Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290 Ph: Fax:

Space Below For Office Use Only



(303) 894-2200 ext. 6383 (303) 869-4861 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:	Citizens For Driving ( As Shown On Registration	Greeley
Address of Committee/Person:	PO BOX 337302	
City, State & Zip Code:	G-20104 AD CA123	
Committee Type:	Issues Committee	
Name and Address of Financial Institution	First Farm Bank Gre	eley, co 86634
SOS ID NUMBER	(state and county committees):	<i>J</i> •
Type of Report		
Regularly Scheduled Filing	5.	
Amended Filing. This amend		
	nation Reports MUST Have a Monetary Balance (	of Zero in Line 5)
-	rt Contains Electioneering Communication	
Reporting Period Covered:	8-15-24 Throu	1gh 8-5-2024
Declared Total Spending (if app. [Art. XXVIII, Sec. 4(1)]	plicable) \$	Direction of the second of the
		Totals Detailed Summary Page
Funds on Hand at the Beginning of Reporting Period (monetary only)		\$ -0-
2 Total Monetary Contributions (li		\$ 11,000.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)		\$ 11,000.00
4 Total Monetary Expenditures (line 19)		\$ 100.00
5 Funds on Hand at the End of Re	porting Period (monetary) (line 3 – line 4)	\$ 10,900.00
The appropriate officer s	hall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)]	ch day that a report is filed late.
penalty of perjury, that to the best of including any contributions received permissible sources.	by either the Registered Agent OR the Candidate) my knowledge or belief all contributions rece in the form of membership dues transferred l	eived during this reporting period, by a membership organization, are from
Print Registered Agent's Name: _	Tony Miller, Treas	surer
Print Registered Agent's Name: Tony Miller, Treasurer  Registered Agent's Signature: 10 my Miller Date: 9-5		Date: 9-5-24
Print Candidate Name:		
Candidates Signature:		Date:
		Colorado Secretary of State Form Rev. 12/09

## DETAILED SUMMARY

Full Name of Committee/Person: Cifizens For Driving Greeley

Current Reporting Period: 8-(5-24 Through 8-6-24

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")	\$ 11,000.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ _
8	Loans Received (Please list on Schedule "C")	\$ -
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 11,000.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 11,000.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 
13	Total Contributions (Line 11 + line 12)	\$ 11,000.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 100.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 
16	Loan Repayments Made (Please list on Schedule "C")	\$ _
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ _
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 100.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 100.00
20	Total Spending (Line 18 + line 19)	\$ 100.00

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

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

Full Name of Committee/Person: Citizens For Driving Greeley

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

PLEASE PRINT/TYPE				
1. Date Accepted	4. Name (Last, First): Evans Management Group LLCP			
8-21-24				
2. Contribution Amt.	5. Address: 1821 Frontier Re			
\$ 5,000.00	6. City/State/Zip: Greeley, CO 80634			
3. Aggregate Amt. *	7. Description: <u>contribution</u>			
	8. Employer (if applicable, mandatory): Evans Management Group LLLP			
Check box if Electioneering	9. Occupation (if applicable, mandatory): Civil Engineer			
Communication	J			
1. Date Accepted	TI 17.100 110			
8-21-24	4. Name (Last, First): Thomas and Tyler LLC			
2. Contribution Amt.	5. Address: 3936 19th Street Ln.			
\$ 1,000.00	6. City/State/Zip: Greeley, CO 80634			
3. Aggregate Amt. *	7. Description:			
\$	8. Employer (if applicable, mandatory): Thomas and Tyler LLC			
Check box if				
Electioneering Communication	9. Occupation (if applicable, mandatory): Property Management			
Date Accepted				
8-30-24	4. Name (Last, First): Richmark Holdings, Inc.			
2. Contribution Amt.	5. Address: <u>5200</u> w. 20th Street			
\$ 5,000.00	6. City/State/Zip: Greeley, CO 80634			
3. Aggregate Amt. *	7. Description: <u>contribution</u>			
\$				
Check box if	8. Employer (if applicable, mandatory): Richmark Holdings, Inc.			
Electioneering	9. Occupation (if applicable, mandatory): Real estate investments			
Communication				
1. Date Accepted	4. Name (Last, First):			
2. Contribution Amt.	5. Address:			
\$				
3. Aggregate Amt. *	6. City/State/Zip:			
\$	7. Description:			
Cha-li h-v 'f	8. Employer (if applicable, mandatory):			
Check box if Electioneering	9. Occupation (if applicable, mandatory):			
Communication	nits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate			
* For contribution lin Committee Art. XXV	its within a committee's election cycle of contribution cycle, please refer to the following Colorado Constitutional cites. Canadian Citis (III. 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).

## $\begin{array}{c} \textbf{Schedule B-Itemized Expenditures Statement (\$20 \ or \ more)} \\ \text{[1-45-108(1)(a), C.R.S.]} \end{array}$

Full Name of Committe	pe/Person: <u>Citizens For Doiving Greeley</u>
PLEASE PRINT/TYPE  1. Date Expended  8-30-29  2. Amount  \$ 100.00  3.Recipient is (optional):  Committee  Non-Committee  1. Date Expended	4. Name: Tom Donkle.  5. Address: 950 37th Ave  6. City/State/Zip: Greeley, Co 80634  7. Purpose of Expenditure: Reimburse for Po Box fee  Check box if Electioneering Communication
2. Amount  \$ 3.Recipient is (optional):  Committee  Non-Committee	4. Name:
1. Date Expended	4. Name:
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	5. Address:
1. Date Expended	4. Name:
3.Recipient is (optional):  Committee  Non-Committee	5. Address:  6. City/State/Zip:  7. Purpose of Expenditure:  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