

Space Below For Office Use Only

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

Full Name of Committee/Person:	Vote Yes Timnath
	As Shown On Registration
Address of Committee/Person:	122 C Street NW Ste 390
City, State & Zip Code:	Washington DC 20001
Committee Type:	Issue Committee
Name and Address of Financial Institution	Capital Bank 2275 Research Blvd. Rockville MD 20850

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

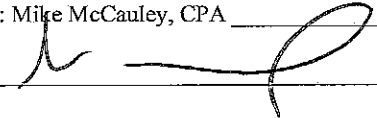
Declared Total Spending (if applicable) \$
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$16,000.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$16,000.00
4	Total Monetary Expenditures (line 19)	\$16,000.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$0

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: Mike McCauley, CPA

Registered Agent's Signature:  Date: 2/2/24

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Vote Yes Timnath

Current Reporting Period:

DECEMBER 1 2023

Through

JANUARY 31, 2024

	Funds on hand at the beginning of reporting period (Monetary Only)	\$0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$16,000.00
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)	\$16,000.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0
13	Total Contributions (Line 11 + line 12)	\$16,000.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$16,000.00
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")	\$0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$16,000.00
20	Total Spending (Line 18 + line 19)	\$16,000.00

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

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

Full Name of Committee/Person: Vote Yes Timnath

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 12/12/2023	4. Name (Last, First): American Freedom Council
16,000.00	5. Address: 1021 N Market Plz., Ste 107#514
3. <u>Aggregate Amt. *</u> \$16,000.00	6. City/State/Zip: Pueblo West CO 81007
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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

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

Full Name of Committee/Person: Vote Yes Timnath

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 12/19/2023	4. Name: <u>McCauley & Associates PC</u>
2. <u>Amount</u> \$2000.00	5. Address: <u>420 East South Temple Ste 390</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Salt Lake City UT 84111</u> 7. Purpose of Expenditure: <u>Accounting & reporting</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 12/19/2023	4. Name: <u>Synapse Group</u>
2. <u>Amount</u> \$14,000.00	5. Address: <u>1309 Coffeen Avenue Ste 1200</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Sheridan WY 82801</u> 7. Purpose of Expenditure: <u>Signature Gathering & Consulting</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____