

Colorado Secretary of State
Elections Division
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Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	GREELEY FORWARD
As Shown On Registration	
Address of Committee/Person:	950 37TH AVENUE COURT
City, State & Zip Code:	GREELEY, CO 80624
Committee Type:	ISSUE COMMITTEE
Name and Address of Financial Institution	POINTS WEST COMMUNITY BANK, 940 9TH AVE, GREELEY, CO 80631

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: 8/5/2025

Date

Through 8/31/2025

Date

Declared Total Spending (if applicable)
[Art. XXVIII, Sec. 4(1)]

\$7,766.15

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4	Total Monetary Expenditures (line 19)	\$ 7,766.15
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$-7,766.15

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: TOM DONKLE

Registered Agent's Signature: Tom Donkle Date: 9/4/2025

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARYFull Name of Committee/Person: GREELEY FORWARDCurrent Reporting Period: 8/5/2025Through 8/31/2025

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")	\$ 0
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
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)	\$ 0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 0
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")	\$ 0
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)	\$ 7,766.15
20	Total Spending (Line 18 + line 19)	\$ 7,766.15

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

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

Full Name of Committee/Person: GREELEY FORWARD**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

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>): _____

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).

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

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

Full Name of Committee/Person: GREELEY FORWARD**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 8/31/2025	4. Name: <u>GOOGLE</u>
2. <u>Amount</u> \$ 694.31	5. Address: <u>1600 AMPHITHEATRE PARKWAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MOUNTAIN VIEW, CA 94043</u>
	7. Purpose of Expenditure: <u>DIGITAL ADVERTISING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/31/2025	4. Name: <u>META</u>
2. <u>Amount</u> \$ 2,464.27	5. Address: <u>1 META WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>DIGITAL ADVERTISING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/31/2025	4. Name: <u>GREENLIGHT STRATEGY</u>
2. <u>Amount</u> \$ 2,500.00	5. Address: <u>150 WELLS STREET, #215</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ERIE, CO 80516</u>
	7. Purpose of Expenditure: <u>CONSULTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/30/2025	4. Name: <u>BRIAN FREY</u>
2. <u>Amount</u> \$ 500.00	5. Address: <u>1 HARRINGTON WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MANCHESTER, MA 01944</u>
	7. Purpose of Expenditure: <u>CONSULTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/22/2025	4. Name: <u>MINUTEMAN PRESS</u>
2. <u>Amount</u> \$ 156.02	5. Address: <u>901 35TH AVENUE, UNIT B</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>PRINTING</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: GREELEY FORWARD**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 8/19/2025	4. Name: <u>DEVINE MEDIA LLC</u>
2. <u>Amount</u> \$ 1,385.20	5. Address: <u>1846 19TH STREET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>BOULDER, CO 80302</u>
	7. Purpose of Expenditure: <u>CONSULTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/12/2025	4. Name: <u>ON DEMAND PRINT CENTER</u>
2. <u>Amount</u> \$ 66.35	5. Address: <u>2727 65TH 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>PRINTING</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