Colorado Secretary of State

Elections Division

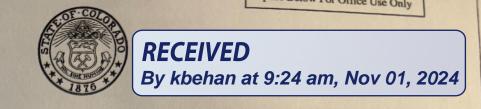
1700 Broadway, Ste. 200 Denver, CO 80290

(303) 894-2200 ext. 6383

(303) 869-4861 Fax:

Email: cpfhelp@sos.state.co.us

www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	As Shown On Registration		
	As Shown On Registration		
Address of Committee/Person:	6450 W 108 Au		
City, State & Zip Code:	Westminster, CO 80	020	
Committee Type:	Candida fe		
Name and Address of Financial		// 1 1 0 8 - 1	
Institution	Relloo 885) NHarlan St,	Westminster, CO 80021	
SOS ID NUMBER	(state and county committees):		
Type of Report			
N			
Regularly Scheduled Filing	g.		
Amended Filing. This amended Submit changes or new information			
Termination Report. (Term	ination Reports MUST Have a Monetary Balance of	of Zero in Line 5)	
Check this box if this Repo	ort Contains Electioneering Communication	ons Information	
Reporting Period Covered: Declared Total Spending (if ap [Art. XXVIII, Sec. 4(1)]	10 - 28 202 3 Throughten Throughten	1gh 10-27-2024 Date	
		Totals Detailed Co.	
1 Funds on Hand at the Beginning of Reporting Period (monetary only)		Totals Detailed Summary Page	
2 Total Monetary Contributions (the 11)		\$ 15.3	
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 69.53		6 1 -	
4 Total Monetary Expenditures (line 19) 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)		\$69.53	
		150	
The appropriate officer s	shall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	ch day that a report is filed late.	
Authorization (Must be completed b	by either the Registered Agent OR the Candidate): by knowledge or belief all contributions received	I hereby certify and deal	
penalty of perjury, that to the best of n including any contributions received in	ny knowledge or belief all contributions received the form of membership dues transferred by	red during this reporting period, a membership organization are from	
	Viscola MO TI	(Out of) (I) A a	
Print Registered Agent's Name:	sassan IVI platar	(AKA) Wallie Ista	
Registered Agent's Signature: Munt Mark Per Date: 1013-12			
Print Candidate Name: Nancy McNally			
Candidates Signature:	my my (all	Date: 10/30/30311	
		Colorado Secretary of State Form Rev. 12/00	
		of State Form Rev 12/00	

Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Committee	Full Name of Committee/Person:		
PLEASE PRINT/TYPE			
1. Date Expended	4. Name: Westminster Historial Dociety - 501-C-3		
10/30/2024 2. Amount	4. Name: Westminster Historical Society - 501-C-3 5. Address: 4350 W 76 Ave.		
\$ 69.53 3.Recipient is (optional):	6. City/State/Zip: Westminster, Co 80030		
Committee	7. Purpose of Expenditure: Zero out my account agave to 5010-3		
Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
\$ 3.Recipient is (optional):	6. City/State/Zip:		
Committee	7. Purpose of Expenditure:		
☐ Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
\$ 3.Recipient is (optional):	- 6. City/State/Zip:		
Committee	7. Purpose of Expenditure:		
Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
3. Recipient is (optional):	- 6. City/State/Zip:		
Committee Non-Committee	7. Purpose of Expenditure:		
1. Date Expended	☐ Check box if Electioneering Communication		
	4. Name;		
2. Amount	5. Address:		
3.Recipient is (optional)			
Committee Non-Committee	7 Durnose of Expenditure		
Ton-Committee	☐ Check box if Electioneering Communication		
	Colorado Secretary of State Form Rev. 12/09		