

NOTICE OF INDEPENDENT EXPENDITURES IN EXCESS OF \$100

Must be filed with City Clerk no later than three (3) business days after obligating funds for expenditure. (City Code §7-139)

Name of Person Making Independent Expenditure: FORT COLLINS COMMON SENSE		
Residence Address:		
Mailing Address: 1001-A E HARMONY RD #277, FORT COLLINS, Co	O 80525	
Telephone No FAX No		
E-mail Address (optional):		
Web Site Address (optional):		•
Name of Candidate that the independent expenditures are intended to support or oppose: OPPOSE MART	TINEZ & SUPPORT	TELLEZ
Were the independent expenditures used to:	□ o _l	ppose
Name of Vendor(s) providing property, materials or services:	ROCKY MOUNTAIN	VOTER OUTRE
Name of Vendor(s) providing property, materials or services: Address of Vendor(s) named above: 899 LOGAN ST, STE 300, D		
Address of Vendor(s) named above: 899 LOGAN ST, STE 300, D		
Address of Vendor(s) named above: 899 LOGAN ST, STE 300, D	ENVER, CO 80203	Date Funds
Address of Vendor(s) named above: 899 LOGAN ST, STE 300, Detailed Description of the Independent Expenditure(s) (Attach samples if possible)	Amount of Expenditure	Date Funds Obligated
Address of Vendor(s) named above: 899 LOGAN ST, STE 300, Detailed Description of the Independent Expenditure(s) (Attach samples if possible)	Amount of Expenditure	Date Funds Obligated
Address of Vendor(s) named above: 899 LOGAN ST, STE 300, Detailed Description of the Independent Expenditure(s) (Attach samples if possible)	Amount of Expenditure	Date Funds Obligated
Address of Vendor(s) named above: 899 LOGAN ST, STE 300, Detailed Description of the Independent Expenditure(s) (Attach samples if possible)	Amount of Expenditure	Date Funds Obligated