

Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537 (970) 962-2322 • FAX (970) 962-2901 • TDD (970) 962-2620 www.cityofloveland.org

Campaign Finance Independent Expenditures

Full Name of Person:	Silent Majority Speaks	
Contact Phone Number:	970 397 4567	
Name of Candidate/Issue:	Recall Troy Krenning Support	
Physical Address:	1540 Main street, Ste 216 Winds	or, co
	806	
Employer:		
Address:		
Date obligated (form filed within 3 days):	07.05.6021	
Amount of funds obligated:	07.28.2024	
Amount of funds obligated.	1Ψ35	
Detailed Description of Expenditures:	vassina	
Name of Vendor providing services, property	7,000	
or materials: Proforma - Co	impaign Creative	
Address of Vendor: POBOX 51929		
Los Angeles, o	A 90061	
	to comply with any of the provision or Article 17 of the	
	or and is subject to a fine or imprisonment in accordance	
with ordinances adopted by	the City Council pursuant to LCC 4-14.	
Authorization (Must be completed by Person m		
	ny knowledge and belief that this is a true and correct	
filing. I understand the submission of false, erro	oneous or incomplete information may be subject to	
sanctions in accordance with the City of Lovelan	nd Charter Article 17.	
Printed Name: Amber april	A-2-4	
Frinted Name: / ////per thett	Title: Haent	
Signature: Mullill	Date: 07.30.2024	
Form revised 2/2021		