## RECEIVED

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CITY CLERKS OFFICE



City of Loveland

## Campaign Finance Independent Expenditures

Full Name of Person:	eland City Charter Section 17-9  Budget Cuts & Broken Trust		
Contact Phone Number:	386-804-3857		
Name of Candidate/Issue:			
Physical Address:	500 S. Holly Ave #113, Sanford, FL 3277		
Employer:			
Address:			
Date obligated (form filed within 3 days):	09/29/2025		
Amount of funds obligated:	13,500		
	rketing, door bags & hangers		
Name of Vendor providing services, property			
or materials: Proforma			
Address of Vendor: PO Box 51925, Los Ar	ngeles, CA 90051		

Any person who knowingly violates or fails to comply with any of the provision or Article 17 of the Loveland City Charter commits a misdemeanor 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 making Independent Expenditure):

I hereby certify and declare that to the best of my knowledge and belief that this is a true and correct filing. I understand the submission of false, erroneous or incomplete information may be subject to sanctions in accordance with the City of Loveland Charter Article 17.

Printed Name:	Franklin Welch	Title:	Registered Agent	11 11
Signature:	Jank Oer Me Gel	Date:	09/30/2025	
Form revised 2/2021				