

Town of Timnath
 4750 Signal Tree Drive
 Timnath, CO 80547
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Address of Committee/Person:	<small>As Shown On Registration</small> 4128 Main Street 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 Parkway Ste 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)
 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)

Totals Detailed Summary Page		
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1,025.86
2	Total Monetary Contributions (line 11)	\$ 1634.14
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2660.00
4	Total Monetary Expenditures (line 19)	\$ 2660.00
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.

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: 4/30/24

DETAILED SUMMARY

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

Current Reporting Period: 3/18/24 **Through** 5/2/24

	Funds on hand at the beginning of reporting period (Monetary On	\$ 1,025.86
6	Itemized Contributions \$20 or More	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient)	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1,634.14
12	Total Non-Monetary Contributions	\$
13	Total Contributions (Line 11 + line 12)	\$ 1,634.14
14	Itemized Expenditures \$20 or More	\$ 2,660.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made	\$
17	Returned Contributions (To donor)	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$
20	Total Spending (Line 18 + line 19)	\$

Itemized Contributions Statement (\$20 or more)

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

PLEASE PRINT/TYPE

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>): _____

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. <u>Date Expended</u> 3/18/24	4. Name: _____ <u>Mantooth Company</u> _____
2. <u>Amount</u> \$ <u>1,000</u>	5. Address: _____ <u>2625 Redwing Rd. Suit 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>

Check box if Electioneering Communication

1. <u>Date Expended</u> 3/27/24	4. Name: _____ <u>Quality Traffic Control</u> _____
2. <u>Amount</u> \$ <u>1,500</u>	5. Address: _____ <u>209 Racquette Dr. Suite B</u> _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ <u>Fort Collins, CO 80524</u> _____ 7. Purpose of Expenditure: <u>Message Board</u>

Check box if Electioneering Communication

1. <u>Date Expended</u> 4/10/24	4. Name: _____ <u>Town of Timnath</u> _____
2. <u>Amount</u> \$ <u>160</u>	5. Address: _____ <u>4750 Signal Tree Dr</u> _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ <u>Timnath, CO 80547</u> _____ 7. Purpose of Expenditure: <u>Off Duty officer at event</u>

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: _____

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

Loans

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

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): _____ 5. Address: _____ 6. City/State/Zip: _____ 7. Comment (Optional): _____
2. <u>Date Returned</u>	
3. <u>Amount</u> \$	

1. <u>Date Expended</u>	4. Name (Last, First): _____ 5. Address: _____ 6. City/State/Zip: _____ 7. Comment (Optional): _____
2. <u>Date Returned</u>	
3. <u>Amount</u> \$	

Statement of Non-Monetary Contributions

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

PLEASE PRINT/TYPE

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