

Elections Division
 Department of State
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SEP 04 2025

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)

Full Name of Committee/Person:	Rebecca Berner, Rebecca4Thornton2 <small>As Shown on Registration</small>
Address of Committee/Person:	
City, State & Zip Code:	
Committee Type:	
Name and Address of Financial Institution:	

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

- Regularly Scheduled Filing.
- 120 days prior to the Election 30 days prior to the Election
 - 90 days prior to the Election 15 days prior to the Election
 - 60 days prior to the Election 30 days after the Election
 - Annual - candidates from prior election held on _____

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)

Reporting Period Covered:

8.2.25
date

Through

8.31.25
date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$0.00
2	Total Monetary Contributions (line 11)	\$138.12
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$138.12
4	Total Monetary Expenditures (line 19)	\$0.00
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$138.12

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 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 (Treasurer's) Name: _____

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Rebecca Berner

Candidate's Signature: _____ Date: 9.4.25

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

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

Full Name of Committee/Person: Rebecca Berner, Rebecca4Thornton2

Reporting Period Covered: 8.2.25 date **Through** 8.31.25 date

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

Total Itemized Contributions: \$ 138.12

PLEASE PRINT/TYPE

<p>1 <u>Date Accepted</u> 8.24.25</p>	<p>4 Name (Last, First): <u>Berner, Rebecca</u></p>
<p>2 <u>Contribution Amount</u> \$ 138.12</p>	<p>5 Address: <u>3374 E. 115th Avenue</u></p>
<p>3 <u>Aggregate Amount*</u> \$</p>	<p>6 City/State/Zip: <u>Thornton, CO 80233</u></p>
	<p>7 Description: <u>Cards for distribution to residents</u></p>
	<p>8 Employer (if applicable, <u>mandatory</u>): <u>Interstate Engineering</u></p>
	<p>9 Occupation (if applicable, <u>mandatory</u>): _____</p>

<p>1 <u>Date Accepted</u></p>	<p>4 Name (Last, First): _____</p>
<p>2 <u>Contribution Amount</u> \$ </p>	<p>5 Address: _____</p>
<p>3 <u>Aggregate Amount*</u> \$</p>	<p>6 City/State/Zip: _____</p>
	<p>7 Description: _____</p>
	<p>8 Employer (if applicable, <u>mandatory</u>): _____</p>
	<p>9 Occupation (if applicable, <u>mandatory</u>): _____</p>

<p>1 <u>Date Accepted</u></p>	<p>4 Name (Last, First): _____</p>
<p>2 <u>Contribution Amount</u> \$ </p>	<p>5 Address: _____</p>
<p>3 <u>Aggregate Amount*</u> \$</p>	<p>6 City/State/Zip: _____</p>
	<p>7 Description: _____</p>
	<p>8 Employer (if applicable, <u>mandatory</u>): _____</p>
	<p>9 Occupation (if applicable, <u>mandatory</u>): _____</p>

<p>1 <u>Date Accepted</u></p>	<p>4 Name (Last, First): _____</p>
<p>2 <u>Contribution Amount</u> \$ </p>	<p>5 Address: _____</p>
<p>3 <u>Aggregate Amount*</u> \$</p>	<p>6 City/State/Zip: _____</p>
	<p>7 Description: _____</p>
	<p>8 Employer (if applicable, <u>mandatory</u>): _____</p>
	<p>9 Occupation (if applicable, <u>mandatory</u>): _____</p>

* 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:

Rebecca Berner, Rebecca4Thornton2

Reporting Period Covered:

8.2.25

date

Through

8.31.25

date

Total Itemized Expenditures:

0.00

PLEASE PRINT/TYPE

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: _____ _____

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: _____ _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Rebecca Berner, Rebecca4Thornton2

Reporting Period Covered: 8.2.25 date **Through** 8.31.25 date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

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): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]

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

Full Name of Committee/Person: Rebecca Berner, Rebecca4Thornton2

Reporting Period Covered: 8.2.25
date

Through 8.31.25
date

Total Itemized Expenditures: \$0.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</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>): _____
	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 Amount</u>	6 City/State/Zip: _____
	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 Amount</u>	6 City/State/Zip: _____
	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 Amount</u>	6 City/State/Zip: _____
	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 Amount</u>	6 City/State/Zip: _____
	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."