

Elections Division
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Amended
 Space Below For Office Use Only
CONDITIONALLY ACCEPTED

NOV 16 2023

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Greater Than <small>As Shown on Registration</small>
Address of Committee/Person:	129 Two Brothers Dr
City, State & Zip Code:	South Burlington, VT 05403
Committee Type:	Political Committee
Name and Address of Financial Institution:	Amalgamated Bank 1825 K St NW Washington, DC 20006

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

- Regularly Scheduled Filing.
 - 21 days prior to the Municipal Election
 - Friday prior to the Municipal Election
 - 30 days after the Municipal Election
 - Annual - candidates from prior election held on

- 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)

Reporting Period Covered:

9/12/23
date

Through

10/12/23
date

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

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$0.00
2	Total Monetary Contributions (line 11)	\$4,000.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$4,000.00
4	Total Monetary Expenditures (line 19)	\$4,000.00
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$0.00

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 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 (Treasurer's) Name: Margot Phillips

Registered Agent's (Treasurer's) Signature: *[Signature]* Date: 11/16/23

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person:

Greater Than

Current Reporting Period:

9/12/23

Through

10/12/23

Funds on hand at the beginning of reporting period (Monetary Only):		
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$4,000.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$4,000.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$4,000.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$4,000.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$4,000.00
20	Total Expenditures (Line 18 + Line 19)	\$4,000.00

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

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

Full Name of Committee/Person: Greater Than

Reporting Period Covered: 9/12/23 **Through** 10/12/23
date date

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

Total Itemized Contributions: \$ 4,000.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 9/12/2023	4 Name (Last, First): <u>Greater Than- Federal</u>
2 <u>Contribution Amount</u> \$ 4000.00	5 Address: <u>Two Brothers Dr</u>
3 <u>Aggregate Amount*</u> \$ 4000.00	6 City/State/Zip: <u>South Burlington, VT 05403</u>
	7 Description: <u>Contribution from Federal Entitiy to Colorado Entitiy</u>
	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 Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	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 Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	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 Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	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)

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

Full Name of Committee/Person: Greater Than

Reporting Period Covered: 9/12/23 **Through** 10/12/23
date date

Total Itemized Expenditures: 4,000.00

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 9/12/23	4 Name (Last, First): <u>Committee to Elect Julia Marvin</u>
2 <u>Amount</u> \$ 4000.00	5 Address: <u>4814 E 110th Pl</u>
3 <u>Recipient is (optional):</u> <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Purpose of Expenditure: <u>PAC Local Political Contribution</u>

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____