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 www.sos.state.co.us



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DEC 12 2023

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

	Amonican Ecolomation of State C	ounty and Munici	nal Employees	
Full Name of Committee/Person:	American Federation of State, County and Municipal Employees As Shown on Registration			
Address of Committee/Person:	1625 L Street NW			
City, State & Zip Code:	Washington, DC 20036			
Committee Type:	Small Donor Committee			
Name and Address of Financial Institution:	Amalgamated Bank, 1825 K Stre	et NW, Washing	ton, DC 20006	
SOS ID NUMBER (state and cour <u>Type of Report</u> : Regularly Scheduled Filing.	nty committees ONLY):		20035623259	
	1 days prior to the November 7, 2			
	Friday prior to the November 7, 2			
	(35 days after the November 7, 20	23 Municipal Ele	ection)	
	es from prior election held on			
Amended Filing. This amends prev Submit changes or new information O				
Termination Report (Termination	Reports MUST have a Monetary Balance of Z	ero in Line 5)		
Reporting Period Covered:	10/30/23	Through	12/7/23	
Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]	date \$ 2,500.00		date	
			Totals Detailed Summary Page	
1 Funds on Hand at Beginning of Reporting	g Period (monetary only)		\$0.00	
2 Total Monetary Contributions (line 11)			\$2,500.00	
3 Total of Monetary Contributions & Begin	ning Amount (line 1+ line 2)		\$2,500.00	
4 Total Monetary Expenditures (line 19)			\$2,500.00 \$0.00	
5 Funds on Hand at End of Reporting Perio	00 (monetary) (line 3 - line 4)		\$0.00	
The appropriate officer shall impose	a penalty of \$50 per day for each o Art. XXVIII Sect. 10 (2) (a)]	lay that a report i	s filed late.	
Authorization (Must be completed by either the that to the best of my knowledge or belief all con form of membership dues transferred by a memb	tributions received during this report	ing period, includin		
Print Registered Agent's (Treasurer's) Name:	Elissa McBride			
Registered Agent's (Treasurer's) Signature:	EMOR	Date:	12/12/2023	
Print Candidate Name:				

Candidate's Signature:

DETAILED SUMMARY

Full Name of Committee/Person:

American Federation of State, County and Municipal Employees

Current	t Reporting Period: 10/30/23 Through	12/7/23
Funds o	on hand at the beginning of reporting period (Monetary Only):	\$0.00
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)	\$2,500.00
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)	\$2,500.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$2,500.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$2,500.00
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)	\$2,500.00
20	Total Monetary Expenditures (Line 18 + Line 19)	\$2,500.00

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

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

Full Name of Committee/Person: American Federation of State, County and Municipal Employees

		Reporting Per	iod Covered:	10/30/23	Through [12/7/23	
	WARN	ING: Please read the in	struction page	date for Schedule "A"	before com	date	
				Total Itemized Co	ſ	1	×.
PL	EASE 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 applicabl	e, <u>mandatory</u>):				
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 applicabl	e, <u>mandatory</u>):				-
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 applicabl	e, <u>mandatory</u>):				
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):	8			
\$		9 Occupation (if applicabl	e, <u>mandatory</u>):				

* 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: American Federation of State, County and Municipal Employees
	Reporting Period Covered: 10/30/23 Through 12/7/23
	date date date 2,500.00
PLEASE PRINT/TYPE	
1 Date Expended	4 Name (Last, First): Justin for Thornton
10/31/23 2 <u>Amount</u>	5 Address: 542 W. 91st Circle
\$ 500.00	6 City/State/Zip: Thornton, CO 80260
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Contribution
Non-Committee	
1 <u>Date Expended</u> 10/31/23	4 Name (Last, First): The Committee to Elect Robert Ayala
2 Amount	5 Address: 3316 E. 115th Drive
\$ 500.00	6 City/State/Zip: Thornton, CO 80260
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure: <u>Contribution</u>
Non-Committee	
1 <u>Date Expended</u> 10/31/23	4 Name (Last, First): Chris Russell for Thornton
2 Amount	5 Address: 2385 E. 162nd Court
\$ 500.00	6 City/State/Zip: Thornton, CO 80602
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: <u>Contribution</u>
Non-Committee	
1 <u>Date Expended</u> 11/1/23	4 Name (Last, First): Committee to Elect Julia Marvin
2 <u>Amount</u>	5 Address: 4814 E. 110th Place
\$ 1000.00	6 City/State/Zip: Thornton, CO 80233
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: <u>Contribution</u>
Non-Committee	

Schedule C - Loans

Full Name of Committee/Person:	American Federation of State, County and Municipal Employees			
Reporting	g Period Covered:	10/30/23	Through	12/7/23
TCP vi ving		date	I III Ougu	date
	LOANS - Logns Ou	ed by the Committee		
(Use a constate schedu	ale for each loan. This form is for		Detailed Summary R	enort)
[No information copied from such repo purpose. [Art. XXVIII. Sec. 9(e)] Notwithstanding a	rts shall be sold or used by any ny other section of this article to the or federal law if the loan bea	person for the purpose of so o the contrary, a candidate's rs the usual and customary i	liciting contribution candidate committeent nterest rate, is made	s or for any commercial e may receive a loan from a financial on a basis that
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan:			Interest Rate	e:%
		Total of A	ll Loans This R	eporting
		Period:		\$0.00
			(Place on line 8 of)	Detailed Summary Report)
Loan Amount Received This Reporting P	eriod:			
Principal Amount Paid This Reporting Pe	riod:			
Interest Amount Paid This Reporting Peri	od:			
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest ente	\$0.00 red on Detail Summary)		ayments Made: Schedule C pages, Pl	\$0.00 lace on line 16 of Detailed Summary)
Outstanding Balance:				
TERMS OF LOAN:		2.5		
	Date Loan Re	ceived		Due Date for Final Payment
LIST AI	LL ENDORSERS OR	GUARANTORS O	F THIS LOA	N
Full Name	A	Address, City, St., Z	Cip	Amount Guaranteed

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person:	American Federation of State, County and Municipal Employees				
	Reporting Period Covered:	10/30/23 date	Through	12/7/2 date	23
		Fotal Returned C	ontributions:	\$	-
	4	Total Returned E	xpenditures:	\$	-

<u>Returned Contributions</u>

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1 Date Accepted 2 Date Returned 3 Amount \$	 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose: 	
1 Date Accepted	4 Name (Last, First): 5 Address:	
2 <u>Date Returned</u> 3 <u>Amount</u>	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 2 Date Returned 3 Amount \$	 4 Name (Last, First): 5 Address: 6 City/State/Zip: 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: American Federation of State, County and Municipal Emp	ployees
Repor	ting Period Covered: 10/30/23 Through	12/7/23
•	date	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, <u>mandatory</u>):	
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u>):	
	10 Check box if Coordinated with a Candidate/Candidate Committee or Pol	litical Party.*
1 Date Provided	4 Name (Last, First):	
	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
	7 Description:	
	8 Employer (if applicable, <u>mandatory</u>):	
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u>):	litical Darty *
	10 Check box if Coordinated with a Candidate/Candidate Committee or Po	inical Party.
1. D. (D. 11.1	A Name (Loot First)	
1 Date Provided	4 Name (Last, First):	
	5 Address:	
2 Fair Market Value	6 City/State/Zip: 7 Description:	
3 Aggregate Amount	 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 	
3 Aggregate Amount	10 Check box if Coordinated with a Candidate/Candidate Committee or Po	litical Party.*
	10 Check box II Coordinated with a Canalatte Containant of Po	
1 Date Provided	4 Name (Last, First):	
1 Date 110vided	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
	7 Description:	
	8 Employer (if applicable, <u>mandatory</u>):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
1 HEBITERINE I HILLING	10 Check box if Coordinated with a Candidate/Candidate Committee or Po	litical Party.*
1 Date Provided	4 Name (Last, First):	
	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
	7 Description:	
	8 Employer (if applicable, <u>mandatory</u>):	
3 Aggregate Amount	9 Occupation (if applicable, <u>mandatory</u>):	
	10 Check box if Coordinated with a Candidate/Candidate Committee or Po	litical 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,"