Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(1-45-108, C.R.S.)	
Full Name of Committee/Person:	Rudy For Greal	
Address of Committee/Person:	As Shown On Registration	
City, State & Zip Code:	103 N 54" Ave)
Committee Type:	Conceley Co 80634 Local Gornmit 1st BANK 4322 W	
Name and Address of Financial	Local Coonnument	_ 10
Institution	1 BANK 4322 W	7 st feel
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing	Ţ,	
Amended Filing. This amend		
Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)		
Check this box if this Repo	rt Contains Electioneering Communications	s Information
 Total Monetary Contributions (lin Total of Monetary Contributions Total Monetary Expenditures (lin Funds on Hand at the End of Rep 	of Reporting Period (monetary only) the 11) & Beginning Amount (line 1 + line 2)	Totals Detailed Summary Page \$ 2600 \$ 2660 \$ 2660 \$ 2660 day that a report is filed late.
Authorization (Must be completed b	y either the Registered Agent OR the Candidate): 1	hereby certify and declare, under
penalty of perjury, that to the best of n	ny knowledge or belief all contributions receive n the form of membership dues transferred by a	ed during this reporting period,
permissible sources.		i membership organization, are from
Print Registered Agent's Name:	BRIAN RUDY	
Registered Agent's Signature:		Date: <u>7/5/45</u>
Print Candidate Name: 321	AND Rudy	
Candidates Signature:	- Leel	Date: 9/5/25
The same of the sa		Colorado Secretary of State Form Rev. 12/09

DETAILED SUMMARY

Full Name of Committee/Person:				
Current Reporting Period:		Through 5 = 2 = 25		
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")	\$ 2600		
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0		
8	Loans Received (Please list on Schedule "C")	\$ O		
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0		
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0		
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 2600		
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$		
13	Total Contributions (Line 11 + line 12)	\$ 2600		
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0		
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0		
16	Loan Repayments Made (Please list on Schedule "C")	\$		
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)	\$ 0		
20	Total Spending (Line 18 + line 19)	\$		

Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

	[C.K.S. 1-43-100(1)(a)]				
Full Name of Committee/Person:					
WARNIN	WARNING: Please read the instruction page for Schedule "A" before completing!				
PLEASE PRINT/	ТҮРЕ				
1. Date Accepted	4. Name (Last, First): Rudy BriAw				
9/3/25	5. Address: 103 N 54 Th Ave				
2. Contribution Amt. \$ 100					
3. Aggregate Amt. *	6. City/State/Zip: Greeley Co 86634				
\$ /00	7. Description: \$100 To open account				
Check box if	8. Employer (if applicable, mandatory): 5 l				
Electioneering	9. Occupation (if applicable, mandatory): Restorated				
Communication					
1. Date Accepted	4. Name (Last, First): FRANCIS NICK				
9/3/25	5. Address: 6600 20th st # 24				
2. Contribution Amt. \$ 2.500					
3. Aggregate Amt. *	6. City/State/Zip: Gneeley (& 86634				
\$ 2500	7. Description: Donation Check				
Check box if	8. Employer (if applicable, mandatory): Park Place Homes				
Electioneering Communication	9. Occupation (if applicable, mandatory):				
Date Accepted	4. Name (Last, First):				
2. Contribution Amt.	5. Address:				
\$	6. City/State/Zip:				
3. Aggregate Amt. *	7. Description:				
CANTAIN	8. Employer (if applicable, mandatory):				
Check box if Electioneering	9. Occupation (if applicable, mandatory):				
Communication					
Date Accepted					
1. Date Hecepted	4. Name (Last, First):				
2. Contribution Amt.	5. Address:				
\$	6. City/State/Zip:				
3. Aggregate Amt. *	7. Description:				
MAZZ	8. Employer (if applicable, mandatory):				
Check box if Electioneering	9. Occupation (if applicable, mandatory):				
0					

* 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).