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### **CONDITIONALLY ACCEPTED**

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OCT 17 2023

#### **THORNTON CITY CLERK**

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

	(C.R.S. 1-43-108)			
Full Name of Committee/Person:	Consumer Fireworks Safety Ass	sociation PAC		
Address of Committee/Person:	2120 Milwaukee Way			
City, State & Zip Code:	Tacoma, WA 98401			
Committee Type:	Political Committee			
Name and Address of Financial Institution:	Bank of American Fife Branch,	5003 Pacific Highw	ay East, Fife, WA 98424	
SOS ID NUMBER (state and county)  Type of Report:  Regularly Scheduled Filing.  21 days prior to the Manual - candidates  Amended Filing. This amends previous Submit changes or new information O	Municipal Election  Iunicipal Election  Inicipal Election  from prior election held on  ious report filed on (date)		N/A	
Termination Report (Termination		Zero in Line 5)		
Reporting Period Covered:	10/3/23	Through	10/12/23	
<b>Declared Total Spending</b> (if applicable): [Art. XXVIII, Sect. 4 (1)]	\$ N/A	] _		
1 Funds on Hand at Beginning of Reporting	a Pariod (manatary only)		Totals Detailed Summary Page \$0.00	
2 Total Monetary Contributions (line 11)	g I el lou (monetary omy)		\$2,000.00	
3 Total of Monetary Contributions & Begin	ning Amount (line 1+ line 2)		\$2,000.00	
4 Total Monetary Expenditures (line 19)			\$2,000.00	
	5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4) \$0.00			
The appropriate officer shall impose  [Authorization (Must be completed by either the that to the best of my knowledge or belief all conform of membership dues transferred by a member Print Registered Agent's (Treasurer's) Name:	Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidat attributions received during this reportership organization, are from permit Louise Walsh	te) I hearby certify and rting period, including ssible sources.	declare, under penalty of perjury, any contributions received in the	
Registered Agent's (Treasurer's) Signature:				
Print Candidate Name:				
Candidate's Signature:		Date:		

### **DETAILED SUMMARY**

Full Na	ame of Committee/Person: Consumer Fireworks Safety Association PAC	
Curre	nt Reporting Period: 10/3/23 Through	10/12/23
Funds	on hand at the beginning of reporting period (Monetary Only):	
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$2,000.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$0.00
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)	\$2,000.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$2,000.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$2,000.00
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)	\$2,000.00

(Line

\$2,000.00

Total Expenditures

18 + Line 19)

20

## 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

American Promotional Events West dba TNT Fireworks

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

Total Itemized Contributions: \$

2,000.00

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

PLEASE PRINT/TYPE

2 Contribution Amount

3 Aggregate Amount\*

\$

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

5 Address:6 City/State/Zip:

7 Description

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
3	Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):
\$		9 Occupation (if applicable, <u>mandatory</u> ):

<sup>\*</sup> 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 Through 10/12/23		
	date date		
	Total Itemized Expenditures: 2,000.00		
PLEASE PRINT/TYPE			
1 Date Expended	4 Name (Last, First): Jan for Mayor		
10/3/23	5 A LL and 14924 Fillmore Way		
2 Amount	5 Address: 14824 Fillmore Way		
\$ 1000.00	6 City/State/Zip: Thornton, CO 80602		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure: Monetary contribution made.		
Non-Committee			
1 Date Expended	4 Name (Last, First): Eric Garcia for City Council		
10/3/23	10101 W 1 W C' 1 N		
2 Amount	5 Address: 10181 Wyandott Circle N.		
\$ 250.00	6 City/State/Zip: Thornton, CO 80260		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure: Monetary contribution made.		
Non-Committee			
1 Data Franciscol	4 Name (Last, First): Friends of Angie Bedolla		
1 <u>Date Expended</u> 10/3/23	4 Name (Last, 11st).		
2 Amount	5 Address: 11659 Columbine Place		
\$ 250.00	6 City/State/Zip: Thornton, CO 80233		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure: Monetary contribution made.		
Non-Committee			
Non-Commutee			
	Direct Co-Devid Agents		
1 Date Expended	4 Name (Last, First): Friends for David Acunto		
10/3/23 2 Amount	5 Address: 4923 E. 144th Lane		
	6 City/State/Zip: Thornton, CO 80602		
\$ 250.00  3 Recipient is (optional):	O City/Biate/Zipi:		
	7 Purpose of Expenditure: Monetary contribution made.		
Committee	/ Fulpose of Expenditure. Monetary contribution made.		
Non-Committee			

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

Full Name of Committe	e/Person: Consumer Fireworks Safety Association PAC
	Reporting Period Covered: 10/3/23 Through 10/12/23
	date date
PLEASE PRINT/TYPE	Committee to Flect Nicole Matkowsky
1 Date Expended	4 Name (Last, First): Committee to Elect Nicole Matkowsky
10/3/23 2 <u>Amount</u>	5 Address: 13352 Franklin Street
\$ 250.00	6 City/State/Zip; Thornton, CO 80241
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Monetary contribution made.
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	
W INSIGN PERSONAL	4 Niama / Logt Fineth
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

Full Name of Committee/Person: Consumer Fireworks Safety Association PAC Reporting Period Covered: 10/3/23 Through 10/12/23 date date LOANS - Loans Owed by the Committee (Use a separate schedule for each loan, This form is for line item 8 and 16 of the Detailed Summary Report.) [No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)] **LOAN SOURCE** Name (Last, First or Institution): City/State/Zip: Original Amount of Loan: \$ Interest Rate: **Total of All Loans This Reporting** Period: 50.00 (Place on line 8 of Detailed Summary Report) Loan Amount Received This Reporting Period: Principal Amount Paid This Reporting Period: Interest Amount Paid This Reporting Period: \$0.00 Total Repayments Made: Amount Repaid This Reporting Period: (Sum of Schedule C pages, Place on line 16 of Detailed Summary) (Amount Repaid is sum of Principal & Interest entered on Detail Summary) Outstanding Balance: TERMS OF LOAN: Date Loan Received Due Date for Final Payment LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN **Amount Guaranteed Full Name** Address, City, St., Zip

# Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Consumer Fireworks Safety Association FAC				
	date	10/12/23 date		
	Total Returned Contributions:			
	Total Returned Expenditures: \$	-		
	Returned Contributions			
/D <sub>v</sub>	reviously reported on Schedule A – Contributions accepted and then returned to donors)			
(1)	reviously reported on benediate is			
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First):			
2 Date Returned	5 Address:			
	6 City/State/Zip:			
3 Amount	7 Purpose:			
\$	7			
1 Date Accepted	4 Name (Last, First):			
2 Date Returned	5 Address:			
	6 City/State/Zip:			
3 Amount	7 Purpose:			
\$				
$\frac{\textbf{Returned Expenditures}}{(Previously reported on Schedule B-Expenditures returned or refunded to the committee)}$				
PLEASE PRINT/TYPE  1 Date Expended				
1 Date Expended	4 Name (Last, First):			
2 Date Returned	5 Address:			
	6 City/State/Zip:			
3 Amount	7 Comment (optional):			
\$				
1 Date Expended	A. N. G. of Firedy			
	4 Name (Last, First):			
2 <u>Date Returned</u>	5 Address:			
	6 City/State/Zip:			
3 Amount	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

Repor	rting Period Covered: 10/3/23	Through	10/12/23
=	date		date
	Total It	emized Expenditures:	\$0.00
PLEASE PRINT/TYPI			
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, mandatory):		
3 Aggregate Amount	9 Occupation (if applicable, mandatory):		
	10 Check box if Coordinated with a Candi	date/Candidate Committee or	Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, mandatory):		
3 Aggregate Amount	9 Occupation (if applicable, mandatory):		
	10 Check box if Coordinated with a Candi	date/Candidate Committee or	Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 4 11		
2 Fair Market Value			
	7 Description:		
	8 Employer (if applicable, mandatory):		
3 Aggregate Amount	9 Occupation (if applicable, mandatory):		
	10 Check box if Coordinated with a Candi	date/Candidate Committee or	Political Party.*
1 Date Provided	4 Name (Last, First):		
	5 Address:		
2 Fair Market Value	6 City/State/Zip:		
	7 Description:		
	8 Employer (if applicable, mandatory):		
3 Aggregate Amount	9 Occupation (if applicable, mandatory):		
5 1.1881 F. M. 1.111 F. M. 1.1	10 Check box if Coordinated with a Candi	date/Candidate Committee or	Political Party.*
1 Date Provided	4 Name (Last, First):		
, Buter Torided	5 Address:		
2 Fair Market Value			
2 I all Market Value	7 Description:		
	8 Employer (if applicable, mandatory):		
3 Aggregate Amount	9 Occupation (if applicable, mandatory):		
Jagaregate / Intouth	10 Check box if Coordinated with a Candi	date/Candidate Committee or	Political Party.*

<sup>\*</sup> 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."