

Colorado Secretary of State
 Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108, C.R.S.)

Full Name of Committee/Person:	Guide Our Growth, Timnath!
<small>As Shown On Registration</small>	
Address of Committee/Person:	5801 Isabella Avenue
City, State & Zip Code:	Timnath, CO 80547
Committee Type:	Issue Committee
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

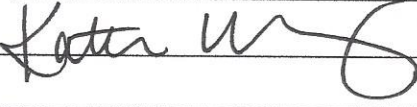
Reporting Period Covered: Date **Through** Date

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)	\$ 3,743.50
2	Total Monetary Contributions (line 11)	\$ - 596.50
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3,147.00
4	Total Monetary Expenditures (line 19)	\$ 3,147.00
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: Katie Kennedy - Designated Filing Agent
 Registered Agent's Signature:  Date: 8/1/2023
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Guide Our Growth, Timnath!

Current Reporting Period: 6/19/2023 **Through** 7/31/2023

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 3,743.50
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0
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)	\$ 0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 0
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 3,147.50
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 596.50
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 3,743.50
20	Total Spending (Line 18 + line 19)	\$ 3,743.50

Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Guide Our Growth, Timnath!

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 6/23/2023	4. Name: <u>Stampede America, LLC</u>
2. <u>Amount</u> \$ 300.00	5. Address: <u>PO Box 371434</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Key Largo, FL 33037</u>
	7. Purpose of Expenditure: <u>Canvassing</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/11/2023	4. Name: <u>Antler Solutions</u>
2. <u>Amount</u> \$ 2,725.00	5. Address: <u>130 E. 1st Street, #100</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Loveland, CO 80537</u>
	7. Purpose of Expenditure: <u>Text Messaging</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/30/2023	4. Name: <u>First Bank</u>
2. <u>Amount</u> \$ 60.00	5. Address: <u>600 Broadway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80203</u>
	7. Purpose of Expenditure: <u>Bank Fees</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/24/2023	4. Name: <u>First Bank</u>
2. <u>Amount</u> \$ 22.00	5. Address: <u>600 Broadway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80203</u>
	7. Purpose of Expenditure: <u>Bank Fees</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/26/2023	4. Name: <u>FundHero</u>
2. <u>Amount</u> \$ 40.00	5. Address: <u>3515 Ellington Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Atlanta, GA 30349</u>
	7. Purpose of Expenditure: <u>Credit card processing fees</u> <input type="checkbox"/> Check box if Electioneering Communication

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Guide Our Growth, Timnath!

Returned Contributions

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5/8/2023	4. Name (Last, First): <u>Christine Landon</u>
2. <u>Date Returned</u> 7/24/2023	5. Address: <u>3945 Cashen Lane</u>
3. <u>Amount</u> \$ 596.50	6. City/State/Zip: <u>Timnath, CO 80547</u>
	7. Purpose: <u>Return of unexpended contribution</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): _____