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:	Robert Axmacher for	Timnath Mayor
	As Shown On Registration	
Address of Committee/Person:	PO BOX SIZ	
City, State & Zip Code:	Timnath co 80547	
Committee Type:	Candidate	
Name and Address of Financial Institution	1st Bank 100 & College	Ave Fort Colling CO
mattution	100 100 100 100 100 100 100 100 100 100	80524
Type of Report		
Regularly Scheduled Filing	. 60 days before election 15 days	before election
The second of th	7	
	30 days before election 30 days a	after Election
Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY		
Termination Report (Termi	nation Reports MUST Have a Monetary Balance of 2	Zero in Line 5)
L Check this box if this Repo	rt Contains Electioneering Communications	s Information
Reporting Period Covered:	2/1/2024 Through	3/1/2024 Date
Reporting Period Covered: 2/1/2024 Through 3/1/2024 Date		
Declared Total Spending (if app	licable) \$ 35.51	
		Totals Datailed Summany Days
	CD (i Daile)	Totals Detailed Summary Page \$ 2210.48
1 Funds on Hand at the Beginning	of Reporting Period (monetary only)	\$ 2210.48
2 Total Monetary Contributions (lin	Reginning Amount (line 1 + line 2)	\$ 7210.48
3 Total of Worlday Contributions & Beginning		\$ 35.51
4 Total Monetary Expenditures (iii	4 Total Monetary Expenditures (line 19) 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	
		\$ 2174.97
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	by either the Registered Agent OR the Candidate): 1	hereby certify and declare, under
to of position, 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		
narmissible sources	≧	
Print Registered Agent's Name: Robeyt Axmacher		
Registered Agent's Signature: Date: 3/1/2024		
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DETAILED SUMMARY

Full Name of Committee/Person: Robert Axmacher for Timnath Mayor

Current Reporting Period:

2/1/2024

Through 3/1/2024

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 2210.48
6	Itemized Contributions \$20 or More	\$ Ø
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	s Ø
8	Loans Received	s Ø
9	Total of Other Receipts (Interest, Dividends, etc.)	s Ø
10	Returned Expenditures (from recipient)	s Ø
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ Ø
12	Total Non-Monetary Contributions	s 170 ⁻
13	Total Contributions (Line 11 + line 12)	s 170 ⁻
14	Itemized Expenditures \$20 or More * みしし しらてを学	\$ 35.51
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) LITED ABOUR	s Ø
16	Loan Repayments Made	\$ Ø
17	Returned Contributions (To donor)	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)	\$ 35.51
20	Total Spending (Line 18 + line 19)	\$ 35.51

Statement of Non-Monetary Contributions				
Full Name of Committee/Person: Robert Axmacher for Timnalh Mayor				
2/ 1/24 2. Fair Market Value \$ 170 3. Aggregate Amt. \$ 170 Check box if Electioneering Communication	4. Name (Last, First): Kurth, Brian 5. Address: 4029 Kern Street 6. City/State/Zip: Timnath CO 80547 7. Description: Hosted Moet+Greet (food, Bevarge, Supplies) 8. Employer (if applicable, mandatory): Revere Software 9. Occupation (if applicable, mandatory): Tech Entrepreneur 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 Communication	9. Occupation (if applicable. mandatory): 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:			
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *			

	Itemized Expenditures Statement (\$20 or more)		
Full Name of Committee/Person: Robert Akmacher for Timnath Major PLEASE PRINT/TYPE			
Date Expended Z/23/24 Amount S	4. Name: Squarespace Inc 5. Address: ZZS Varick St, 12th Floo- 6. City/State/Zip: New York NP 10014 7. Purpose of Expenditure: Website Check box if Electioneering Communication 4. Name: Loogle 5. Address: 1600 Amphitheatre Pkway 6. City/State/Zip: Moontain View CA 94043 7. Purpose of Expenditure: Email 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 Amount	4. Name: 5. Address:		
\$ 3.Recipient is (optional): Committee Non-Committee	6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication		
Date Expended Amount	4. Name: 5. Address:		
\$ 3.Recipient is (optional): Committee Non-Committee	6. City/State/Zip:		