Elections Division Department of State 1700 Broadway, Ste. 200

Denver, CO 80290
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## **Conditionally Accepted**

October 25, 2021 Below For Office Use Only

### **City Clerk's Office**

#### REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(C.K.S. 1-45-108)			
Full Name of Committee/Person:	Consumer Fireworks Safety Ass	ociation PAC		
Address of Committee/Person:	2120 Milwaukee Way			
City, State & Zip Code:	Tacoma, WA 98401			
Committee Type:	political committee			
Name and Address of Financial Institution:	Bank of America Fife Branch, 5	003 Pacific Highv	vay East, Fife, WA 98424	
SOS ID NUMBER (state and cour	nty committees ONLY):		N/A	
Regularly Scheduled Filing. October 12, 2021 (2	I days prior to the November 2, 2 riday prior to the November 2, 20	-	•	
December 2, 2021 (3	30 days after the November 2, 202	21 Municipal Elec	tion)	
Annual - candidate	s from prior election held on			
Amended Filing. This amends previous Submit changes or new information O  Termination Report (Termination	NLY	Varo in Lina S)		
Reporting Period Covered:	10/19/21	Through	10/24/21	
	date	Intough	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	g Period (monetary only)		\$0.00	
2 Total Monetary Contributions (line !1)	• • • • • • • • • • • • • • • • • • • •		\$1,500.00	
3 Total of Monetary Contributions & Begin 4 Total Monetary Expenditures (line 19)	ning Amount (line 1+ line 2)		\$1,500.00 \$1,500.00	
4   Total Monetary Expenditures (line 19) 5   Funds on Hand at End of Reporting Period	od (monetary) (line 3 - line 4)		\$0.00	
The appropriate officer shall impose	a penalty of \$50 per day for each o	day that a report is	s filed late.	
Authorization (Must be completed by either the that to the best of my knowledge or belief all comform of membership dues transferred by a member	tributions received during this report	ing period, includin		
Print Registered Agent's (Treasurer's) Name:	Louise Walsh			
Registered Agent's (Treasurer's) Signature:	Louise Wals	Date:	10/25/2021	
Print Candidate Name:				
Candidate's Signature:		Date:		

#### **DETAILED SUMMARY**

Full Name of Committee/Person:	Consumer Fireworks Safety Association PAC
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10/19/21 Current Reporting Period: 10/24/21 Through Funds on hand at the beginning of reporting period (Monetary Only): Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] 6 (Please list on Schedule "A") \$1,500.00 Total of Non-Itemized Contributions 7 (Contributions of \$19.99 and Less) Loans Received 8 (Please list on Schedule "C") \$0.00 Total of Other Receipts 9 (Interest, Dividends, etc.) Returned Expenditures (from recipient) 10 (Please list on Schedule "D") \$0.00 **Total Monetary Contributions** 11 (Total of lines 6 through 10) \$1,500.00 **Total Non-Monetary Contributions** 12 (From Statement of Non-Monetary Contributions) \$0.00 **Total Contributions** 13 (Line 11 + line 12) \$1,500.00 Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] 14 (Please list on Schedule "B") \$1,500.00 Total of Non-Itemized Expenditures 15 (Expenditures of \$19.99 and less) Loan Repayments Made 16 (Please list on Schedule "C") \$0.00 Returned Contributions (To Donor) 17 (Please list on Schedule "D") \$0.00 Total Coordinated Non-Monetary Expenditures 18 (Candidate/Candidate Committee & Political Parties only) **Total Monetary Expenditures** 19 (Total of lines 14 through 17) \$1,500.00 **Total Monetary Expenditures** 20 (Line 18 + Line 19)

\$1,500.00

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

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

Full Name of Committee/Person: Consumer Fireworks Safety Association PAC Reporting Period Covered: 10/19/21 Through 10/24/21 WARNING: Please read the instruction page for Schedule "A" before completing! Total Itemized Contributions: | \$ 1,500.00 PLEASE PRINT/TYPE American Promotional Events Northwest Inc. dba TNT Fireworks 1 Date Accepted 4 Name (Last, First): 10/19/2021 Address: 2120 Milwaukee Way 2 Contribution Amount 6 City/State/Zip: Tacoma, WA 98241 \$ 1500.00 7 Description contribution 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* N/A 9 Occupation (if applicable, mandatory): N/A \$ 1500.00 I Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: \$ 7 Description 3 Aggregate Amount\* 8 Employer (if applicable, mandatory): \$ 9 Occupation (if applicable, mandatory): 1 Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: \$ 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount\* \$ 9 Occupation (if applicable, mandatory): 1 Date Accepted 4 Name (Last, First): 5 Address: 2 Contribution Amount 6 City/State/Zip: \$ 7 Description 3 Aggregate Amount\* 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):

<sup>\*</sup> 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: Consumer Fireworks Safety Association PAC				
	Reporting Period Covered:	10/19/21 date	Through	10/24/21 date
		Total Itemized E	Expenditures:	1,500.00
PLEASE PRINT/TYPE				
1 Date Expended	4 Name (Last, First): Comm	ittee to Elect Jessica Sa	ndgren	
2 Amount	5 Address: 10533 (	Garfield Street		
\$ 1500.00	6 City/State/Zip: Thornto	on, CO 80233		
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:	contribution		
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				

### Schedule C - Loans

run name of Committee/Ferson: Consu	ner Fireworks Sa	tery Association PAC	,		
Reporting Period	Covered:	10/19/21	Through	10/24/21 date	
		unic		uate	
Ī	LOANS - Loans Owe	ed by the Committee			
(Use a separate schedule for each [No information copied from such reports shall be purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other set institution organized under state or federa assures repayment, is evidenced by a written in	sold or used by any p ction of this article to Il law if the loan bears	erson for the purpose of so the contrary, a candidate's s the usual and customary i	pliciting contribution candidate committe interest rate, is made	s or for any commercial e may receive a loan from a financial on a basis that	
LOAN SOURCE	1000000		····		
Name (Last, First or Institution): N/A					
Address:					
City/State/Zip:					
Original Amount of Loan: \$			Interest Rate:		
		Total of A	ll Loans This R	eporting	
		Period:		-	
			(Place on line 8 of l	\$0.00 Detailed Summary Report)	
Loan Amount Received This Reporting Period:					
Principal Amount Paid This Reporting Period:					
Interest Amount Paid This Reporting Period:					
Amount Repaid This Reporting Period:	\$0.00	Total Repa	yments Made:	\$0.00	
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)			(Sum of Schedule C pages, Place on line 16 of Detailed Summary)		
Outstanding Balance:					
TERMS OF LOAN:					
TERMS OF LOAN,	Date Loan Recei	ved		Due Date for Final Payment	
LIST ALL ENDO	ORSERS OR G	UARANTORS O	F THIS LOAN	<u>ī</u>	
Full Name	Ad	ldress, City, St., Zi	ip	Amount Guaranteed	
			<u> </u>		
				1	

# Schedule D – Returned Expenditures & Contributions

Full Name of Con	nmittee/Person: Consumer Fireworks Safety Association PAC
	Reporting Period Covered: 10/19/21 Through 10/24/21  date date  Total Returned Contributions: \$ -
	Total Returned Expenditures: \$ -
	Returned Contributions
PLEASE PRINT/TYP	(Previously reported on Schedule $A$ — Contributions accepted and then returned to donors)  PE
I Date Accepted	N/A 4 Name (Last, First):
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:
3 <u>Amount</u> \$	7 Purpose:
1 Date Accepted	4 Name (Last, First):
2 Date Returned	5 Address: 6 City/State/Zip:
3 <u>Amount</u> \$	7 Purpose:
// PLEASE PRINT/TYPI	Returned Expenditures  Previously reported on Schedule B — Expenditures returned or refunded to the committee)  E
i Date Expended	4 Name (Last, First):
2 Date Returned	5 Address: 6 City/State/Zip:
3 <u>Amount</u> \$	7 Comment (optional):
1 Date Expended	4 Name (Last, First):
2 Date Returned	5 Address: 6 City/State/Zip:
3 Amount \$	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: Consumer Fireworks Safety Association PAC

Rep	orting Period Covered:	10/19/21	Through	10/24/21	
	1	date		date	
PLEASE PRINT/FY	PE	Total I	temized Expenditures:	\$0.0	0
1 Date Provided	4 Name (Last, First): N	√A			
	5 Address:				_
2 Fair Market Value	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applicab	le mandatory)			
3 Aggregate Amount	9 Occupation (if applica				
			date/Candidate Committee or l	Dalitical Days &	
	Table 1 Chock Cox II Co	Jordinated With a Cana	date/Candidate Committee of 1	ronucai Party.	
1 Date Provided	4 Name (Last, First):				
	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
- 1000 1100 1100 1 1010	7 Description:				_
	8 Employer (if applicable	la mandata).			
3 Aggregate Amount	9 Occupation (if applica				_
J REGIOEATO AMOUNT	t 1 mm		1. (2. 1)		
	TO Check box if Co	ordinated with a Candi	date/Candidate Committee or F	'olitical Party.*	
1 Date Provided	4 37 (7 ( 72 )				
1 Date Flovided	4 Name (Last, First):				
2 Fair Market Wales	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
	7 Description:				_
2 4	8 Employer (if applicabl				
3 Aggregate Amount	9 Occupation (if applica				
	10 Check box if Coo	ordinated with a Candid	late/Candidate Committee or P	olitical Party.*	
1 D					
1 Date Provided	4 Name (Last, First):				
	5 Address:				_
2 Fair Market Value	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applicable				_
3 Aggregate Amount	9 Occupation (if applicat				-
	10 Check box if Coo	ordinated with a Candid	ate/Candidate Committee or Po	olitical Party.*	- i
1 Date Provided	4 Name (Last, First):				
	5 Address:				-
2 Fair Market Value	6 City/State/Zip:				-
	7 Description:				-
	8 Employer (if applicable	e, mandatory):			-
3 Aggregate Amount	9 Occupation (if applicab	ole, mandatory):			-
	10 Check box if Coo		ate/Candidate Committee or Po	olitical Party.*	-
Note: If coordinated then co	atribution prout also be seen at 1				_ '

<sup>\*</sup> 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."