

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



**CONDITIONALLY ACCEPTED** Below For Office Use Only

NOV 03 2023

**THORNTON CITY CLERK**

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

<b>Full Name of Committee/Person:</b>	<b>gormley4thornton</b> <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:**

10/13/23

date

**Through**

10/29/23

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)	\$2,109.78
2	<b>Total Monetary Contributions</b> (line 11)	\$2,528.43
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1+ line 2)	\$4,638.21
4	<b>Total Monetary Expenditures</b> (line 19)	\$2,433.43
5	<b>Funds on Hand at End of Reporting Period</b> (monetary) (line 3 - line 4)	\$2,204.78

**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: Mark Gormley Date: 11/3/2023

Print Candidate Name: Mark Gormley

Candidate's Signature: *Mark Gormley* 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 **Through** 10/29/23  
date date

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

**Total Itemized Contributions:** \$ 2,528.43

**PLEASE PRINT/TYPER**

1 <u>Date Accepted</u> 10/15/2023	4 Name (Last, First): <u>Gormley, Mark</u>
2 <u>Contribution Amount</u> \$ 2303.43	5 Address: <u>13715 Ash Cir</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80602-5900</u>
	7 Description: <u>In-kind for postcard mailer. To be re-imbursed from ending balance.</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>MYR Group, Inc.</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Technical Writer</u>
1 <u>Date Accepted</u> 10/18/2023	4 Name (Last, First): <u>Gillott, Toni</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>12253 Tamarac St</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80602</u>
	7 Description: <u>ActBlue donation.</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>Kaiser Permanente</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Registered Nurse</u>
1 <u>Date Accepted</u> 10/18/2023	4 Name (Last, First): <u>Nizam, Sam</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4660 Summit Grove Pkwy</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80241</u>
	7 Description: <u>ActBlue donation.</u>
	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Unemployed</u>
1 <u>Date Accepted</u> 10/29/2023	4 Name (Last, First): <u>Coleman, Karen</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>15225 Willow Drive</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80602</u>
	7 Description: <u>ActBlue donation.</u>
	8 Employer (if applicable, <u>mandatory</u> ): _____
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Unemployed</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).

Full Name of Committee/Person: gormley4thornton

Reporting Period Covered:

10/13/23  
date

Through

10/29/23  
date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/22/2023	4 Name (Last, First): <u>Gormley, Mark</u>
2 <u>Contribution Amount</u> \$ 5.00	5 Address: <u>13715 Ash Cir</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80602-5900</u>
	7 Description: <u>In-kind donation/expenditure.</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>MYR Group, Inc.</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Technical Writer</u>

1 <u>Date Accepted</u> 10/13/2023	4 Name (Last, First): <u>Gormley, Mark</u>
2 <u>Contribution Amount</u> \$ 20.00	5 Address: <u>13715 Ash Cir</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80602-5900</u>
	7 Description: <u>Monthly phone charge. In-kind donation/expenditure.</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>MYR Group, Inc.</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Technical Writer</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:**

10/13/23

date

**Through**

10/29/23

date

**Total Itemized Expenditures:**

2,433.43

**PLEASE PRINT/TYPE**

1 <u>Date Expended</u> 10/15/23	4 Name (Last, First): <u>The Original Print Shoppe</u>
2 <u>Amount</u> \$ 2303.43	5 Address: <u>270 S Telegraph Rd</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Pontiac MI 48341-1933</u>
7 Purpose of Expenditure: <u>Postcard mailer. Paid out-of-pocket as campaign contribution.</u> <u>To be re-imbursed from accrued remaining balance at end of campaign.</u>	

1 <u>Date Expended</u> 10/22/23	4 Name (Last, First): <u>Yahoo Mail Plus</u>
2 <u>Amount</u> \$ 5.00	5 Address: <u>866-562-7228</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>CA</u>
7 Purpose of Expenditure: <u>Campaign email account. In-kind donation/expenditure.</u>	

1 <u>Date Expended</u> 10/13/23	4 Name (Last, First): <u>Tmobile Auto Pay</u>
2 <u>Amount</u> \$ 20.00	5 Address: <u>800-937-8997</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>WA</u>
7 Purpose of Expenditure: <u>Monthly phone charge. In-kind donation/expenditure.</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: _____	

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

Full Name of Committee/Person: gormley4thornton

Reporting Period Covered:

10/13/23  
date

Through

10/29/23  
date

PLEASE PRINT/TYPE

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

1 <u>Date Expended</u>	4 Name (Last, First): <u>Yahoo Mail Plus</u>
2 <u>Amount</u>	5 Address: <u>866-562-7228</u>
\$ <u>5.00</u>	6 City/State/Zip: <u>CA</u>
3 <u>Recipient is (optional):</u>	7 Purpose of Expenditure: <u>Campaign email account.</u>
<input type="checkbox"/> Committee	
<input type="checkbox"/> Non-Committee	

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

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





## Schedule D – Returned Expenditures & Contributions

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

**Reporting Period Covered:** 10/13/23 **Through** 10/29/23  
date 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> \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>	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> \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>	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> \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>	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> \$ <span style="background-color: yellow; display: inline-block; width: 100px; height: 15px;"></span>	6 City/State/Zip: _____
	7 Comment (optional): _____