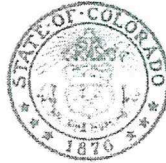


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 200  
Denver, CO 80290  
Ph: (303) 894-2200 ext. 6383  
Fax: (303) 869-4861  
Email: eplhelp@sos.state.co.us  
www.sos.state.co.us



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SEP 4 25 PM 2:34

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

|   |   |
|---|---|
| Full Name of Committee/Person:            | Committee to Elect Amberleigh Gregor      |
| As Shown On Registration                  |   |
| Address of Committee/Person:              | 10226 19th St. Rd.,                       |
| City, State & Zip Code:                   | Greeley, CO 80634                         |
| Committee Type:                           | Candidate                                 |
| Name and Address of Financial Institution | First Bank, P.O. Box 150097, Lakewood, CO |

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:  11/1/2024  Through  8/31/2025   
Date 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)        | \$                           | \$0.00     |
| 2 | Total Monetary Contributions (line 11)                                    | \$                           | \$1,785.36 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$                           | \$1,785.36 |
| 4 | Total Monetary Expenditures (line 19)                                     | \$                           | \$433.00   |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$                           | \$1,352.36 |

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: Amberleigh Gregor

Registered Agent's Signature: ~~/s/ Barbara M. Niebauer~~ A. Gregor Date: 9/4/25

Print Candidate Name: Amberleigh Gregor

Candidates Signature: A. Gregor Date: 9/4/25

## DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

Current Reporting Period: 11/1/2024 Through: 8/31/2025

|  |   |            |
|--|---|------------|
| Funds on hand at the beginning of reporting period (Monetary Only) |   | \$0.00     |
| 6  | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")          | \$1,785.36 |
| 7  | Total of Non-Itemized Contributions<br>(Contribution of \$19.99 and Less)                             | \$0.00     |
| 8  | Loans Received<br>(Please list on Schedule "C")   | \$0.00     |
| 9  | Total of Other Receipts<br>(Interest, Dividends, etc.)  | \$0.00     |
| 10   | Returned Expenditures (from recipient)<br>(Please list on Schedule "D")                               | \$0.00     |
| 11   | Total Monetary Contributions<br>(Total of lines 6 through 10)   | \$1,785.36 |
| 12   | Total Non-Monetary Contributions<br>(From Statement of Non-Monetary Contributions)                    | \$85.00    |
| 13   | Total Contributions<br>(Line 11 + line 12)  | \$1,870.36 |
| 14   | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")           | \$433.00   |
| 15   | Total of non-Itemized Expenditures<br>(Expenditures of \$19.99 or less)                               | \$0.00     |
| 16   | Loan Repayments Made<br>(Please list on Schedule "C")   | \$0.00     |
| 17   | Returned Contributions (To Donor)<br>(Please list on Schedule "D")                                    | \$0.00     |
| 18   | Total Coordinated Non-Monetary Expenditures<br>(Candidate/Candidate Committee Political Parties only) | \$0.00     |
| 19   | Total Monetary Expenditures<br>(Total of lines 14 through 17)   | \$433.00   |
| 20   | Total Spending<br>(Line 18 + line 19)   | \$433.00   |

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

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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

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

|  |  |
|--|--|
| <p>1. <u>Date Accepted</u><br/>8/13/2025</p>             | <p>4. Name (Last, First): <u>Gregor</u> <u>Amberleigh</u></p>  |
| <p>2. <u>Contribution Amount</u><br/>\$20.00</p>         | <p>5. Address: <u>10226 19th Street Road</u></p>   |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p>  |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Cash</u></p> <p>8. Employer (if applicable, mandatory): _____</p> <p>9. Occupation (if applicable, mandatory): _____</p> |

|  |   |
|--|---|
| <p>1. <u>Date Accepted</u><br/>8/15/2025</p>             | <p>4. Name (Last, First): <u>Gregor</u> <u>Michelle</u></p>   |
| <p>2. <u>Contribution Amount</u><br/>\$10.86</p>         | <p>5. Address: <u>10515 Highway 100</u></p>   |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Hogansville</u> <u>Georgia</u> <u>30230</u></p>  |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p> <p>8. Employer (if applicable, mandatory): _____</p> <p>9. Occupation (if applicable, mandatory): _____</p> |

|  |   |
|--|---|
| <p>1. <u>Date Accepted</u><br/>8/15/2025</p>             | <p>4. Name (Last, First): <u>Bricker</u> <u>Pamela</u></p>  |
| <p>2. <u>Contribution Amount</u><br/>\$500.00</p>        | <p>5. Address: <u>2234 21st Avenue</u></p>  |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80631</u></p>   |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Check</u></p> <p>8. Employer (if applicable, mandatory): <u>Retired</u></p> <p>9. Occupation (if applicable, mandatory): <u>Other</u></p> |

|  |   |
|--|---|
| <p>1. <u>Date Accepted</u><br/>8/15/2025</p>             | <p>4. Name (Last, First): <u>Toews</u> <u>Shanna</u></p>  |
| <p>2. <u>Contribution Amount</u><br/>\$53.04</p>         | <p>5. Address: <u>104 n 52nd ave</u></p>  |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p>   |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p> <p>8. Employer (if applicable, mandatory): _____</p> <p>9. Occupation (if applicable, mandatory): _____</p> |



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

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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

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

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/17/2025</p>             | <p>4. Name (Last, First): <u>Jarman</u> <u>Karen</u></p>              |
| <p><u>2. Contribution Amount</u><br/>\$53.04</p>         | <p>5. Address: <u>214 49th Ave</u></p>                                |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>                   |
|  | <p>8. Employer (if applicable, mandatory): _____</p>                  |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>                |

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/18/2025</p>             | <p>4. Name (Last, First): <u>Shaddock</u> <u>Pamela</u></p>           |
| <p><u>2. Contribution Amount</u><br/>\$100.00</p>        | <p>5. Address: <u>516 N Brisbane Avenue</u></p>                       |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Check</u></p>                                   |
|  | <p>8. Employer (if applicable, mandatory): <u>Retired</u></p>         |
|  | <p>9. Occupation (if applicable, mandatory): <u>Other</u></p>         |

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/21/2025</p>             | <p>4. Name (Last, First): <u>Simmons</u> <u>Tiffany</u></p>           |
| <p><u>2. Contribution Amount</u><br/>\$53.04</p>         | <p>5. Address: <u>1626 27th Ave Ct</u></p>                            |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>                   |
|  | <p>8. Employer (if applicable, mandatory): _____</p>                  |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>                |

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/22/2025</p>             | <p>4. Name (Last, First): <u>Jarman</u> <u>Karen</u></p>              |
| <p><u>2. Contribution Amount</u><br/>\$50.00</p>         | <p>5. Address: <u>214 49th Ave</u></p>                                |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>                   |
|  | <p>8. Employer (if applicable, mandatory): _____</p>                  |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>                |

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

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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

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

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/23/2025</p>             | <p>4. Name (Last, First): <u>Gregor</u> <u>Michelle</u></p> |
| <p><u>2. Contribution Amount</u><br/>\$105.75</p>        | <p>5. Address: <u>10515 Highway 100</u></p>                 |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Hogansville</u> <u>Georgia</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>         |
|  | <p>8. Employer (if applicable, mandatory): _____</p>        |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>      |

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/23/2025</p>             | <p>4. Name (Last, First): <u>Gregor</u> <u>Michelle</u></p> |
| <p><u>2. Contribution Amount</u><br/>\$10.86</p>         | <p>5. Address: <u>10515 Highway 100</u></p>                 |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Hogansville</u> <u>Georgia</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>         |
|  | <p>8. Employer (if applicable, mandatory): _____</p>        |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>      |

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/25/2025</p>             | <p>4. Name (Last, First): <u>Gitschlag</u> <u>Debbie</u></p>          |
| <p><u>2. Contribution Amount</u><br/>\$53.04</p>         | <p>5. Address: <u>5119 West 9th Street</u></p>                        |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>                   |
|  | <p>8. Employer (if applicable, mandatory): _____</p>                  |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>                |

|  |   |
|--|---|
| <p><u>1. Date Accepted</u><br/>8/25/2025</p>             | <p>4. Name (Last, First): <u>Jarman</u> <u>Karen</u></p>              |
| <p><u>2. Contribution Amount</u><br/>\$300.00</p>        | <p>5. Address: <u>214 49th Ave</u></p>                                |
| <p><u>3. Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>                   |
|  | <p>8. Employer (if applicable, mandatory): <u>Retired</u></p>         |
|  | <p>9. Occupation (if applicable, mandatory): <u>Retired</u></p>       |

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

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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

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

|  |  |
|--|--|
| <p>1. <u>Date Accepted</u><br/>8/25/2025</p>             | <p>4. Name (Last, First): <u>Campos-Spitze</u> <u>Brenda</u></p>               |
| <p>2. <u>Contribution Amount</u><br/>\$105.75</p>        | <p>5. Address: <u>1714 22nd Avenue</u></p>                                     |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>Colorado</u> <u>80631</u></p>          |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>                            |
|  | <p>8. Employer (if applicable, mandatory): <u>Sunrise Community Health</u></p> |
|  | <p>9. Occupation (if applicable, mandatory): <u>Health Care/Medical</u></p>    |

|  |  |
|--|--|
| <p>1. <u>Date Accepted</u><br/>8/26/2025</p>             | <p>4. Name (Last, First): <u>Ensz</u> <u>Kathy</u></p>           |
| <p>2. <u>Contribution Amount</u><br/>\$100.00</p>        | <p>5. Address: <u>1611 21st Ave</u></p>                          |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80631</u></p>  |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>              |
|  | <p>8. Employer (if applicable, mandatory): <u>Unemployed</u></p> |
|  | <p>9. Occupation (if applicable, mandatory): <u>Retired</u></p>  |

|  |   |
|--|---|
| <p>1. <u>Date Accepted</u><br/>8/27/2025</p>             | <p>4. Name (Last, First): <u>Hasch</u> <u>Kathleen</u></p>      |
| <p>2. <u>Contribution Amount</u><br/>\$10.86</p>         | <p>5. Address: <u>828 49th Avenue</u></p>                       |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80634</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>             |
|  | <p>8. Employer (if applicable, mandatory): _____</p>            |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>          |

|  |   |
|--|---|
| <p>1. <u>Date Accepted</u><br/>8/27/2025</p>             | <p>4. Name (Last, First): <u>Garcia</u> <u>Connie</u></p>       |
| <p>2. <u>Contribution Amount</u><br/>\$53.04</p>         | <p>5. Address: <u>2400 10th Avenue Court</u></p>                |
| <p>3. <u>Aggregate Amt.</u></p>                          | <p>6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80631</u></p> |
| <p>Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>Electronic Pay System</u></p>             |
|  | <p>8. Employer (if applicable, mandatory): _____</p>            |
|  | <p>9. Occupation (if applicable, mandatory): _____</p>          |



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

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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

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

|   |  |
|---|--|
| <u>1. Date Accepted</u><br>8/27/2025            | 4. Name (Last, First): <u>Menke</u> <u>William</u>   |
| <u>2. Contribution Amount</u><br>\$53.04        | 5. Address: <u>1305 85th Avenue</u>  |
| <u>3. Aggregate Amt.</u>                        | 6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80634</u>   |
| Check box if<br>Electioneering<br>Communication | 7. Description: <u>Electronic Pay System</u><br>8. Employer (if applicable, mandatory): _____<br>9. Occupation (if applicable, mandatory): _____ |

|   |  |
|---|--|
| <u>1. Date Accepted</u><br>8/27/2025            | 4. Name (Last, First): <u>Limpitlaw</u> <u>Ulli</u>  |
| <u>2. Contribution Amount</u><br>\$100.00       | 5. Address: <u>1605 11th Street</u>  |
| <u>3. Aggregate Amt.</u>                        | 6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80631</u>   |
| Check box if<br>Electioneering<br>Communication | 7. Description: <u>Electronic Pay System</u><br>8. Employer (if applicable, mandatory): <u>Self-Employed</u><br>9. Occupation (if applicable, mandatory): <u>Other</u> |

|   |  |
|---|--|
| <u>1. Date Accepted</u><br>8/27/2025            | 4. Name (Last, First): <u>Cummings</u> <u>Sandra</u>   |
| <u>2. Contribution Amount</u><br>\$53.04        | 5. Address: <u>4626 West 1st Street Road</u>   |
| <u>3. Aggregate Amt.</u>                        | 6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80634</u>   |
| Check box if<br>Electioneering<br>Communication | 7. Description: <u>Electronic Pay System</u><br>8. Employer (if applicable, mandatory): _____<br>9. Occupation (if applicable, mandatory): _____ |

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

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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

PLEASE PRINT/TYPE

|   |   |
|---|---|
| 1. Date Expended<br><div style="text-align: center;">8/21/2025</div>  | 4. Name: <u>The Copy Shoppe</u><br>5. Address: <u>3011 W 10th Street #107</u><br>6. City/State/Zip: <u>Greeley</u> <u>Color</u> <u>80634</u><br>7. Purpose of Expenditure: <u>BRE Envelopes</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee |
| 2. Amount<br><div style="text-align: center;">\$51.00</div>   | 7. Purpose of Expenditure: <u>BRE Envelopes</u><br><input checked="" type="checkbox"/> Check Box if Electioneering Communication  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | <input checked="" type="checkbox"/> Check Box if Electioneering Communication   |

|   |  |
|---|--|
| 1. Date Expended<br><div style="text-align: center;">8/25/2025</div>  | 4. Name: <u>Donor Box</u><br>5. Address: <u>1520 Belle View Blvd., #4106</u><br>6. City/State/Zip: <u>Alexandria</u> <u>VA</u> <u>22307</u><br>7. Purpose of Expenditure: <u>Donor Box fee</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee |
| 2. Amount<br><div style="text-align: center;">\$8.00</div>  | 7. Purpose of Expenditure: <u>Donor Box fee</u><br><input checked="" type="checkbox"/> Check Box if Electioneering Communication   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | <input checked="" type="checkbox"/> Check Box if Electioneering Communication  |

|   |  |
|---|--|
| 1. Date Expended<br><div style="text-align: center;">8/26/2025</div>  | 4. Name: <u>Donor Box</u><br>5. Address: <u>1520 Belle View Blvd., #4106</u><br>6. City/State/Zip: <u>Alexandria</u> <u>VA</u> <u>22307</u><br>7. Purpose of Expenditure: <u>Donor Box fee</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee |
| 2. Amount<br><div style="text-align: center;">\$7.00</div>  | 7. Purpose of Expenditure: <u>Donor Box fee</u><br><input checked="" type="checkbox"/> Check Box if Electioneering Communication   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | <input checked="" type="checkbox"/> Check Box if Electioneering Communication  |

|   |  |
|---|--|
| 1. Date Expended<br><div style="text-align: center;">8/27/2025</div>  | 4. Name: <u>Donor Box</u><br>5. Address: <u>1520 Belle View Blvd., #4106</u><br>6. City/State/Zip: <u>Alexandria</u> <u>VA</u> <u>22307</u><br>7. Purpose of Expenditure: <u>Donor Box fee</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee |
| 2. Amount<br><div style="text-align: center;">\$35.00</div>   | 7. Purpose of Expenditure: <u>Donor Box fee</u><br><input checked="" type="checkbox"/> Check Box if Electioneering Communication   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | <input checked="" type="checkbox"/> Check Box if Electioneering Communication  |



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

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

PLEASE PRINT/TYPE

|   |   |
|---|---|
| 1. Date Expended<br>8/28/2025   | 4. Name: <u>Deb Suniga</u>  |
| 2. Amount<br>\$150.00   | 5. Address: <u>3906 W 14th St</u>   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Greeley</u> <u>CO</u> <u>80634</u>                      |
|   | 7. Purpose of Expenditure: <u>Consultant</u>                                  |
|   | <input checked="" type="checkbox"/> Check Box if Electioneering Communication |

|   |   |
|---|---|
| 1. Date Expended<br>8/29/2025   | 4. Name: <u>Sticker Mule</u>  |
| 2. Amount<br>\$160.00   | 5. Address: <u>336 Forest Ave</u>   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Amsterdam</u> <u>New</u> <u>12010</u>                   |
|   | 7. Purpose of Expenditure: <u>Yard Signs</u>                                  |
|   | <input checked="" type="checkbox"/> Check Box if Electioneering Communication |

|   |   |
|---|---|
| 1. Date Expended<br>8/29/2025   | 4. Name: <u>Donor Box</u>   |
| 2. Amount<br>\$22.00  | 5. Address: <u>1520 Belle View Blvd., #4106</u>                               |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Alexandria</u> <u>VA</u> <u>22307</u>                   |
|   | 7. Purpose of Expenditure: <u>Donor Box fee</u>                               |
|   | <input checked="" type="checkbox"/> Check Box if Electioneering Communication |

# Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

PLEASE PRINT/TYPE

|   |   |
|---|---|
| <p>1. <u>Date Provided</u><br/>8/23/2025</p>                                      | <p>4. Name (Last, First): <u>Gregor</u> <u>Amberleigh</u></p>   |
| <p>2. <u>Fair Market Value</u><br/>\$10.00</p>                                    | <p>5. Address: <u>10226 19th Street Road</u></p>  |
| <p>3. <u>Aggregate Amt.</u></p>   | <p>6. City/State/Zip: <u>Greeley</u> <u>Color</u> <u>80634</u></p>  |
| <p><input type="checkbox"/> Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>in kind donation: library print fund</u></p> <p>8. Employer (if applicable, mandatory): _____</p> <p>9. Occupation (if applicable, mandatory): _____</p> <p>10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*</p> |

|   |  |
|---|--|
| <p>1. <u>Date Provided</u><br/>8/7/2025</p>                                       | <p>4. Name (Last, First): <u>Gregor</u> <u>Amberleigh</u></p>  |
| <p>2. <u>Fair Market Value</u><br/>\$14.00</p>                                    | <p>5. Address: <u>10226 19th Street Road</u></p>   |
| <p>3. <u>Aggregate Amt.</u></p>   | <p>6. City/State/Zip: <u>Greeley</u> <u>Color</u> <u>80634</u></p>   |
| <p><input type="checkbox"/> Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>in kind donation: squarespace expense</u></p> <p>8. Employer (if applicable, mandatory): _____</p> <p>9. Occupation (if applicable, mandatory): _____</p> <p>10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*</p> |

|   |  |
|---|--|
| <p>1. <u>Date Provided</u><br/>8/7/2025</p>                                       | <p>4. Name (Last, First): <u>Gregor</u> <u>Amberleigh</u></p>  |
| <p>2. <u>Fair Market Value</u><br/>\$25.00</p>                                    | <p>5. Address: <u>10226 19th Street Road</u></p>   |
| <p>3. <u>Aggregate Amt.</u></p>   | <p>6. City/State/Zip: <u>Greeley</u> <u>Color</u> <u>80634</u></p>   |
| <p><input type="checkbox"/> Check box if<br/>Electioneering<br/>Communication</p> | <p>7. Description: <u>in kind donation: squarespace expense</u></p> <p>8. Employer (if applicable, mandatory): _____</p> <p>9. Occupation (if applicable, mandatory): _____</p> <p>10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*</p> |

\*Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or a candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

**Statement of Non-Monetary Contributions**  
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Committee to Elect Amberleigh Gregor

PLEASE PRINT/TYPE

|  |   |
|--|---|
| 1. <u>Date Provided</u><br>6/27/2025                                     | 4. Name (Last, First): <u>Gregor</u> <u>Amberleigh</u>  |
| 2. <u>Fair Market Value</u><br>\$36.00                                   | 5. Address: <u>10226 19th Street Road</u>   |
| 3. <u>Aggregate Amt.</u>   | 6. City/State/Zip: <u>Greeley</u> <u>Color</u> <u>80634</u>   |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>in kind donation: squarespace expense</u>  |
|  | 8. Employer (if applicable, mandatory): _____   |
|  | 9. Occupation (if applicable, mandatory): _____   |
|  | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

\*Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII. Sec 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or a candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."