

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

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

Full Name of Committee/Person: Thornton Professional Firefighters Local 2376

Reporting Period Covered: 10/28/19 date **Through** 11/30/19 date

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

Total Itemized Contributions: \$ 1,498.50

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/31/2019	4 Name (Last, First): <u>Thornton Professional Firefighters</u>
2 <u>Contribution Amount</u> \$ 765.90	5 Address: <u>P.O Box 29426</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Description: <u>Monthly \$6.66 per capita political contirbutions October '19, 115 members.</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>City of Thornton Fire Department</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Firefighters</u>

1 <u>Date Accepted</u> 11/29/2019	4 Name (Last, First): <u>Thornton Professional Firefighters</u>
2 <u>Contribution Amount</u> \$ 732.60	5 Address: <u>P.O Box 29426</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Description: <u>Monthly \$6.66 per capita political contirbutions November '19, 115 member</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>City of Thornton Fire Department</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Firefighters</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>): _____