Elections Division Department of State 1700 Broadway, Ste. 200 Denver, CO 80290 Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us www.sos.state.co.us



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NOV 03 2023

THORNTON CITY CLERK

### **REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

	the second se				
Full Name of Committee/Person: gormley4thornton As Shown on Registration					
Address of Committee/Person:	13715 Ash Cir				
City, State & Zip Code:	Thornton				
Committee Type:	Candidate committee	ing the second second			
Name and Address of Financial Institution:	Premier Members Credit Union	360 Interlocken Bl	lvd, Broomfield CO 80021		
SOS ID NUMBER (state and county committees ONLY): N/A			N/A		
November 3, 2023 ( December 12, 2023	n Reports MUST have a Monetary Balance of 2 10/13/23 date	2023 Municipal Electron	ection) ction) <u>10/29/23</u> date		
			Totals Detailed Summary Page \$2,109.78		
	Funds on manual beginning of Reporting Ferror (monearly only)				
2 Total Monetary Court Buttons (and 14)			\$2,528.43 \$4,638.21		
3 Total of Monetary Contributions & Begi	unnik winoant (nue 14 nue 2)		\$2,433.43		
4 I Dial Monetary Experiences (me 17)			\$2,204.78		
- It also on these is his of refer the -					
	[Art. XXVIII Sect. 10 (2) (a)]				
Authorization (Must be completed by either the that to the best of my knowledge or belief all con form of membership dues transferred by a memb Print Registered Agent's (Treasurer's) Name:	ntributions received during this report	ting period, including	d declare, under penalty of perjury, g any contributions received in the		

Registered Agent's (Tre	asurer's) Signature:	Mark Gormley	Date:	11/3/2023	
Print Candidate Name:	Mark Gormley				
Candidate's Signature:	Mark (	Somety	Date:	11/3/23	

### 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: 6/10/23 date

10/29/23 date

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

Total Itemized Contributions: \$

Through

2,528.43

#### PLEASE PRINT/TYPE

1 Date Accepted	4 Name (Last, First): Gormley, Mark
10/15/2023	5 Address: 13715 Ash Cir
2 Contribution Amount	6 City/State/Zip: Thornton CO 80602-5900
\$ 2303.43	7 Description In-kind for postcard mailer. To be re-imbursed from ending balance.
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ): <u>MYR Group, Inc.</u>
\$	9 Occupation (if applicable, <u>mandatory</u> ): <u>Technical Writer</u>
1 Date Accepted	4 Name (Last, First):
10/18/2023	5 Address: 12253 Tamarac St
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton CO 80602
<b>\$</b> 100.00	7 Description ActBlue donation.
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ): <u>Kaiser Permanente</u>
\$	9 Occupation (if applicable, <u>mandatory</u> ): <u>Registered Nurse</u>
1 Date Accepted	4 Name (Last, First): Nizam, Sam
1 <u>Date Accepted</u> 10/18/2023	4 Name (Last, First):       Nizam, Sam         5 Address:       4660 Summit Grove Pkwy
	4 Name (Last, Flist).
10/18/2023	4 Name (Last, Flist).         5 Address:       4660 Summit Grove Pkwy
10/18/2023 2 Contribution Amount	4       Name (Last, First).         5       Address:         4660 Summit Grove Pkwy         6       City/State/Zip:         Thornton CO 80241
10/18/2023 2 <u>Contribution Amount</u> \$ 50.00	4       Name (Last, First).         5       Address:         4660 Summit Grove Pkwy         6       City/State/Zip:         Thornton CO 80241         7       Description         ActBlue donation.
10/18/2023         2       Contribution Amount         \$       50.00         3       Aggregate Amount*	4       Name (Last, First).         5       Address:         4660 Summit Grove Pkwy         6       City/State/Zip:         7       Description         8       Employer (if applicable, mandatory):
10/18/2023         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$	4       Name (Last, First).         5       Address:       4660 Summit Grove Pkwy         6       City/State/Zip:       Thornton CO 80241         7       Description       ActBlue donation.         8       Employer (if applicable, mandatory):
10/18/2023         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$       Image: second	4       Name (Last, First).         5       Address:       4660 Summit Grove Pkwy         6       City/State/Zip:       Thornton CO 80241         7       Description       ActBlue donation.         8       Employer (if applicable, mandatory):
10/18/2023         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$       Image: second	4       Name (Last, First).         5       Address:         4       60 Summit Grove Pkwy         6       City/State/Zip:         7       Description         7       Description         8       Employer (if applicable, mandatory):         9       Occupation (if applicable, mandatory):         9       Occupation (if applicable, mandatory):         4       Name (Last, First):         Coleman, Karen         5       Address:         15225       Willow Drive
10/18/2023         2       Contribution Amount         \$       50.00         3       Aggregate Amount*         \$	4       Name (Last, First):

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

## Full Name of Committee/Person: gormley4thornton

		<b>Reporting Period Co</b>	vered:	10/13/23 date	Through	10/29/23 date	
PLI	EASE PRINT/TYPE						
1	Date Accepted	4 Name (Last, First):	Gormley, Mark				
	10/22/2023	5 Address:	13715 Ash Cir				
2	Contribution Amount	6 City/State/Zip:	Thornton CO 806	502-5900			
\$	5.00	7 Description	In-kind donation/e	xpenditure.			
3	Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u> ):	MYR Group, Inc.			
\$		9 Occupation (if appli	cable, <u>mandatory</u> ):	Technical Writer			
1	Date Accepted	4 Name (Last, First):	Gormley, Mark				
	10/13/2023	5 Address:	13715 Ash Cir				
2	Contribution Amount	6 City/State/Zip:	Thornton CO 800	502-5900			
\$	20.00	7 Description	Monthly phone ch	arge. In-kind donatio	n/expenditure.		
3	Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u> ):	MYR Group, Inc.			
\$		9 Occupation (if appli	cable, <u>mandatory</u> ):	Technical Writer			
1	Date Accepted	4 Name (Last, First):	8				
		5 Address:					ł
2	Contribution Amount	6 City/State/Zip:					é.
\$		7 Description					
3	Aggregate Amount*	8 Employer (if application	able, <u>mandatory</u> ):				
\$		9 Occupation (if appli	icable, <u>mandatory</u> ):	<u></u>			
1	Date Accepted	4 Name (Last, First):					
		5 Address:	4				à i
2	Contribution Amount	6 City/State/Zip:					9
\$		7 Description					65
3	Aggregate Amount*	8 Employer (if applic	able, <u>mandatory</u> ):	<i></i>			•2:
\$		9 Occupation (if appl	icable, <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 Cover	ed: [	10/13/23 date Total Itemized E:	Through [	10/29/23 date 2,433.43
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First): 7	Гhe Orig	ginal Print Shoppe		
10/15/23 2 Amount	5 Address: 2	270 S Te	legraph Rd		
\$ 2303.43			MI 48341-1933		
3 Recipient is (optional):					
Committee	7 Purpose of Expenditu	ıre:	Postcard mailer. Paid ou	t-of-pocket as	campaign contribution.
Non-Committee	To be re-imbursed fro	om accru	ed remaining balance at	end of campaig	<u>;n.</u>
1 <u>Date Expended</u> 10/22/23	4 Name (Last, First):	Yahoo N	Aail Plus		
2 <u>Amount</u>	5 Address: 8	866-562-	7228		
\$ 5.00	6 City/State/Zip: <u>C</u>	CA			
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expenditu	ire:	Campaign email account	t. In-kind donat	tion/expenditure.
Non-Committee					
		Tmobile	Auto Pay		
1 <u>Date Expended</u> 10/13/23	4 Name (Last, First):				
2 <u>Amount</u>	5 Address:	800-937-	8997		
\$ 20.00	6 City/State/Zip:	WA			
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditu	1201	Monthly phone charge.	In-kind donatio	n/evnenditure
Committee	7 Purpose of Expendito	110.	Wolting phone charge.		
Non-Committee	s <del></del>				¥
1 De Facilit	4 Name (Lest First)				
1 Date Expended	4 Name (Last, First): _				
2 <u>Amount</u>	5 Address:				
\$	6 City/State/Zip:				-11
3 <u>Recipient is (optional):</u> Committee	7 Purpose of Expenditu	ure			
Non-Committee		л <b>с</b> -	<u>.</u>		
Non-Committee	3				

Full Name of Committee/Person:     gormley4thornton			
	Reporting Period Covered:   10/13/23   Through   10/29/23     date   date		
PLEASE PRINT/TYPE			
1 Date Expended	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 <u>Recipient is (optional):</u>			
	7 Purpose of Expenditure:		
Non-Committee			
	A Name (Last First): Yahoo Mail Plus		
1 Date Expended	4 Name (Last, First): Yahoo Mail Plus		
2 <u>Amount</u>	5 Address: <u>866-562-7228</u>		
<ul><li>\$ 5.00</li><li>3 Recipient is (optional):</li></ul>	6 City/State/Zip: CA		
Committee	7 Purpose of Expenditure: Campaign email account.		
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 <u>Amount</u>	5 Address:		
\$	6 City/State/Zip:		
3 <u>Recipient is (optional):</u>			
Committee	7 Purpose of Expenditure:		
Non-Committee			
	4 Norma (Lost First)		
1 Date Expended	4 Name (Last, First):		
2 <u>Amount</u>	5 Address:		
\$ 3 Recipient is (optional):	6 City/State/Zip:		
Committee	7 Purpose of Expenditure:		
Non-Committee			

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

Page 2

### Schedule C - Loans

Full Name of Committee/Person:	gormley4thornton		
Reporting	g Period Covered:	10/13/23 Through date	gh 10/29/23 date
	LOANS - Loans Owed	by the Committee	
[No information copied from such report purpose, [Art. XXVIII, Sec. 9(e)] Notwithstanding a institution organized under sta	orts shall be sold or used by any per- iny other section of this article to the ate or federal law if the loan bears th	ne item 8 and 16 of the Detailed Sum son for the purpose of soliciting contr e contrary, a candidate's candidate co he usual and customary interest rate, is t to a due date or amortization schedu	butions or for any commercial mmittee may receive a loan from a financial s made on a basis that
LOAN SOURCE			
Name (Last, First or Institution):		5	
Address:			
City/State/Zip:			
Original Amount of Loan:			t Rate:%
		Total of All Loans T	his Reporting
		Period:	\$0.00
Loan Amount Received This Reporting P	eriod	(Place on lif	e 8 of Detailed Summary Report)
Principal Amount Paid This Reporting Pe			
Interest Amount Paid This Reporting Peri	iod:		
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered)	\$0.00 pred on Detail Summary)	<b>Total Repayments N</b> (Sum of Schedule C pa	fade:         \$0.00           ages, Place on line 16 of Detailed Summary)
Outstanding Balance:			
TERMS OF LOAN:			
	Date Loan Receiv	ved	Due Date for Final Payment
LIST AI	LL ENDORSERS OR G	UARANTORS OF THIS	LOAN
Full Name	Ad	dress, City, St., Zip	Amount Guaranteed

# Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person:	gormley4thornton			
	<b>Reporting Period Covered:</b>	10/13/23 date	Through	10/29/23 date
	1	Fotal Returned	Contributions:	
		Total Returned	Expenditures:	\$ -

**Returned Contributions** 

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

#### PLEASE PRINT/TYPE

1       Date Accepted         2       Date Returned         3       Amount         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Purpose:</li> </ul>	
1 <u>Date Accepted</u> 2 Date Returned	4 Name (Last, First): 5 Address:	
3 Amount	6 City/State/Zip: 7 Purpose:	

### **Returned Expenditures**

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

#### PLEASE PRINT/TYPE

\$

1       Date Expended         2       Date Returned         3       Amount         \$	<ul> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Comment (optional):</li> </ul>	
1       Date Expended         2       Date Returned         3       Amount	<ul><li>5 Address:</li><li>6 City/State/Zip:</li></ul>	