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## REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

<b>Full Name of Committee/Person:</b>	GREELEY DESERVES BETTER
<b>Address of Committee/Person:</b>	As Shown On Registration 3620 WEST 10TH ST B
<b>City, State &amp; Zip Code:</b>	GREELEY CO 80634
<b>Committee Type:</b>	ISSUE COMMITTEE
<b>Name and Address of Financial Institution</b>	1STBANK 4322 West 9th Street Rd GREELEY CO 80634

**COMMITTEE ID NUMBER**

### Type of Report

- ☐ Regularly Scheduled Filing.
- ☒ Amended Filing. This amends previous report filed on (date) 9/19/2025  
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:** 1/1/2025 **Through** 9/19/2025  
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)	\$ 13540.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 13540.00
4	Total Monetary Expenditures (line 19)	\$ 6480.15
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 7059.85

**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: MARGE KLEIN

Registered Agent's Signature: Marge Klein Date: 9-22-25

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**Full Name of Committee/Person: GREELEY DESERVES BETTERCurrent Reporting Period: 1/1/2025Through 9/19/2025

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)] (From Schedule "A")	\$ 13540.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0.00
8	Loans Received (From Schedule "C")	0.00 \$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (From Schedule "D")	\$ 0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	13540.00 \$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 34800.00
13	Total Contributions (Line 11 + line 12)	48340.00 \$
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 6480.15
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.00
16	Loan Repayments Made (From Schedule "C")	0.00 \$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0.00
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	6480.15 \$
20	Total Spending (Line 18 + line 19)	6480.15 \$

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

1

**Full Name of Committee/Person:** GREELEY DESERVES BETTER

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 7/24/2025	4. Name (Last, First): <u>BAKER, MILES</u>
2. <u>Contribution Amt.</u> \$ 15.00	5. Address: <u>1540 Main Street Ste 218 PMB 144</u>
3. <u>Aggregate Amt. *</u> \$ 15.00	6. City/State/Zip: <u>WINDSOR/CO/80550</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ANEDOT</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 8/5/2025	4. Name (Last, First): <u>WE ARE GREELEY</u>
2. <u>Contribution Amt.</u> \$ 3000.00	5. Address: <u>870 S FULTON AVE</u>
3. <u>Aggregate Amt. *</u> \$ 3000.00	6. City/State/Zip: <u>FORT LUPTON/CO/80621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK DONATION FROM NON-PROFIT</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 8/6/2025	4. Name (Last, First): <u>FLYNN, DANIEL</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>2010 46th Ave No6</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>GREELEY/CO/80634</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ANEDOT DONATION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>FOOD SAFETY NEWS</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>EDITOR IN CHIEF</u>

1. <u>Date Accepted</u> 8/11/2025	4. Name (Last, First): <u>KLEIN, MARGE</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>870 S FULTON AVE</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>FORT LUPTON/CO/80621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH DONATION</u>
	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 A – Itemized Contributions Statement (\$20 or more)

1

**Full Name of Committee/Person:** GREELEY DESERVES BETTER

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 9/4/2025	4. Name (Last, First): <u>THORESON, ARNE</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>3323 19th St</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>GREELEY/CO/80634</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ANEDOT</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/10/2025	4. Name (Last, First): <u>SHADDOCK, JIM</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>516 N Brisbane Ave</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>GREELEY/CO/80634</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ANEDOT</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>DENTIST</u>

1. <u>Date Accepted</u> 9/11/2025	4. Name (Last, First): <u>WHEELER, JOHN</u>
2. <u>Contribution Amt.</u> \$ 10000.00	5. Address: <u>514 N Wyndham Ave</u>
3. <u>Aggregate Amt. *</u> \$ 10000.00	6. City/State/Zip: <u>GREELEY, CO 80634</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ANEDOT</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>WHEELER PROPERTIES</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>MANAGEMENT</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 DESERVES BETTER**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 7/15/2025	4. Name: <u>1ST BANK</u>
2. <u>Amount</u> \$ <u>24.30</u>	5. Address: <u>4322 W 9TH ST RD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>GREELEY CO 80634</u>
	7. Purpose of Expenditure: <u>PRINTED CHECKS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/24/2025	4. Name: <u>ANEDOT</u>
2. <u>Amount</u> \$ <u>.90</u>	5. Address: <u>1340 POYDRAS ST SUITE 1770</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>NEW ORLEANS/LA/70117</u>
	7. Purpose of Expenditure: <u>MERCHANT ACCOUNT FEE</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/5/2025	4. Name: <u>BLACK SHEPARD STRATEGIES LLC</u>
2. <u>Amount</u> \$ <u>1200.00</u>	5. Address: <u>3509 8th St North</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARLINGTON/VA/22201</u>
	7. Purpose of Expenditure: <u>WEBSITE PRODUCTION &amp; DESIGN</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/5/2025	4. Name: <u>WIZBANG</u>
2. <u>Amount</u> \$ <u>270.00</u>	5. Address: <u>6747 E 50th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COMMERCE CITY/CO/80022</u>
	7. Purpose of Expenditure: <u>BROCHURES</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/5/2025	4. Name: <u>WIZBANG</u>
2. <u>Amount</u> \$ <u>225.00</u>	5. Address: <u>6747 E 50TH AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COMMERCE CITY/CO/80022</u>
	7. Purpose of Expenditure: <u>HANG CARDS</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 DESERVES BETTER**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 8/27/2025	4. Name: <u>UNDERWOOD CONSULTING LLC</u>
2. <u>Amount</u> \$ 1250.00	5. Address: <u>1500 W Thornton Pkwy</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>THORNTON/CO/80620</u>
	7. Purpose of Expenditure: <u>COMMUNICATIONS CONSULTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/27/2025	4. Name: <u>STEVEN PANCHENKO</u>
2. <u>Amount</u> \$ 330.00	5. Address: <u>3600 S BANNOCK ST APT 207</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ENGLEWOOD/CO/80110</u>
	7. Purpose of Expenditure: <u>COMMUNICATIONS CONSULTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/27/2025	4. Name: <u>UNDERWOOD CONSULTING LLC</u>
2. <u>Amount</u> \$ 280.00	5. Address: <u>1500 W THORNTON PARKWAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>THORNTON/CO/80620</u>
	7. Purpose of Expenditure: <u>MILEAGE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/27/2025	4. Name: <u>STEVEN PANCHENKO</u>
2. <u>Amount</u> \$ 100.00	5. Address: <u>3600 S BANNOCK ST APT 207</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ENGLEWOOD/CO/80110</u>
	7. Purpose of Expenditure: <u>MILEAGE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/4/2025	4. Name: <u>ANEDOT</u>
2. <u>Amount</u> \$ 4.30	5. Address: <u>1340 POYDRAS ST SUITE 1770</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>NEW ORLEANS/LA/70117</u>
	7. Purpose of Expenditure: <u>MERCHANT ACCOUNT FEES</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 DESERVES BETTER**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 9/10/2025	4. Name: <u>ANEDOT</u>
2. <u>Amount</u> \$ 8.30	5. Address: <u>1340 POYDRAS ST SUITE 1770</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>NEW ORLEANS/LA/70117</u>
	7. Purpose of Expenditure: <u>MERCHANT ACCOUNT FEES</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/11/2025	4. Name: <u>ANEDOT</u>
2. <u>Amount</u> \$ 400.30	5. Address: <u>1340 POYDRAS ST SUITE 1770</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>NEW ORLEANS/LA/70117</u>
	7. Purpose of Expenditure: <u>MERCHANT ACCOUNT FEES</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/18/2025	4. Name: <u>UNDERWOOD CONSULTING LLC</u>
2. <u>Amount</u> \$ 1250.00	5. Address: <u>1500 W THORNTON PARKWAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>THORNTON/CO/80620</u>
	7. Purpose of Expenditure: <u>COMMUNICATIONS CONSULTING</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

**Schedule B – Itemized Expenditures Statement (\$20 or more)**  
[1-45-108(1)(a), C.R.S.]

**Full Name of Committee/Person:** GREELEY DESERVES BETTER

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 8/5/2025	4. Name: <u>KAP PRINTING LLC</u>
2. <u>Amount</u> \$ <u>700.00</u>	5. Address: <u>220 Quinn Dr</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DRIPPING SPRINGS/TX/78620</u>
	7. Purpose of Expenditure: <u>DESIGN AND LAYOUT</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/5/2025	4. Name: <u>WIZBANG</u>
2. <u>Amount</u> \$ <u>70.00</u>	5. Address: <u>6747 E 50TH AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COMMERCE CITY/CO/80022</u>
	7. Purpose of Expenditure: <u>SHIPPING AND POSTAGE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/6/2025	4. Name: <u>ANEDOT</u>
2. <u>Amount</u> \$ <u>8.30</u>	5. Address: <u>1340 POYDRAS ST SUITE 1770</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>NEW ORLEANS/LA/70117</u>
	7. Purpose of Expenditure: <u>MERCHANT ACCOUNT FEES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/25/2025	4. Name: <u>WIZBANG</u>
2. <u>Amount</u> \$ <u>188.75</u>	5. Address: <u>6747 E 50TH AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COMMERCE CITY/CO/80022</u>
	7. Purpose of Expenditure: <u>BROCHURES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/27/2025	4. Name: <u>STEVEN PANCHENKO</u>
2. <u>Amount</u> \$ <u>170.00</u>	5. Address: <u>3600 S Bannock St Apt 207</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ENGLEWOOD/CO/80110</u>
	7. Purpose of Expenditure: <u>PO BOX REIMBURSEMENT</u>
	<input 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:** GREELEY DESERVES BETTER

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u> 7/22/2025	4. Name (Last, First): <u>WE ARE GREELEY</u>
2. <u>Fair Market Value</u> \$ 17400.00	5. Address: <u>870 S FULTON AVE</u>
3. <u>Aggregate Amt.</u> \$ 20400.00	6. City/State/Zip: <u>FORT LUPTON/CO/80621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>SIGNATURE GATHERING (IN-KIND FROM NON-PROFIT)</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 7/29/2025	4. Name (Last, First): <u>WE ARE GREELEY</u>
2. <u>Fair Market Value</u> \$ 17400.00	5. Address: <u>870 S FULTON AVE</u>
3. <u>Aggregate Amt.</u> \$ 37800.00	6. City/State/Zip: <u>FORT LUPTON/CO/80621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>SIGNATURE GATHERING (IN-KIND FROM NON-PROFIT)</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	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 candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."