

Space Below For Office Use Only

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



RECEIVED
OCT 28 2021
BY: [Signature]

REPORT OF CONTRIBUTIONS AND EXPENDITURES
(1-45-108, C.R.S.)

Full Name of Committee/Person: McNally for Mayor
As Shown On Registration

Address of Committee/Person: [Redacted]

City, State & Zip Code: [Redacted]

Committee Type:

Name and Address of Financial Institution: Belco Credit Union 8851 N Harlan St, Westminster, CO 80021

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: October 8, 2021 Date Through October 24, 2021 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$11,943.98

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 10,658.67
2 Total Monetary Contributions (line 11)	\$ 1,637.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 12,295.67
4 Total Monetary Expenditures (line 19)	\$ 11,943.98
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 351.69

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: Deborah M Tatar (AKA) Debbie Tatar

Registered Agent's Signature: [Signature] Date: 10-28-21

Print Candidate Name: Nancy McNally

Candidates Signature: [Signature] Date: 10-28-21

DETAILED SUMMARY

Full Name of Committee/Person: McNally for Mayor

Current Reporting Period: October 8, 2021 Through October 24, 2021

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 10,658.67
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1,637.00
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)	\$ 1,637.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 1,637.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 11,943.98
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)	\$ 11,943.98
20	Total Spending (Line 18 + line 19)	\$ 11,943.98

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

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

Full Name of Committee/Person: Nancy McNally McNally for Mayor

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).

2021 McNally for Mayor Contribution Sheet
 Monetary Donations McNally for Mayor Second Report Due Oct. 28

<u>Date</u>	<u>Fname</u>	<u>Lname</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Occupation</u>	<u>Company</u>	<u>Donation Aggregate</u>
10/8/2021	Jan	Mider	[REDACTED]	Westminster	CO	80021	Electrical Engineer	Siemens	50
10/8/2021	Chuck	Bonniwell	[REDACTED]	Westminster	CO	80031	Self Employed	Attorney	500
10/10/2021	Paul	Snyder	[REDACTED]	Westminster	CO	80031	Self Employed		99
10/11/2021	Michael	Byrne	[REDACTED]	Westminster	CO	80234	Self Employed	Byrne Realty	95
10/11/2021	Sandra	Byrne	[REDACTED]	Westminster	CO	80234	Retired		95
10/12/2021	Larry	Johnson	[REDACTED]	Westminster	CO	80020	Retired		100
10/12/2021	Nathan	Fisher	[REDACTED]	Lakewood	CO	80401	Self Employed	Consultant	99
10/13/2021	Scott	Landgraf	[REDACTED]	Westminster	CO	80234	Commerical Real	Vicstar	99
10/15/2021	Jessica	TRUE	[REDACTED]	Westminster	CO	80030	Property Management	MSLLC	500
									750

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

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

Full Name of Committee/Person: Nancy McNally McNally for Mayer

PLEASE PRINT/TYPE

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

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

See attachment X

McNally for Mayor Expenditures 2021 - 2nd filing

<u>Vendor</u>	<u>costs-Purpose</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>amount</u>	<u>Date</u>
Cutter Consulting	Mailer/postage	1103 Mercury Dr	Colorado Springs	CO	80905	7,104.60	10/8/2021
Anedot	Fee	5569 Hilton Ave Ste 106	Austin	TX	78758	6.56	10/13/2021
Anedot	Fee	5569 Hilton Ave Ste 106	Austin	TX	78758	8.52	10/15/2021
Google	Digital Marketing	1600Amphitheatre Prkwy Mtn Mountain View		CA	94043	350.00	10/17/2021
Cutter Consulting	robo,text, digital	1103 Mercury Dr	Colorado Springs	CO	80905	4,204.00	10/17/2021
Facebook	ads	1601 Willow Rd	Melo Park	CA	94025	250.00	10/20/2021
Anedot	Fees	5569 Hilton Ave Ste 106	Austin	TX	78758	20.30	10/19/2021

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: Nancy McNally McNally for Mayor

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: <u>None to report</u>
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. *

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. *

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."

Schedule C - Loans

Full Name of Committee/Person: Nancy McNally McNally for Mayor

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): None to report

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person:

McNally for Mayor

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____