

Elections Division  
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**CONDITIONALLY ACCEPTED** For Office Use Only

DEC 12 2023

**THORNTON CITY CLERK**

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**  
 (C.R.S. 1-45-108)

|   |  |
|---|--|
| <b>Full Name of Committee/Person:</b>             | gormley4thornton<br><small>As Shown on Registration</small>            |
| <b>Address of Committee/Person:</b>               | 13715 Ash Cir  |
| <b>City, State &amp; Zip Code:</b>                | Thornton   |
| <b>Committee Type:</b>                            | Candidate committee  |
| <b>Name and Address of Financial Institution:</b> | Premier Members Credit Union 360 Interlocken Blvd, Broomfield CO 80021 |

**SOS ID NUMBER (state and county committees ONLY):**

N/A

**Type of Report:**

**Regularly Scheduled Filing.**

- October 17, 2023 (21 days prior to the November 7, 2023 Municipal Election)
- November 3, 2023 (Friday prior to the November 7, 2023 Municipal Election)
- December 12, 2023 (35 days after the November 7, 2023 Municipal 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:**

10/30/23

**Through**

12/10/23

date

date

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

\$ N/A

**Totals Detailed Summary Page**

|   |  |            |
|---|--|------------|
| 1 | <b>Funds on Hand at Beginning of Reporting Period</b> (monetary only)          | \$1,435.59 |
| 2 | <b>Total Monetary Contributions</b> (line 11)                                  | \$43.00    |
| 3 | <b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1+ line 2) | \$1,478.59 |
| 4 | <b>Total Monetary Expenditures</b> (line 19)                                   | \$205.80   |
| 5 | <b>Funds on Hand at End of Reporting Period</b> (monetary) (line 3 - line 4)   | \$1,272.79 |

**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: Mark Gormley

Registered Agent's (Treasurer's) Signature: \_\_\_\_\_ Date: 12/10/2023

Print Candidate Name: Mark Gormley

Candidate's Signature: \_\_\_\_\_ Date: 12/10/23

## DETAILED SUMMARY

Full Name of Committee/Person: gormley4thornton

Current Reporting Period: 10/13/23 Through 12/10/23

|  |  |                   |
|--|--|-------------------|
| <b>Funds on hand at the beginning of reporting period (Monetary Only):</b> |  | <b>\$1,435.59</b> |
| 6  | <b>Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)]</b><br>(Please list on Schedule "A")               | <b>\$18.00</b>    |
| 7  | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              |                   |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | <b>\$0.00</b>     |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  |                   |
| 10   | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | <b>\$25.00</b>    |
| 11   | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | <b>\$43.00</b>    |
| 12   | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | <b>\$0.00</b>     |
| 13   | <b>Total Contributions</b><br>(Line 11 + line 12)  | <b>\$43.00</b>    |
| 14   | <b>Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)]</b><br>(Please list on Schedule "B")                | <b>\$205.80</b>   |
| 15   | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 and less)                                |                   |
| 16   | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | <b>\$0.00</b>     |
| 17   | <b>Returned Contributions (To Donor)</b><br>(Please list on Schedule "D")                                      | <b>\$0.00</b>     |
| 18   | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) |                   |
| 19   | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | <b>\$205.80</b>   |
| 20   | <b>Total Monetary Expenditures</b><br>(Line 18 + Line 19)  | <b>\$205.80</b>   |

# 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:** 10/30/23 **Through** 12/10/23  
date date

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

**Total Itemized Contributions:** \$ 18.00

**PLEASE PRINT/TYPE**

|  |   |
|--|---|
| 1 <u>Date Accepted</u><br>10/30/2023     | 4 Name (Last, First): <u>Gold Edelstein, Nadiv</u>                        |
| 2 <u>Contribution Amount</u><br>\$ 18.00 | 5 Address: <u>2000 Post St Apartment 452</u>                              |
| 3 <u>Aggregate Amount*</u><br>\$         | 6 City/State/Zip: <u>San Francisco</u>                                    |
|  | 7 Description: <u>ActBlue donation</u>                                    |
|  | 8 Employer (if applicable, <u>mandatory</u> ): <u>Google</u>              |
|  | 9 Occupation (if applicable, <u>mandatory</u> ): <u>Software Engineer</u> |

|                                    |  |
|------------------------------------|--|
| 1 <u>Date Accepted</u>             | 4 Name (Last, First): _____                            |
| 2 <u>Contribution Amount</u><br>\$ | 5 Address: _____                                       |
| 3 <u>Aggregate Amount*</u><br>\$   | 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><br>\$ | 5 Address: _____                                       |
| 3 <u>Aggregate Amount*</u><br>\$   | 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><br>\$ | 5 Address: _____                                       |
| 3 <u>Aggregate Amount*</u><br>\$   | 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:**

10/30/23

date

**Through**

12/10/23

date

**Total Itemized Expenditures:**

205.80

**PLEASE PRINT/TYPE**

|   |   |
|---|---|
| 1 <u>Date Expended</u><br>10/30/23  | 4 Name (Last, First): <u>ActBlue</u>  |
| 2 <u>Amount</u><br>\$ <u>0.27</u>   | 5 Address: _____<br>6 City/State/Zip: _____   |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 7 Purpose of Expenditure: <u>Percentage taken by service provider for the period.</u> |

|   |  |
|---|--|
| 1 <u>Date Expended</u><br>11/1/23   | 4 Name (Last, First): <u>Campaign Verify</u>                       |
| 2 <u>Amount</u><br>\$ <u>95.00</u>  | 5 Address: <u>campaignverify.org</u><br>6 City/State/Zip: _____    |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 7 Purpose of Expenditure: <u>Account verification for texting.</u> |

|   |  |
|---|--|
| 1 <u>Date Expended</u><br>11/7/23   | 4 Name (Last, First): <u>Scale to Win</u>                                    |
| 2 <u>Amount</u><br>\$ <u>97.08</u>  | 5 Address: _____<br>6 City/State/Zip: _____                                  |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 7 Purpose of Expenditure: <u>Texting on Election Day for ballot chasing.</u> |

|   |   |
|---|---|
| 1 <u>Date Expended</u><br>11/7/23   | 4 Name (Last, First): <u>30/70 Sports Bar</u>   |
| 2 <u>Amount</u><br>\$ <u>9.18</u>   | 5 Address: <u>1885 W 120th Ave Ste 1300</u><br>6 City/State/Zip: <u>Northglenn CO 80234</u> |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 7 Purpose of Expenditure: <u>Election night watch outing with volunteer.</u>                |

# Schedule B - Itemized Expenditures Statement (\$20 or more)

Full Name of Committee/Person: gormley4thornton

Reporting Period Covered:

10/30/23

date

Through

12/10/23

date

**PLEASE PRINT/TYPE**

|   |  |
|---|--|
| 1 <u>Date Expended</u><br>11/30/23  | 4 Name (Last, First): <u>Facebook / Meta</u>   |
| 2 <u>Amount</u><br>\$ 4.27  | 5 Address: _____                               |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____                        |
|   | 7 Purpose of Expenditure: <u>Boost charge.</u> |

|   |                                 |
|---|---------------------------------|
| 1 <u>Date Expended</u>  | 4 Name (Last, First): _____     |
| 2 <u>Amount</u><br>\$ _____   | 5 Address: _____                |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><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><br>\$ _____   | 5 Address: _____                |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><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><br>\$ _____   | 5 Address: _____                |
| 3 <u>Recipient is (optional):</u><br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____         |
|   | 7 Purpose of Expenditure: _____ |



## Schedule D – Returned Expenditures & Contributions

**Full Name of Committee/Person:** gormley4thornton

**Reporting Period Covered:** 10/30/23 **Through** 12/10/23  
date date

**Total Returned Contributions:** \$ -

**Total Returned Expenditures:** \$ 25.00

### 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><br>\$ _____ | 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><br>\$ _____ | 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><br>Various  | 4 Name (Last, First): <u>Gormley, Mark</u>  |
| 2 <u>Date Returned</u><br>Various  | 5 Address: _____  |
| 3 <u>Amount</u><br>\$ <u>25.00</u> | 6 City/State/Zip: _____   |
|                                    | 7 Comment (optional): <u>Various out-of-pocket expenditures itemized in separate sheet.</u> |

|                             |                             |
|-----------------------------|-----------------------------|
| 1 <u>Date Expended</u>      | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u>      | 5 Address: _____            |
| 3 <u>Amount</u><br>\$ _____ | 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:** gormley4thornton

**Reporting Period Covered:**

10/30/23

date

**Through**

12/10/23

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."



