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

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#### REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(1-45-108, C.F	R.S.)			·
Full Name of Committee/Person:	Committee	to Elee	+ Me	elissa	Mc Donald
Address of Committee/Person:	As Shown On Registration		C 11	7)	PAR IIII
AND ADDRESS AND AD	As Shown On Registration 3620 W.101	-4, 57°,	Jan't	e 13 1	1115146
City, State & Zip Code:	Coudi c	, Ce	8063	,4	
Committee Type:	Condic	date			
Name and Address of Financial					· Carola (08163
Institution	Vank Oblo	Oraclo,	017 W	1107537	1, Greeky, 60 8063
SOS ID NUMBER	(state and county commi	ttees):			
Type of Report					
Regularly Scheduled Filing	<u>z</u> .				
Amended Filing. This amend Submit changes or new informat	•	ı (date)			
Termination Report. (Termi	nation Reports MUST H	ave a Monetary	Balance of Z	Zero in Line 5)	
Check this box if this Repo					n
Check this box if this Repo	it Contains Elections	eering Comm	umcanons	illomatio:	11
Reporting Period Covered:	0 ct. 30,	2023	Through	ا آ کو	2.7, 2023
Declared Total Spending (if app. [Art. XXVIII, Sec. 4(1)]					Bute
				Totals D	etailed Summary Page
1 Funds on Hand at the Beginning	of Reporting Period	(monetary only	7)	\$	4531,51
2 Total Monetary Contributions (li	ne 11)			\$	250,00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)		2)	\$	4781.51	
4 Total Monetary Expenditures (lin	ne 19)			\$	1210.17
5 Funds on Hand at the End of Re		ary) (line 3 – lir	ne 4)	\$	3571.34
The appropriate officer s		of \$50 per da /III Sec. 10(2)	-	day that a re	eport is filed late.
Authorization (Must be completed penalty of perjury, that to the best of including any contributions received permissible sources.	my knowledge or belie in the form of member	f all contributi	ions receive	ed during this	reporting period,
Print Registered Agent's Name: _	Ajan C	7. Me	ny		
Registered Agent's Signature:	Clanic	). N	1eri		Date: 12/8/23
Print Candidate Name:					
Candidates Signature:					Date:

### DETAILED SUMMARY

Full Name of Committee/Person: Committee to Flect Melissa Mc Donald

Current Reporting Period: Oct 30, 2023 Through Dec. 7, 2023

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 4,531,51
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 250.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ D
8	Loans Received (Please list on Schedule "C")	\$ O
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ ٥
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 250.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ U
13	Total Contributions (Line 11 + line 12)	\$ 250.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1,210.17
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ O
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1,210,17
20	Total Spending (Line 18 + line 19)	\$ 1,210,17

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

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

## Full Name of Committee/Person: Committee & Elect Meltssa Mª Donald

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

PLEASE PRINT/TYPE				
1. Date Accepted	4. Name (Last, First): Cozad, Jalie			
Nov. 3, 2023  2. Contribution Amt.	5. Address: 1817 Sadelle back Drive			
\$ 50,00				
3. Aggregate Amt. *	6. City/State/Zip: M:11: Ken, Co 80543			
\$ 500	7. Description: el anation			
☐ Check box if	8. Employer (if applicable, mandatory):			
Electioneering Communication	9. Occupation (if applicable, mandatory):			
1. Date Accepted	4. Name (Last, First): Anderson, Matthew			
Nov. 9, 2023				
2. Contribution Amt.	5. Address: P.O. 130x 1075			
3. Aggregate Amt. *	6. City/State/Zip: Greeley, Co 80632			
\$	7. Description: donntish			
☐ Check box if	8. Employer (if applicable, mandatory): Ancon II Constructors, Inc.			
Electioneering Communication	9. Occupation (if applicable, mandatory): Principal			
1. Date Accepted	4. Name (Last, First):			
2. Contribution Amt.	5. Address:			
\$	6. City/State/Zip:			
3. Aggregate Amt. *	7. Description:			
☐ Check box if	8. Employer (if applicable, mandatory):			
Electioneering	9. Occupation (if applicable, mandatory):			
Communication				
1. Date Accepted	4 Name (Last First):			
1. Date Accepted	4. Name (Last, First):			
	5. Address:			
Date Accepted     Contribution Amt.	5. Address: 6. City/State/Zip:			
Date Accepted     Contribution Amt. \$	5. Address:  6. City/State/Zip:  7. Description:			
1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address:  6. City/State/Zip:  7. Description:  8. Employer (if applicable, mandatory):			
Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address:  6. City/State/Zip:  7. Description:			

\* 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).

# 

Full Name of Committee	ce/Person: Committee to Elect Melissa ME Lonald
PLEASE PRINT/TYPE	
1. Date Expended  Acc. 9 2023	4. Name: Applied Worldwide, LLC
Nov.9, 2023  2. Amount  77	5. Address: 1942 Broad way St., Ste 314C
\$ 12 (0. — 3.Recipient is (optional):	6. City/State/Zip: Bouldon, Co 80302
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: Social media campaign
La rion-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. <u>Date Expended</u>	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee Non-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. <u>Date Expended</u>	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