Elections Division
Department of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

				
Full Name of Committee/Person:	Consumer Fireworks Safety Association PAC			
Address of Committee/Person:	As Shown on Registration 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			
	pount of America i ne Dianen, 5	oos i acme ingn	way East, File, WA 98424	
SOS ID NUMBER (state and coun	ity committees ONLY):		N/A	
Type of Report: Regularly Scheduled Filing. October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election of December 2, 2021 (Friday prior to the November 2, 2021 Municipal Election December 2, 2021 (30 days after the November 2, 2021 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: 10/19/21 Through Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]			ection)	
1 Funds on Hand at Beginning of Reporting	Pariod (manatan anh.)		Totals Detailed Summary Page	
2 Total Monetary Contributions (line 11)	t criod (monetary only)		\$0.00 \$1,500.00	
3 Total of Monetary Contributions & Beginn	ning Amount (line 1+ line 2)		\$1,500.00	
4 Total Monetary Expenditures (line 19)			\$1,500.00	
5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)			\$0.00	
Authorization (Must be completed by either the R that to the best of my knowledge or belief all contr form of membership dues transferred by a member	rt. XXVIII Sect. 10 (2) (a)] Legistered Agent OR the Candidate) ibutions received during this reportir ship organization, are from permissil	I hearby certify and	d declare under negalty of perjury	
-	Louise Walsh	0		
Registered Agent's (Treasurer's) Signature:	Louise Walsh	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):

^{*} 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		(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	mmittee/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/TY	
Date Accepted Date Returned	N/A 4 Name (Last, First): 5 Address: 6 City/State/Zip:
3 Amount \$	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/TYP	Returned Expenditures (Previously reported on Schedule B — Expenditures returned or refunded to the committee) PE
i Date Expended	4 Name (Last, First):
2 <u>Date Returned</u>	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 <u>Amount</u> \$	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				_ '

^{*} 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."