Elections Division
Department of State
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Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

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

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

Type of Report:

☐ **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

☐ 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: 10/16/25 (date) **Through** 11/29/25 (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: Brian Trim

Registered Agent's (Treasurer's) Signature: _____ Date: 12/3/2025

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Consumer Fireworks Safety Association PAC

Current Reporting Period: 10/16/25 **Through** 11/29/25

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

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: 10/16/25 (date) **Through** 11/29/25 (date)

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

Total Itemized Contributions: $ -

PLEASE PRINT/TYPE

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):

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):

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):

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):

* 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: 10/16/25 (date) **Through** 11/29/25 (date)

Total Itemized Expenditures: 0.00

PLEASE PRINT/TYPE

1 Date Expended	4 Name (Last, First):
2 Amount $	5 Address:
	6 City/State/Zip:
3 Recipient is (optional): ☐ Committee ☐ Non-Committee	7 Purpose of Expenditure:

1 Date Expended	4 Name (Last, First):
2 Amount $	5 Address:
	6 City/State/Zip:
3 Recipient is (optional): ☐ Committee ☐ Non-Committee	7 Purpose of Expenditure:

1 Date Expended	4 Name (Last, First):
2 Amount $	5 Address:
	6 City/State/Zip:
3 Recipient is (optional): ☐ Committee ☐ Non-Committee	7 Purpose of Expenditure:

1 Date Expended	4 Name (Last, First):
2 Amount $	5 Address:
	6 City/State/Zip:
3 Recipient is (optional): ☐ Committee ☐ Non-Committee	7 Purpose of Expenditure:

Schedule C - Loans

Full Name of Committee/Person: Consumer Fireworks Safety Association PAC

Reporting Period Covered: 10/16/25 (date) **Through** 11/29/25 (date)

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: $ _____ Interest Rate: _____ %

Total of All Loans This Reporting Period: $0.00
(Place on line 8 of 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
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: $0.00
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: _____

TERMS OF LOAN: _____ (Date Loan Received) _____ (Due Date for Final Payment)

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, St., Zip	Amount Guaranteed

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Consumer Fireworks Safety Association PAC

Reporting Period Covered: 10/16/25 (date) **Through** 11/29/25 (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 Date Accepted	4 Name (Last, First):
2 Date Returned	5 Address:
3 Amount $	6 City/State/Zip:
	7 Purpose:

1 Date Accepted	4 Name (Last, First):
2 Date Returned	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	4 Name (Last, First):
2 Date Returned	5 Address:
3 Amount $	6 City/State/Zip:
	7 Comment (optional):

1 Date Expended	4 Name (Last, First):
2 Date Returned	5 Address:
3 Amount $	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: Consumer Fireworks Safety Association PAC

Reporting Period Covered: 10/16/25 (date) **Through** 11/29/25 (date)

Total Itemized Expenditures: $0.00

PLEASE PRINT/TYPE

1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, mandatory):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	10 ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, mandatory):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	10 ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, mandatory):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	10 ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, mandatory):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	10 ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, mandatory):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	10 ☐ 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."