

Elections Division
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CONDITIONALLY ACCEPTED
 Space Below For Office Use Only

DEC 12 2023

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	American Federation of State, County and Municipal Employees <small>As Shown on Registration</small>
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 Street NW, Washington, DC 20006

SOS ID NUMBER (state and county committees ONLY): 20035623259

Type of Report:

- Regularly Scheduled Filing.**
 - October 17, 2023 (21 days prior to the November 7, 2023 Municipal Election)
 - November 3, 2023 (Friday prior to the November 7, 2023 Municipal Election)
 - December 12, 2023 (35 days after the November 7, 2023 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: 10/30/23 **Through** 12/7/23
date date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] \$ 2,500.00

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$0.00
2	Total Monetary Contributions (line 11)	\$2,500.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$2,500.00
4	Total Monetary Expenditures (line 19)	\$2,500.00
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 hereby 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: Elissa McBride
 Registered Agent's (Treasurer's) Signature: Date: 12/12/2023
 Print Candidate Name: _____
 Candidate's Signature: _____ Date: _____

DETAILED SUMMARY

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

Current Reporting Period: 10/30/23 Through 12/7/23

Funds 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 Period Covered: 10/30/23 **Through** 12/7/23
date date

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

Total Itemized Contributions: \$ -

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u>	5 Address: _____
\$ _____	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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: _____
\$ _____	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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: _____
\$ _____	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	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: _____
\$ _____	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	7 Description: _____
\$ _____	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <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

Total Itemized Expenditures: 2,500.00

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/31/23	4 Name (Last, First): <u>Justin for Thornton</u>
2 <u>Amount</u> \$ 500.00	5 Address: <u>542 W. 91st Circle</u>
3 <u>Recipient is (optional):</u> <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80260</u>
7 Purpose of Expenditure: <u>Contribution</u>	

1 <u>Date Expended</u> 10/31/23	4 Name (Last, First): <u>The Committee to Elect Robert Ayala</u>
2 <u>Amount</u> \$ 500.00	5 Address: <u>3316 E. 115th Drive</u>
3 <u>Recipient is (optional):</u> <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80260</u>
7 Purpose of Expenditure: <u>Contribution</u>	

1 <u>Date Expended</u> 10/31/23	4 Name (Last, First): <u>Chris Russell for Thornton</u>
2 <u>Amount</u> \$ 500.00	5 Address: <u>2385 E. 162nd Court</u>
3 <u>Recipient is (optional):</u> <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80602</u>
7 Purpose of Expenditure: <u>Contribution</u>	

1 <u>Date Expended</u> 11/1/23	4 Name (Last, First): <u>Committee to Elect Julia Marvin</u>
2 <u>Amount</u> \$ 1000.00	5 Address: <u>4814 E. 110th Place</u>
3 <u>Recipient is (optional):</u> <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80233</u>
7 Purpose of Expenditure: <u>Contribution</u>	

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 Employees

Reporting Period Covered: 10/30/23 Through 12/7/23
date date

Total Itemized Expenditures: \$0.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</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>): _____
	10 <input type="checkbox"/> 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."