

Town of Timnath  
4750 Signal Tree Drive  
Timnath, CO 80547  
Ph: (970) 224-3211  
Fax: (970) 224-3218  
mpeters@timnathgov.com



## REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: No Way on 1A

As Shown On Registration

Address of Committee/Person: 4128 Main St. PO Box 504  
City, State & Zip Code: Timnath, CO 80547  
Committee Type: Issue Committee  
Name and Address of Financial Institution: Bank of Colorado 7785 Highland Meadows Pkwy Suite 100 Fort Collins, CO 80528

### Type of Report

- Regularly Scheduled Filing.  60 days before election  15 days before election  
 30 days before election  30 days after Election

Amended Filing. This amends previous report filed on (date 3/2/2024)  
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: 2/1/2024 Through 3/2/2024  
Date Date

Declared Total Spending (if applicable) \$8,760.23

Totals Detailed Summary Page		
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 1,000
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1,000
4	Total Monetary Expenditures (line 19)	\$ 8,760.23
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -7,760.23

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

**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: Connie Hanrahan  
Registered Agent's Signature: Connie Hanrahan Date: 3/13/24

**DETAILED SUMMARY**Full Name of Committee/Person: No Way on 1ACurrent Reporting Period: 2/1/24 Through 3/1/24

<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)		\$ 1,000.00
6	<b>Itemized Contributions \$20 or More</b>	\$
7	<b>HAS BEEN INVOICED</b> <b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$
8	<b>Loans Received</b>	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b>	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$
12	<b>Total Non-Monetary Contributions</b>	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$
14	<b>Itemized Expenditures \$20 or More</b>	\$ 8,760.23
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b>	\$
17	<b>Returned Contributions (To donor)</b>	\$
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 8,760.23
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 8,760.23

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

**Full Name of Committee/Person:** No Way On 1A

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 2/8/24	4. Name (Last, First): <u>Connell Resources, LLC</u>
2. <u>Contribution Amt.</u> \$ 1,000	5. Address: <u>7785 Highland Meadows Pkwy #100</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Windsor, CO 80528</u>
<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> ): _____

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

**Full Name of Committee/Person:** No Way on 1A

PLEASE PRINT/TYPE

1. Date Expended <u>2/27/24</u>	4. Name: <u>Minuteman Press</u>
2. Amount <u>\$ 1,611.56</u>	5. Address: <u>901 35<sup>th</sup> Ave Unit B</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley, CO 80634</u>
	7. Purpose of Expenditure: <u>Yard Signs/Printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>2/27/24</u>	4. Name: <u>Minuteman Press</u>
2. Amount <u>\$ 2,289.93</u>	5. Address: <u>901 35<sup>th</sup> Ave Unit B</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley, CO 80634</u>
	7. Purpose of Expenditure: <u>Direct Mail/Printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>3/1/24</u>	4. Name: <u>Street Media</u>
2. Amount <u>\$ 3,358.74</u>	5. Address: <u>3553 Clydesdale Pkwy, Ste 310</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Loveland, CO 80538</u>
	7. Purpose of Expenditure: <u>Street Media / Billboards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>3/2/24</u>	4. Name: <u>Mantooth Company</u>
2. Amount <u>\$ 500.00</u>	5. Address: <u>2625 Redwing Rd Suite 160</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fort Collins, CO 80526</u>
	7. Purpose of Expenditure: <u>Direct mail &amp; Facebook links back to laderain@mantooth.com</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>3/2/24</u>	4. Name: <u>Mantooth Company</u>
2. Amount <u>\$ 1,000.00</u>	5. Address: <u>2625 Redwing Rd Suite 160</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fort Collins, CO 80526</u>
	7. Purpose of Expenditure: <u>Execution of Media Buy, design work, website updates</u>
	<input type="checkbox"/> Check box if Electioneering Communication

All expenditures have been invoiced.

**Loans**

Full Name of Committee/Person: No Way On 2A

**LOANS - Loans Owed by the Committee**  
(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)

**LOAN SOURCE**

Name (Last, First or Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_  
Total of All Loans This Reporting Period: \$ \_\_\_\_\_  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ \_\_\_\_\_

Interest Amount Paid This Reporting Period: \$ \_\_\_\_\_

Amount Repaid This Reporting Period: \$ \_\_\_\_\_  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)  
Total Repayments Made: \$ \_\_\_\_\_  
(Place on line 16 of Detailed Summary)

Outstanding Balance: \$ \_\_\_\_\_

TERMS OF LOAN: \_\_\_\_\_  
Date Loan Received Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed

## Returned Contributions & Expenditures

Full Name of Committee/Person: \_\_\_\_\_

*No Way on 1A*

### Returned Contributions (Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

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: _____

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 (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): _____

## Statement of Non-Monetary Contributions

**Full Name of Committee/Person:** \_\_\_\_\_

**PLEASE PRINT/TYPER**

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

