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

Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Consumer Fireworks Safety Association PAC As Shown on Registration
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, 5003 Pacific Highway East, Fife, WA 98424

SOS ID NUMBER (state and county committees ONLY): N/A

Type of Report:

- [x] **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
  - [x] 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)	$0.00
3	**Total of Monetary Contributions & Beginning Amount** (line 1+ line 2)	$0.00
4	**Total Monetary Expenditures** (line 19)	$0.00
5	**Funds on Hand at End of Reporting Period** (monetary) (line 3 - line 4)	$0.00

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 hearby 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: Louise Walsh

Registered Agent's (Treasurer's) Signature: Louise Walsh Date: 9/2/2025

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____