Space Below For Office Use Only

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

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RECEIVED

OCT 21 2024

REPORT OF CONTRIBUTIONS AND EXPENDITURES

CITY OF GREELEY

	(1-45-108, C.R.S.)	City Clerk's Offic
Full Name of Committee/Person:	Protecting Greeley	Families
	As Shown On Registration	
Address of Committee/Person:	2521 W 25 St DA	
City, State & Zip Code:	Greeley, CO 8063	<i>Y</i>
Committee Type:	Issue Committee	
Name and Address of Financial Institution	First Book 2901 S. 235	Ave Greely, CO
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing	<i>.</i>	
Amended Filing. This amend		
Submit changes or new informati	on ONLY	
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance of	Zero in Line 5)
Check this box if this Repor	t Contains Electioneering Communication	s Information
Reporting Period Covered:	0/5/2 4 Through	101-1218
Acporting 1 errou Covereu:	Date Through	
Declared Total Spending (if appl	icable) \$	Date
[Art. XXVIII, Sec. 4(1)]		
		T-1-1-D : 1-10
1 Funds on Hand at the Beginning	of Reporting Period (monetage only)	Totals Detailed Summary Page \$ 185,13
2 Total Monetary Contributions (lin	e 11)	\$ 103.13
7	& Beginning Amount (line 1 + line 2)	
4 Total Monetary Expenditures (line	10)	- · · · · · · · · · · · · · · · · · · ·
	orting Period (monetary) (line 3 – line 4)	\$ 6
	ofting 1 eriou (monetary) (line 3 – line 4)	\$ 185,13
The appropriate officer sh	all impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	day that a report is filed late.
Anthorization (Most be completed by		
penalty of periury that to the best of m	y either the Registered Agent OR the Candidate): I ty knowledge or belief all contributions receive	hereby certify and declare, under
including any contributions received in permissible sources.	of the form of membership dues transferred by a	a during this reporting period, a membership organization, are from
Print Registered Agent's Name:	Brandon Wart	
Registered Agent's Signature:	Bal Wall	Date: 10/21/24
Print Candidate Name:	•	
		Date:
·		Colorado Secretary of State Form Rev. 12/09

DETAILED	SUMMAR	V
	D O IVIIVE AND	

Full Name of Committee/Person: Protecting Greeley tamilies

Current Reporting Period: 10/5/24 Through 10/20/24

Fund	s on hand at the beginning of reporting period (Monetary Only)	18517
	S S S S S S S S S S S S S S S S S S S	\$ 185,13
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	s O
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 8
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 8
11	Total Monetary Contributions (Total of lines 6 through 10)	s Ø
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 100,
13	Total Contributions (Line 11 + line 12)	\$ 100,
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ &
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 8
16	Loan Repayments Made (Please list on Schedule "C")	\$ Ø
17	Returned Contributions (To donor) (Please list on Schedule "D")	s Ø
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	s · Ø
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0
20	Total Spending (Line 18 + line 19)	\$

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 Com	mittee/Person: Protecting Greeley Families	
PLEASE PRINT/TYPE		
1. Date Provided		
0/13/24	4. Name (Last, First): Wark, Brandon	
2. Fair Market Value	5. Address: 2521 W. 25 St. 2d	
\$ 100	6. City/State/Zip: Greeley, CO 80634	
3. Aggregate Amt.	7. Description: Web & Marketing	
□ Check box if	8. Employer (if applicable, mandatory): Mericle RV	
Electioneering	9. Occupation (if applicable, mandatory): Mora ger	
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	
1. <u>Date Provided</u>	4. Name (Last, First):	
2. Fair Market Value	5. Address:	
\$	6. City/State/Zip:	
3. Aggregate Amt.	7. Description:	
\$	8. Employer (if applicable, mandatory):	
Check box if Electioneering	9. Occupation (if applicable, mandatory):	
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	
1. Date Provided		
2000 4 200 1000	4. Name (Last, First):	
2. Fair Market Value	5. Address:	
\$	6. City/State/Zip:	
3. Aggregate Amt.	7. Description:	
☐ Check box if	8. Employer (if applicable, mandatory):	
Electioneering Communication	9. Occupation (if applicable, mandatory):	
Communication	10. 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."		
	Colorado Secretary of State Form Rev. 12/09	