

DETAILED SUMMARY

Full Name of Committee/Person: gormley4thornton

Current Reporting Period: 10/1/25 Through 10/15/25

Funds on hand at the beginning of reporting period (Monetary Only):		\$220.20
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$66.00
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)	\$66.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$66.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$2.38
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)	\$2.38
20	Total Monetary Expenditures (Line 18 + Line 19)	\$2.38

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

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

Full Name of Committee/Person: gormley4thornton

Reporting Period Covered: 10/1/25 **Through** 10/15/25
date date

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

Total Itemized Contributions: \$ 66.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/12/2025	4 Name (Last, First): <u>Dudek, Rafal</u>
2 <u>Contribution Amount</u> \$ 66.00	5 Address: <u>5338 E 129th Ave</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80241</u>
	7 Description: <u>ActBlue Campaign Website Contribution</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Intermountain Health</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Technology Operations Engineer</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: gormley4thornton

Reporting Period Covered:

10/1/25

date

Through

10/15/25

date

Total Itemized Expenditures:

2.38

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/12/25	4 Name (Last, First): <u>ActBlue</u>
2 <u>Amount</u> \$ 2.38	5 Address: <u>366 Summer Street</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Somerville MA 02144</u>
	7 Purpose of Expenditure: <u>Service charge.</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: _____