if applicable, mandatory): Pastor mits 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).

Full Name of Committee/Person: Committee to Elect Melissa McDonald

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/11	I E
1. Date Accepted	4. Name (Last, First): Adams, Jane
BJ 24 2023	5. Address: 4919 W.12th Street Road
	6. City/State/Zip: Greeley, CO 80634
3 Aggregate Amt *	7. Description: donation
\$ 50 -	
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Tro Her, Michael
2. Contribution Amt.	5. Address: 1757 40th Hvenu-e
	6. City/State/Zip: Greeleg, Co 80634
3. Aggregate Amt. *	7. Description: dnatim
/00	8. Employer (if applicable, mandatory): Front Runge Roofing
Li Check box ii	9. Occupation (if applicable, mandatory): President
Electioneering Communication	7. Occupation (if application, <u>maintainty</u>).
1. Date Accepted	M. Dan D.
6-1 24 2023	4. Name (Last, First): Moser, Randy
2 Contribution Amt	5. Address: 1357 43rd Auc. # 14
\$ 100 =	6. City/State/Zip: Greeles, Co 80634
3. Aggregate Amt. *	7. Description: donations
\$ 100	8. Employer (if applicable, mandatory): Sears Real Estate
Check box if	9. Occupation (if applicable, mandatory): Realtor
Electioneering Communication	7. Occupation (n applicable, manualory).
Date Accepted	DILLATE
60242023	4. Name (Last, First): DeWitt Investments, Inc.
2. Contribution Amt.	5. Address: 1683 40th Avenue
\$ 10000	6. City/State/Zip: Greeley, Co 80634
3. Aggregate Amt. *	7. Description: duration
100.	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	7. Octopation (it approachs, manager).

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

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

Full Name of Committee/Person: Committee to Elect Melissa Mc Donald

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/T	
1. Date Accepted	4. Name (Last, First): Williams, Isaac
Od. 25 2023	5. Address: 2513 11th Avenue
2. Contribution Amt.	5. Address: William Place Control of the Control of
\$ 3132.74	6. City/State/Zip: Greeley, Co 8063/
3. Aggregate Amt. *	7. Description: donation
\$10,342.74	8. Employer (if applicable, mandatory):
☐ Check box if	9. Occupation (if applicable, mandatory): Insurance Agant
Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Mc Donald, Melissa
OJ 15, 2023	5. Address: 1282. 49th Avenue
2. Contribution Amt.	
1,000.	6. City/State/Zip: Greeley, Co 80634
3. Aggregate Amt. *	7. Description: donation
\$ 2100, -	8. Employer (if applicable, mandatory):
Check box if	8. Employer (if applicable, mandatory): SECF 9. Occupation (if applicable, mandatory): Trsurance Agent
Electioneering Communication	7. Occupation (ii appreciate, <u>introductor</u>).
1 Data Assented	
L Date Accepted	
1. Date Accepted	4. Name (Last, First):
Date Accepted Contribution Amt. \$	5. Address:
2. Contribution Amt.	5. Address: 6. City/State/Zip:
2. Contribution Amt.	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address: 6. City/State/Zip:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt.	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description:
2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory):

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 Committe	re/Person: Committee to Flat Melissa Mc Donald
Full Name of Committe PLEASE PRINT/TYPE 1. Date Expended Od 16, 2020 2. Amount 57 \$ 5209. 3. Recipient is (optional): Committee Non-Committee	4. Name:
1. Date Expended OJ 25 2023 2. Amount \$ 3132. 3. Recipient is (optional): Committee Non-Committee	4. Name: Consider It There 5. Address: 812 11th St., Swite 2 6. City/State/Zip: Oreeles, Co 8V631 7. Purpose of Expenditure: mailer Check box if Electioneering Communication
Date Expended	4. Name:
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication
Date Expended	4. Name:
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication
	Colorado Secretary of State Form Rev. 12/09