

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



Space Below For Office Use Only

Rec'd 12-11-23
 ← HC
 DEC 11 12:28 PM '23
 CIVIL CLERK'S OFFICE REC

REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (1-45-108, C.R.S.)

| | |
|--|--|
| Full Name of Committee/Person: | Committee for Jim Ethridge as Mayor <small>As Shown On Registration</small> |
| Address of Committee/Person: | 2010 46th Ave #21 Greeley Co |
| City, State & Zip Code: | Greeley Co 80634 |
| Committee Type: | Candidate Committee |
| Name and Address of Financial Institution | N/A |

SOS ID NUMBER (state and county committees):

Type of Report

- Regularly Scheduled Filing.
- 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)
[Art. XXVIII, Sec. 4(1)]

| | Totals Detailed Summary Page |
|---|------------------------------|
| 1 Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ - 0 |
| 2 Total Monetary Contributions (line 11) | \$ 450 - |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 450 |
| 4 Total Monetary Expenditures (line 19) | \$ 450 |
| 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.
[Art. XXVIII Sec. 10(2)(a)]

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: James R. Ethridge

Candidates Signature: James R. Ethridge Date: 12-11-2023

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us

Space Below For Office Use Only



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
 [1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: James R Ethridge

Address of Candidate: 2010 46th Ave #21

City: Greeley State: CO Zip Code: 80634

Office: Mayor District No.: _____ Elec./Yr.: 2023

Reporting Period: Beginning Date 11/4/2023 Ending Date 12-11-2023

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 0

Expenditures exceeding \$19.99 shall be itemized and listed below.

| Date Expended | Amount | Name of Recipient | Address |
|-------------------|--------|-------------------|---------------------------|
| 11/22/23 | \$ 450 | Pirate Radio | 2308 W. 29th St Suite 102 |
| City | | State | Zip |
| Greeley | | CO | 80634 |
| Comment / Purpose | | | |
| Radio | | | |

| Date Expended | Amount | Name of Recipient | Address |
|-------------------|--------|-------------------|---------|
| | \$ | | |
| City | | State | Zip |
| | | | |
| Comment / Purpose | | | |
| | | | |

| Date Expended | Amount | Name of Recipient | Address |
|-------------------|--------|-------------------|---------|
| | \$ | | |
| City | | State | Zip |
| | | | |
| Comment / Purpose | | | |
| | | | |

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: James R Ethridge Date: 12.11.2023

DETAILED SUMMARY

Full Name of Committee/Person: James Robert Ethridge

Current Reporting Period: 1/4/2023 Through 12/10/2023

| | | | |
|---|--|----|-----|
| Funds on hand at the beginning of reporting period (Monetary Only) | | \$ | |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 450 |
| 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.) | \$ | |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ | |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ | 450 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | 0 |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 450 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 450 |
| 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) | \$ | |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 450 |
| 20 | Total Spending (Line 18 + line 19) | \$ | 450 |

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

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

Full Name of Committee/Person: James R Ethridge

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> 11-21-23 | 4. Name (Last, First): <u>James Ethridge</u> |
| 2. <u>Contribution Amt.</u> \$ | 5. Address: <u>2010 46th Ave #21</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>Greeley, CO 80634</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Radio Advertisement Payment.</u> |
| | 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>): _____ |

* For contribution limits within a committee’s election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, 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).