

Colorado Secretary of State  
Elections Division  
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Denver, CO 80290  
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www.sos.state.co.us



Space Below For Office Use Only

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

Full Name of Committee/Person:	Friends of Ryan Roth
As Shown On Registration	
Address of Committee/Person:	4657 W 20th St Ste C
City, State & Zip Code:	Greeley CO 80634
Committee Type:	Political
Name and Address of Financial Institution	FNBO 1620 Dodge St. Omaha NE 68107

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:

5-15-25

Date

Through

9-4-2025

Date

Declared Total Spending (if applicable)

[Art. XXVIII, Sec. 4(1)]

\$ 1,141.74

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 5,315.22
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 5,315.22
4 Total Monetary Expenditures (line 19)	\$ 1,141.74
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4,173.48

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: Samantha White

Registered Agent's Signature: S White Date: 9/4/25

Print Candidate Name: Ryan Roth

Candidates Signature: Ryan Roth Date: 9/4/25

# **DETAILED SUMMARY**

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

Current Reporting Period:

5.15.25

Through

9.4.25

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ <u>0</u>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ <u>5,295.22</u>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ <u>20.00</u>
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ <u>0</u>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ <u>0</u>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ <u>0</u>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ <u>5,315.22</u>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ <u>0</u>
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ <u>5,315.22</u>
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ <u>1,130.23</u>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ <u>11.51</u>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ <u>0</u>
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ <u>0</u>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ <u>0</u>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ <u>1,141.74</u>
20	<b>Total Spending</b> (Line 18 + line 19)	\$ <u>1,147.74</u>



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

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

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

PLEASE PRINT/TYPE

1. Date Accepted <u>7-29-25</u>	4. Name (Last, First): <u>Navarro, Anthony</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>New York Life</u>
	9. Occupation (if applicable, mandatory): <u>Financial Adviser</u>

1. Date Accepted <u>7/14/25</u>	4. Name (Last, First): <u>Inhulsen, Brad</u>
2. Contribution Amt. \$ <u>750</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Next Level</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate Agent</u>

1. Date Accepted <u>8/24/25</u>	4. Name (Last, First): <u>Francen, Brian</u>
2. Contribution Amt. \$ <u>250</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self Employed</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate Agent</u>

1. Date Accepted <u>6/19/25</u>	4. Name (Last, First): <u>Anderson, Bryan</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Frontier Airlines</u>
	9. Occupation (if applicable, mandatory): <u>Captain</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).



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

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6.19.25</u>	4. Name (Last, First): <u>Springfield, Chalice</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Unstoppable Curiosity</u>
	9. Occupation (if applicable, mandatory): <u>Business Coach</u>

1. Date Accepted <u>7.28.25</u>	4. Name (Last, First): <u>Brown, Audrey</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Christ Community Church</u>
	9. Occupation (if applicable, mandatory): <u>Pastor</u>

1. Date Accepted <u>6.19.25</u>	4. Name (Last, First): <u>Valtjos, Emilio</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SBA</u>
	9. Occupation (if applicable, mandatory): <u>Lender</u>

1. Date Accepted <u>7.29.25</u>	4. Name (Last, First): <u>Knoche, Erik</u>
2. Contribution Amt. \$ <u>75</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Points West</u>
	9. Occupation (if applicable, mandatory): <u>Banker</u>

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

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/4/25</u>	4. Name (Last, First): <u>Mills, Greg</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>City of Brighton</u>
	9. Occupation (if applicable, mandatory): <u>mayor</u>

1. Date Accepted <u>8/6/25</u>	4. Name (Last, First): <u>Hoshiko, Hunter</u>
2. Contribution Amt. \$ <u>2,000</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self employed</u>
	9. Occupation (if applicable, mandatory): <u>Entrep.</u>

1. Date Accepted <u>6-9-25</u>	4. Name (Last, First): <u>McConvey, Jeff</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Allo</u>
	9. Occupation (if applicable, mandatory): <u>Employee</u>

1. Date Accepted <u>7/3/25</u>	4. Name (Last, First): <u>Gehrman, Jennifer</u>
2. Contribution Amt. \$ <u>150</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self employed</u>
	9. Occupation (if applicable, mandatory): <u>Bookkeeper</u>

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

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

Full Name of Committee/Person:

Friends of Ryan Roth / Ryan Roth

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

PLEASE PRINT/TYPE

1. Date Accepted <u>7/7/25</u>	4. Name (Last, First): <u>Inceoglu, Kaan</u>
2. Contribution Amt. \$ <u>500</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Stat Farm</u>
	9. Occupation (if applicable, mandatory): <u>Ins. Agent</u>

1. Date Accepted <u>7-28-25</u>	4. Name (Last, First): <u>Ann, Leslie</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Evans Chamber</u>
	9. Occupation (if applicable, mandatory): <u>Director</u>

1. Date Accepted <u>7-28-25</u>	4. Name (Last, First): <u>Luhm Family Trust</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>6-19-25</u>	4. Name (Last, First): <u>Hull, Sharon + Jim</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): _____

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

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6-18-25</u>	4. Name (Last, First): <u>Durr, Tommy</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Tight Knit Brewing</u>
	9. Occupation (if applicable, mandatory): <u>Owner</u>

1. Date Accepted <u>8-15-25</u>	4. Name (Last, First): <u>Barnhart, Ben</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self employed</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate Agent</u>

1. Date Accepted <u>8-18-25</u>	4. Name (Last, First): <u>Van Den Berg, James</u>
2. Contribution Amt. \$ <u>300.22</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self employed</u>
	9. Occupation (if applicable, mandatory): <u>IT</u>

1. Date Accepted <u>9-4-25</u>	4. Name (Last, First): <u>Ginn, Tom</u>
2. Contribution Amt. \$ <u>30</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Allo fiber</u>
	9. Occupation (if applicable, mandatory): <u>Director</u>

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

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9.4.25</u>	4. Name (Last, First): <u>Kurtz, William &amp; Polly</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>100</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>UBS Financial</u>
	9. Occupation (if applicable, mandatory): <u>Advisor</u>

1. Date Accepted <u>9.4.25</u>	4. Name (Last, First): <u>Subia, Sonny</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>District 6</u>
	9. Occupation (if applicable, mandatory): <u>Coordinator</u>

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

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

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# Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>6.26.25</u>	4. Name: <u>FNBO</u>
2. <u>Amount</u> \$ <u>15.28</u>	5. Address: <u>920 54th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80634</u>
	7. Purpose of Expenditure: <u>Bank fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication
1. <u>Date Expended</u> <u>7/7/25</u>	4. Name: <u>FNBO</u>
2. <u>Amount</u> \$ <u>14.30</u>	5. Address: <u>920 54th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80634</u>
	7. Purpose of Expenditure: <u>Bank fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication
1. <u>Date Expended</u> <u>7/14/25</u>	4. Name: <u>Go Daddy</u>
2. <u>Amount</u> \$ <u>21.30</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Online</u>
	7. Purpose of Expenditure: <u>Credit Card Collect</u>
	<input type="checkbox"/> Check box if Electioneering Communication
1. <u>Date Expended</u> <u>8/6/25</u>	4. Name: <u>Go Daddy</u>
2. <u>Amount</u> \$ <u>96.30</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Online</u>
	7. Purpose of Expenditure: <u>Credit Card Collect</u>
	<input type="checkbox"/> Check box if Electioneering Communication
1. <u>Date Expended</u> <u>7.7.25</u>	4. Name: <u>Good times</u>
2. <u>Amount</u> \$ <u>45.79</u>	5. Address: <u>4359 Centerplace</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80634</u>
	7. Purpose of Expenditure: <u>meal</u>
	<input type="checkbox"/> Check box if Electioneering Communication



# Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Friends of Ryan Roth / Ryan Roth

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>7.31.25</u>	4. Name: <u>Highland Meadows</u>
2. <u>Amount</u> \$ <u>113.99</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO</u>
	7. Purpose of Expenditure: <u>Meal - Networking</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7/7/25</u>	4. Name: <u>Sams Club</u>
2. <u>Amount</u> \$ <u>137.46</u>	5. Address: <u>3247 23rd Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80620</u>
	7. Purpose of Expenditure: <u>Advertising - Parade</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7/7/25</u>	4. Name: <u>Weldworks</u>
2. <u>Amount</u> \$ <u>149.45</u>	5. Address: <u>908 8th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley 80631</u>
	7. Purpose of Expenditure: <u>Parade exp.</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7.7-25</u>	4. Name: <u>The Copy Shoppe</u>
2. <u>Amount</u> \$ <u>45.48</u>	5. Address: <u>3011 W 10th St Ste 107</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80631</u>
	7. Purpose of Expenditure: <u>Parade exp - Printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7/31/25</u>	4. Name: <u>The Maine Sign LLC</u>
2. <u>Amount</u> \$ <u>476.38</u>	5. Address: <u>2980 29th St Ste 8</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80631</u>
	7. Purpose of Expenditure: <u>Envelopes</u>
	<input type="checkbox"/> Check box if Electioneering Communication



# **Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Friends of Ryan Roth / Ryan Roth

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>8.19.25</u>	4. Name: <u>Weld County Elections</u>
2. <u>Amount</u> \$ <u>50</u>	5. Address: <u>PO Box 336261</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Greeley CO 80633</u>
	7. Purpose of Expenditure: <u>Registration Fees</u>
	<input type="checkbox"/> 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

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

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

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