

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 550
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@coloradosos.gov
www.coloradosos.gov



Space Below For Office Use Only

CONDITIONALLY ACCEPTED

APR 14 2025

INDEPENDENT EXPENDITURE REPORT
(1-45-107.5 (4), C.R.S.)

THORNTON CITY CLERK

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: Revitalizing Thornton

Committee Name: Revitalizing Thornton
As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): _____

Type of Report

- Regularly Scheduled Filing.
- 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 on page 2, line 10)

Reporting Period Covered: 3/6/2025 **Through:** 4/19/2025
Begin Date End Date

Reporting Entity Information:

Full Name of Parent Corporation, if applicable: _____
Include any acronyms used.

All Doing-Business-As Names used in Colorado: _____

Address of Home Office: _____
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: _____
Must be the same as listed on committee registration

Colorado Address for Registered Agent: _____

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: Eric Garcia- Supporting

Authorization (Must be completed by the Registered Agent): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: Katie Kennedy

Registered Agent's Signature: Date: 4/14/2025

* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

Reporting Period Overview

- 1 **Beginning Balance this Period (Committees):** 0
- 2 **Total Donations this Period:** 17,092.90
Monetary: 0 Non-Monetary: 17,092.90
Itemized: 3 Non-Itemized: 0
- 3 **Other Receipts (dividends, interest, etc.):** 0
- 4 **Total Independent Expenditures this Period:** 17,092.90
Monetary: 0 Non-Monetary: 17,092.90
Itemized: 3 Non-Itemized: 0
- 5 **Total Other Expenditures this Period:** 0
Monetary: 0 Non-Monetary: 0
Itemized: 0 Non-Itemized: 0
- 6 **Loans received this period:** 0
- 7 **Loans paid this period:** 0
- 8 **Returned Independent Expenditures this Period:** 4,390.00
- 9 **Returned Donations this Period:** 0
- 10 **Ending Balance (include monetary expenditures and donations only):** 0

Schedule A: Donations

Itemized Donations

| | |
|---|--|
| 1. <u>Date Accepted</u> 3/10/2025 | 4. Name: <u>Coloradans for Accountable Government</u> |
| 2. <u>Donation Amt.</u> \$ 8870 | 5. Address (Home Office): <u>2318 Curtis Street</u> |
| 3. <u>Aggregate Amt.</u> \$ 12,300 | 6. City/State/Zip: <u>Denver, CO 80205</u> |
| <i>Please reference section 1-45-107.5 for donation reporting requirements.</i> | 7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>In-kind contribution of direct mail</u> |
| | 8. Employer (required if applicable): _____ |
| | 9. Occupation (required if applicable): _____ |
| | 10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u> |
| | 11. All DBA Names used in Colorado (required if applicable): <u>N/A</u> |
| | 12. Donor's Colorado Agent Name & Address (required if applicable): <u>Katie Kennedy, 2318 Curtis Street, Denver, CO 80205</u> |

| | |
|---|--|
| 1. <u>Date Accepted</u> 3/17/2025 | 4. Name: <u>Coloradans for Accountable Government</u> |
| 2. <u>Donation Amt.</u> \$ 7780.00 | 5. Address (Home Office): <u>2318 Curtis Street</u> |
| 3. <u>Aggregate Amt.</u> \$ 20,080 | 6. City/State/Zip: <u>Denver, CO 80205</u> |
| <i>Please reference section 1-45-107.5 for donation reporting requirements.</i> | 7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>In-kind contribution of direct mail</u> |
| | 8. Employer (required if applicable): _____ |
| | 9. Occupation (required if applicable): _____ |
| | 10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u> |
| | 11. All DBA Names used in Colorado (required if applicable): <u>N/A</u> |
| | 12. Donor's Colorado Agent Name & Address (required if applicable): <u>Katie Kennedy, 2318 Curtis Street, Denver, CO 80204</u> |

| | |
|---|---|
| 1. <u>Date Accepted</u> 3/24/2025 | 4. Name: <u>Coloradans for Accountable Government</u> |
| 2. <u>Donation Amt.</u> \$ 442.90 | 5. Address (Home Office): <u>2318 Curtis Street</u> |
| 3. <u>Aggregate Amt.</u> \$ 20,522.90 | 6. City/State/Zip: <u>Denver, CO 80205</u> |
| <i>Please reference section 1-45-107.5 for donation reporting requirements.</i> | 7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>In-kind contribution of text messaging</u> |
| | 8. Employer (required if applicable): _____ |
| | 9. Occupation (required if applicable): _____ |
| | 10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u> |
| | 11. All DBA Names used in Colorado (required if applicable): <u>N/A</u> |
| | 12. Donor's Colorado Agent Name & Address (required if applicable): <u>Katie Kennedy, 2318 Curtis Street, Denver, CO 80205</u> |

| | |
|---|--|
| 1. <u>Date Accepted</u> | 4. Name: _____ |
| 2. <u>Donation Amt.</u> \$ | 5. Address (Home Office): _____ |
| 3. <u>Aggregate Amt.</u> \$ | 6. City/State/Zip: _____ |
| <i>Please reference section 1-45-107.5 for donation reporting requirements.</i> | 7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ |
| | 8. Employer (required if applicable): _____ |
| | 9. Occupation (required if applicable): _____ |
| | 10. Parent Corporation and acronyms used (required if applicable): _____ |
| | 11. All DBA Names used in Colorado (required if applicable): _____ |
| | 12. Donor's Colorado Agent Name & Address (required if applicable): _____ |

| | |
|---|--|
| 1. <u>Date Accepted</u> | 4. Name: _____ |
| 2. <u>Donation Amt.</u> \$ | 5. Address (Home Office): _____ |
| 3. <u>Aggregate Amt.</u> \$ | 6. City/State/Zip: _____ |
| <i>Please reference section 1-45-107.5 for donation reporting requirements.</i> | 7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ |
| | 8. Employer (required if applicable): _____ |
| | 9. Occupation (required if applicable): _____ |
| | 10. Parent Corporation and acronyms used (required if applicable): _____ |
| | 11. All DBA Names used in Colorado (required if applicable): _____ |
| | 12. Donor's Colorado Agent Name & Address (required if applicable): _____ |

Non-Itemized Donations

| | |
|---|---|
| 1. Total number of non- itemized donations: 0 | 2. Total amount of non-itemized donations: \$ 0 |
|---|---|

Other Receipts (dividends, interest, etc.)

| | |
|--------------------------------------|---|
| 1. Total number of other receipts: 0 | 2. Total amount of other receipts: \$ 0 |
|--------------------------------------|---|

Schedule B: Independent Expenditures

Itemized Independent Expenditures

| | |
|--|--|
| 1. <u>Date Funds Obligated</u> 3/10/2025 | 3. Name of Recipient/Payee: <u>Axiom Strategies</u> 4. Address: <u>800 W 47th Street, Suite 200</u> |
| 2. <u>Expenditure Amt.</u> \$ 8870.00 Check if amt. is an estimate: <input checked="" type="checkbox"/> | 5. City/State/Zip: <u>Kansas City, MO 64112</u> 6. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Direct Mail</u> 7. Name(s) of candidate(s) referenced: <u>Eric Garcia - supporting</u> |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>Direct Mail</u> 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER. |

| | |
|--|--|
| 1. <u>Date Funds Obligated</u> 3/17/2025 | 3. Name of Recipient/Payee: <u>Axiom Strategies</u> 4. Address: <u>800 W 47th Street, Suite 200</u> |
| 2. <u>Expenditure Amt.</u> \$ 7780.00 Check if amt. is an estimate: <input checked="" type="checkbox"/> | 5. City/State/Zip: <u>Kansas City, MO 64112</u> 6. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Direct Mail</u> 7. Name(s) of candidate(s) referenced: <u>Eric Garcia - supporting</u> |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>Direct Mail</u> 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER. |

| | |
|--|---|
| 1. <u>Date Funds Obligated</u> 3/24/2025 | 3. Name of Recipient/Payee: <u>Bonfire Data</u> 4. Address: <u>354 Oyster Point Street</u> |
| 2. <u>Expenditure Amt.</u> \$ 442.90 Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: <u>San Francisco, CA 94104</u> 6. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Text messaging</u> 7. Name(s) of candidate(s) referenced: <u>Eric Garcia - supporting</u> |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>Text Messaging</u> 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER. |

| | |
|---|--|
| 1. <u>Date Funds Obligated</u> | 3. Name of Recipient/Payee: _____ 4. Address: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: _____ 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____ |
| <i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i> | 8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> . If box is checked, you must also file an electronic electioneering communication report in TRACER. |

| | |
|---|--|
| 1. <u>Date Funds Obligated</u> | 3. Name of Recipient/Payee: _____ 4. Address: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: _____ 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____ |
| <i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i> | 8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> . If box is checked, you must also file an electronic electioneering communication report in TRACER. |

| | |
|---|--|
| 1. <u>Date Funds Obligated</u> | 3. Name of Recipient/Payee: _____ 4. Address: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: _____ 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____ |
| <i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i> | 8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> . If box is checked, you must also file an electronic electioneering communication report in TRACER. |

Non-Itemized Independent Expenditures

| | |
|--|--|
| 1. Total number of non- itemized expenditures: 0 | 2. Total amount of non-itemized expenditures: \$ 0 |
|--|--|

Schedule C: Other Expenditures (non-independent expenditures)

| | |
|--|--|
| 1. <u>Date of Expenditure</u> | 3. Name of Recipient/Payee: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 4. Address: _____ |
| | 5. City/State/Zip: _____ |
| | 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ |
| | 7. Purpose of expenditure: _____ |

| | |
|--|--|
| 1. <u>Date of Expenditure</u> | 3. Name of Recipient/Payee: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 4. Address: _____ |
| | 5. City/State/Zip: _____ |
| | 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ |
| | 7. Purpose of expenditure: _____ |

| | |
|--|--|
| 1. <u>Date of Expenditure</u> | 3. Name of Recipient/Payee: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 4. Address: _____ |
| | 5. City/State/Zip: _____ |
| | 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ |
| | 7. Purpose of expenditure: _____ |

| | |
|--|--|
| 1. <u>Date of Expenditure</u> | 3. Name of Recipient/Payee: _____ |
| 2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/> | 4. Address: _____ |
| | 5. City/State/Zip: _____ |
| | 6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____ |
| | 7. Purpose of expenditure: _____ |

Non-Itemized Expenditures (other than independent expenditures)

| | |
|---|---|
| 1. Total number of non- itemized expenditures: 0 | 2. Total amount of non-itemized expenditures: \$ 0 |
|---|---|

Schedule D: Loans

Loans Received

| | |
|-----------------------------|--|
| 1. <u>Date of Loan</u> | 4. Loan Source Name: _____ |
| 2. <u>Loan Amount</u> \$ | 5. Address: _____ |
| 3. <u>Interest Rate</u> | 6. City/State/Zip: _____ |
| | 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____ |
| | _____ |
| | _____ |

| | |
|-----------------------------|--|
| 1. <u>Date of Loan</u> | 4. Loan Source Name: _____ |
| 2. <u>Loan Amount</u> \$ | 5. Address: _____ |
| 3. <u>Interest Rate</u> | 6. City/State/Zip: _____ |
| | 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____ |
| | _____ |
| | _____ |

Loan Payments

| | |
|--|-----------------------------------|
| 1. <u>Date of Payment</u> | 3. Loan Source Name: _____ |
| 2. <u>Payment Amount</u> Principal: | 4. Address, City/State/Zip: _____ |
| Interest: | 5. Original Loan Amount: _____ |
| | 6. Balance: _____ |
| | 7. Interest Rate: _____ |

| | |
|--|-----------------------------------|
| 1. <u>Date of Payment</u> | 3. Loan Source Name: _____ |
| 2. <u>Payment Amount</u> Principal: | 4. Address, City/State/Zip: _____ |
| Interest: | 5. Original Loan Amount: _____ |
| | 6. Balance: _____ |
| | 7. Interest Rate: _____ |

Schedule E: Returned Donations and Expenditures

Returned Donations (previously reported on Schedule A)

| | |
|---|---|
| 1. <u>Date Accepted</u> 3/17/2025 | 4. Name: <u>Coloradans for Accountable Government</u> |
| 2. <u>Date Returned</u> 4/14/2025 | 5. Address: <u>2318 Curtis Street</u> |
| 3. <u>Amount</u> \$ 4390.00 | 6. City/State/Zip: <u>Denver, CO 80205</u> |
| | 7. Comment: <u>Refund of direct mail expenditure</u> |

| | |
|-------------------------|--------------------------|
| 1. <u>Date Accepted</u> | 4. Name: _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> \$ | 6. City/State/Zip: _____ |
| | 7. Comment: _____ |

Returned Independent Expenditures (previously reported on Schedule B)

| | |
|-------------------------------|--------------------------|
| 1. <u>Date of Expenditure</u> | 4. Name: _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> \$ | 6. City/State/Zip: _____ |
| | 7. Comment: _____ |

| | |
|-------------------------------|--------------------------|
| 1. <u>Date of Expenditure</u> | 4. Name: _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> \$ | 6. City/State/Zip: _____ |
| | 7. Comment: _____ |