

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



**CONDITIONALLY ACCEPTED**

Space Below For Office Use Only

OCT 17 2023

**THORNTON CITY CLERK**

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

<b>Full Name of Committee/Person:</b>	Consumer Fireworks Safety Association PAC <small>As Shown on Registration</small>
<b>Address of Committee/Person:</b>	2120 Milwaukee Way
<b>City, State &amp; Zip Code:</b>	Tacoma, WA 98401
<b>Committee Type:</b>	Political Committee
<b>Name and Address of Financial Institution:</b>	Bank of American Fife Branch, 5003 Pacific Highway East, Fife, WA 98424

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

N/A

**Type of Report:**

- Regularly Scheduled Filing.**
  - 21 days prior to the Municipal Election
  - Friday prior to the Municipal Election
  - 30 days after the 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:**

10/3/23 Through 10/12/23  
date date

**Declared Total Spending** (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	<b>Funds on Hand at Beginning of Reporting Period</b> (monetary only)	\$0.00
2	<b>Total Monetary Contributions</b> (line 11)	\$2,000.00
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1+ line 2)	\$2,000.00
4	<b>Total Monetary Expenditures</b> (line 19)	\$2,000.00
5	<b>Funds on Hand at End of Reporting Period</b> (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: Louise Walsh

Registered Agent's (Treasurer's) Signature: *Louise I Walsh* Date: 10/17/2023

Print Candidate Name: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DETAILED SUMMARY

**Full Name of Committee/Person:** Consumer Fireworks Safety Association PAC

**Current Reporting Period:** 10/3/23 **Through** 10/12/23

<b>Funds on hand at the beginning of reporting period (Monetary Only):</b>		
6	<b>Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "A")	<b>\$2,000.00</b>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	<b>\$0.00</b>
8	<b>Loans Received</b> (Please list on Schedule "C")	<b>\$0.00</b>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	<b>\$0.00</b>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	<b>\$0.00</b>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	<b>\$2,000.00</b>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	<b>\$0.00</b>
13	<b>Total Contributions</b> (Line 11 + line 12)	<b>\$2,000.00</b>
14	<b>Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "B")	<b>\$2,000.00</b>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 and less)	<b>\$0.00</b>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	<b>\$0.00</b>
17	<b>Returned Contributions (To Donor)</b> (Please list on Schedule "D")	<b>\$0.00</b>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	<b>\$0.00</b>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	<b>\$2,000.00</b>
20	<b>Total Expenditures</b> <span style="float: right;">(Line 18 + Line 19)</span>	<b>\$2,000.00</b>

## 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:** 10/3/23 Through 10/12/23  
date date

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

**Total Itemized Contributions:** \$ 2,000.00

**PLEASE PRINT/TYPE**

1 <u>Date Accepted</u> 10/3/2023	4 Name (Last, First): <u>American Promotional Events West dba TNT Fireworks</u>
2 <u>Contribution Amount</u> \$ 2000.00	5 Address: <u>P.O. Box 1318 (4511 Helton Drive Industrial Park)</u>
3 <u>Aggregate Amount*</u> \$ 2000.00	6 City/State/Zip: <u>Florence, AL 35630</u>
	7 Description: <u>Monetary contribution received.</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>N/A</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> ): _____

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> ): _____

\* 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:**

10/3/23

date

**Through**

10/12/23

date

**Total Itemized Expenditures:**

2,000.00

**PLEASE PRINT/TYPE**

1 <u>Date Expended</u> 10/3/23	4 Name (Last, First): <u>Jan for Mayor</u>
2 <u>Amount</u> \$ 1000.00	5 Address: <u>14824 Fillmore Way</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>Monetary contribution made.</u>	

1 <u>Date Expended</u> 10/3/23	4 Name (Last, First): <u>Eric Garcia for City Council</u>
2 <u>Amount</u> \$ 250.00	5 Address: <u>10181 Wyandott Circle N.</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>Monetary contribution made.</u>	

1 <u>Date Expended</u> 10/3/23	4 Name (Last, First): <u>Friends of Angie Bedolla</u>
2 <u>Amount</u> \$ 250.00	5 Address: <u>11659 Columbine 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>Monetary contribution made.</u>	

1 <u>Date Expended</u> 10/3/23	4 Name (Last, First): <u>Friends for David Acunto</u>
2 <u>Amount</u> \$ 250.00	5 Address: <u>4923 E. 144th Lane</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>Monetary contribution made.</u>	

**Schedule B - Itemized Expenditures Statement (\$20 or more)**

**Full Name of Committee/Person:** Consumer Fireworks Safety Association PAC

**Reporting Period Covered:** 10/3/23 **Through** 10/12/23  
date date

**PLEASE PRINT/TYPE**

1 <u>Date Expended</u> 10/3/23	4 Name (Last, First): <u>Committee to Elect Nicole Matkowsky</u>
2 <u>Amount</u> \$ 250.00	5 Address: <u>13352 Franklin Street</u>
3 <u>Recipient is (optional):</u> <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Purpose of Expenditure: <u>Monetary contribution made.</u>

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____



## Schedule D – Returned Expenditures & Contributions

**Full Name of Committee/Person:** Consumer Fireworks Safety Association PAC

**Reporting Period Covered:** 10/3/23 **Through** 10/12/23  
date date

**Total Returned Contributions:** \$ -

**Total Returned Expenditures:** \$ -

### Returned Contributions

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

**PLEASE PRINT/TYPE**

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$	6 City/State/Zip: _____
	7 Purpose: _____
	_____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
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 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$	6 City/State/Zip: _____
	7 Comment (optional): _____
	_____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$	6 City/State/Zip: _____
	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

**Reporting Period Covered:** 10/3/23 Through 10/12/23  
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."