Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

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www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES 2010 Revised Reporting Forms

The Report of Contributions and Expenditures is a financial report required for all committees or parties that accept contributions or make expenditures to support or oppose a candidate or an initiative seeking access to the ballot and/or a referendum placed on the ballot by the general assembly. The report is comprised of 7 basic data entry pages along with several informational and instructional pages. The data entry forms consist of the Report of Contributions and Expenditures with the Detail Summary, Schedules A, B, C, D and the Statement of Non-Monetary Contributions. Completion of Schedules A, B, C, D and the Statement of Non-Monetary Contribution forms should be done prior to completion of the Report of Contributions and Expenditures and Detail Summary pages. Listed below are brief descriptions of what each data entry page accomplishes to help you complete and finalize this report.

Report of Contributions and Expenditures (page 1)

A summary page of the committee or party name, address, financial institution, registered agent and the contribution/expenditure totals for a specific reporting period with the **Detailed Summary page** (page 2) that summarizes totals for all other data entry forms. Complete this 2-page form last.

Schedule A

This form is used to report monetary contributions received by the committee or party that exceed \$19.99. (Money received into the committee/party.)

Schedule B

This form is used to report expenditures paid out by the committee or party that exceed \$19.99. (Money expended/paid out by the committee/party.)

Schedule C

This form details loans received and repaid by the committee/party. (Money received by committee from a financial institution and/or repayment of a loan to a financial institution.)

Schedule D

This form allows the committee/party to account for either a contribution or expenditure that has been made and is being returned to the committee/party.

Statement of Non-Monetary Contributions

This form details contributions received that are tangible and can be assessed a fair market value. Expenditures on behalf of a candidate that are coordinated with or controlled by the candidate, candidate's agent or the political party shall be counted as a contribution to and expenditure by the candidate committee or the political party.

The Report of Contributions and Expenditures MUST be received by the appropriate officer on or before the due date. Postmark dates are not recognized. A faxed report MUST be followed up with the original document within seven calendar days. The candidate and/or registered agent are responsible for the content and accuracy of the report.

Municipal committees should contact their municipal/town clerk for assistance.

Instructions for

REPORT OF CONTRIBUTIONS AND EXPENDITURES DETAILED SUMMARY

Reference Colorado Revised Statute: 1-45-108, C.R.S. Who uses this form? All Committees

Purpose of form: This form is used to summarize the information from all other forms.

Is this form required? Yes

When do I file this form?

This form must be received by the designated election official on or

before the filing due date for the reporting period. Postmarks are not

accepted.

COMPLETING THE FORM

This form uses information contained on other forms; all other applicable forms must be completed prior to filing this summary form.

- STEP 1. Completely fill out the Report of Contributions and Expenditures page until you reach Line 1.
 - > Print or type the full name of the committee
 - > Print or type the address of your committee. Print or type the city, state and zip code of your committee.
 - > Print or type the name of the financial institution where the committee funds are deposited. [1-45-108(1)(a)(IV)(b), C.R.S.]
 - > Print or type the address of the financial institution including city, state and zip code.
 - > Determine what type of report is being filed.
 - Regularly Scheduled Filings are normal reporting periods as required in 1-45-108 & 1-45-109, C.R.S. (These dates are available through the Campaign and Political Finance manual, your local election official, the calendars provided and the Secretary of State web site www.sos.state.co.us)
 - Amended Filings are reports that correct a previously filed report.
 - Termination Reports are filings that close a committee, indicating the committee is no longer in existence. You must report a zero balance on line #5. (Art. XXVIII, Sec. 2(3), 1-45-106, C.R.S., and the Rules Concerning Campaign and Political Finance 3.3)
 - ➤ Check (☒) the appropriate box next to the type of report filed. If this report is an *amended filing*, print or type the date of the originally filed report being amended.
 - > Print or type the Reporting Period being covered. (The beginning and ending dates)
- STEP 2. Skip Lines 1-5 and the Authorization portion of the Report of Contributions and Expenditures page (page 1) and go to the Detailed Summary page (page 2).
- STEP 3. On the Detail Summary page of the Report of Contributions and Expenditures form completely fill out the header information and lines 6 through 20.
 - ➤ Line #6 Enter the total amount from Schedule A.

- ➤ Line #7 Enter the total amount of contributions received this reporting period that were \$19.99 or less.
- ➤ Line #8 Enter the total amount of all loans received this reporting period. (Schedule C)
- ➤ Line #9 Enter the total amount of all other receipts. (Example: Interest, Dividends)
- ➤ Line #10 Enter the total amount of all expenditures returned or refunded to the committee. (Schedule D money coming back to the committee).
- ➤ Line #11 Enter the sum of Lines #6 through #10.
- ➤ Line #12 Enter the total amount of all Non-Monetary Contributions from the Statement of Non-Monetary Contributions form.
- ➤ Line #13 Enter the sum of Line #11 and #12.
- ➤ Line #14 Enter the total amount from Schedule B.
- ➤ Line #15 Enter the total amount of all Expenditures \$19.99 or less.
- ➤ Line #16 Enter the total amount of all loan payments paid this reporting period. (Schedule C)
- ➤ Line #17 Enter the total amount of contributions returned to the donor. Example: A contributor exceeded contribution limits and the amount exceeding that limit must be returned. (Schedule D money going out of the committee).
- ➤ Line #18 Enter the total amount of expenditures by a third party that are controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)
- Line #19 Enter the sum of Lines #14 through #17.
- ➤ Line #20 Enter the sum of lines #18 and #19. [Art. XXVIII, Sec. 5(3)]
- STEP 4. Return to the Report of Contributions and Expenditures form and complete Lines 1-5.
 - ➤ Line #1 If this is your first Report of Contributions and Expenditures as a committee enter zero (0). If you have previously filed enter the ending balance from line #5 of your most recently filed report.
 - ➤ Line #2 Enter the total amount from Line #11.
 - ➤ Line #3 Enter the sum of Lines #1 and #2.
 - ➤ Line #4 Enter the total amount from Line #19.
 - ➤ Line #5 Enter the difference of Line #3 minus Line #4.
- <u>STEP</u> 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

Elections Division
Department of State
1700 Broadway, Ste. 200
Denver, CO 80290

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Email: cpfhelp@sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)				
Full Name of Committee/Person:	Building Thornton Together As Shown on Registration			
Address of Committee/Person:	871 1 Thornton Pkwy, #155			
City, State & Zip Code:	Thornton, CO 80229			
Committee Type:	Independent Expenditure Commit	tee		
Name and Address of Financial Institution:	UMB Bank, 3500 S Oneida Way,		24	
The state of the s	Total Burns, 5500 5 cherum 11 uy,	Denver , 23 302	<u>- </u>	
SOS ID NUMBER (state and cour	nty 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)				
		Г	10/20/22	
Reporting Period Covered:	10/13/23 date	Through	10/29/23 date	
Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]	\$ N/A			
		Γ	Totals Detailed Summary Page	
1 Funds on Hand at Beginning of Reporting	g Period (monetary only)		\$44,600.00	
2 Total Monetary Contributions (line 11)			\$35,000.00	
3 Total of Monetary Contributions & Begin	nning Amount (line 1+ line 2)		\$79,600.00	
4 Total Monetary Expenditures (line 19)			\$66,600.00	
5 Funds on Hand at End of Reporting Period	od (monetary) (line 3 - line 4)		\$13,000.00	
	Art. XXVIII Sect. 10 (2) (a)]	•		
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	tributions received during this reporting	ng period, including	1 7 7 7	
Print Registered Agent's (Treasurer's) Name:	Gwen Benevento			
Registered Agent's (Treasurer's) Signature:	Gwen Benevent	Date:	11/3/2023	
Print Candidate Name:	<i>U</i>			

DETAILED SUMMARY

Full Name of Committee/Person: Building Thornton Together

10/13/23 10/29/23 **Current Reporting Period:** Through

Fund	s 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")	\$35,000.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$35,000.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$35,000.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$66,600.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
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)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$66,600.00
20	Total Expenditures (Line 18 + Line 19)	\$66,600.00

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

 Required to disclose occupation and employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

• Accepts contributions of no more than \$50 per year, <u>FROM NATURAL PERSONS ONLY.</u> [Art. XXVIII, Sec. 2(14)(a)]

PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
 - (a) Any natural person who is not a citizen of the United States;
 - (b) A foreign government; or
 - (c) any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political
 party shall accept a contribution, or make an expenditure, in currency or coin exceeding one
 hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political
 committee, small donor committee, or political party with the expectation that some or all of the
 amounts of such contribution will be reimbursed by another person. No person shall be reimbursed
 for a contribution made to any candidate committee, issue committee, political committee, small
 donor committee, or political party, nor shall any person make such reimbursement except as
 provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]

Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete prohibited contributions.

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

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

Full Name of Committee/Person: Building Thornton Together

Reporting Period Covered: 10/13/23 Through 10/29/23

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

Total Itemized Contributions: \$ 35,000.00

PLEASE PRINT/TYPE

I LEASE I KIN I/I II E	
1 Date Accepted	4 Name (Last, First): Our Community Our Future
10/23/2023	5 Address: 1685 South Colorado Blvd, Unit S #256
2 <u>Contribution Amount</u>	6 City/State/Zip: Denver, CO 80222
\$ 35000.00	7 Description Monetary Contribution
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
\$ 85000.00	9 Occupation (if applicable, <u>mandatory</u>):
1 Date Accepted	4 Name (Last, First):
	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
\$ 85000.00	9 Occupation (if applicable, <u>mandatory</u>):
1 Date Accepted	4 Name (Last, First):
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:
Date Accepted Contribution Amount	5 Address.
-	5 Address:
2 <u>Contribution Amount</u>	5 Address: 6 City/State/Zip:
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2 Contribution Amount \$ 3 Aggregate Amount* \$	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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^{*} 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).

Full Name of Committee/Person: Building Thornton Together						
	Reporting Period Covered:	10/13/23 date	Through	10/29/23 date		
PLEASE PRINT/TYPE						
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u>	(C:t-:/St-t-/7:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicable, mandatory):					
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1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	· · · · · · · · · · · · · · · · · · ·					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):					
\$	9 Occupation (if applicable, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>						
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):					
\$	9 Occupation (if applicable, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):					
\$	9 Occupation (if applicable, <u>mandatory</u>):					

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Full Name of Committee/Person:		Building Thornton Together				
	Reporting Period Cov	ered:	10/13/23 date	Through	10/29/23 date	
PLEASE PRINT/TYPE						
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
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1 Date Accepted	4 Name (Last, First):					
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2 <u>Contribution Amount</u>	6 City/State/Zip:					
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3 Aggregate Amount*	8 Employer (if applicab	le, <u>mandatory</u>):				
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	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):				
\$	9 Occupation (if applica	able, mandatory):				

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	Reporting Period Cov	rered:	10/13/23 date	Through	10/29/23 date	
PLEASE PRINT/TYPE			date		une	
1 <u>Date Accepted</u>	4 Name (Last, First):					
2 Contribution Amount \$	5 Address: 6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):				
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1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
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2 Contribution Amount	6 City/State/Zip:					
3 Aggregate Amount*	7 Description8 Employer (if applicate9 Occupation (if applicate					
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):				
\$	9 Occupation (if applic	able, <u>mandatory</u>):				

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PLEASE PRINT/TYPE	Reporting Period Covered:		10/13/23 date	Through	10/29/23 date	
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Date Accepted Contribution Amount Aggregate Amount*	5 Address:					
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3 Aggregate Amount* \$	8 Employer (if applicable, man 9 Occupation (if applicable, m	•				
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, man 9 Occupation (if applicable, m					

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	Reporting Period Cov	vered:	10/13/23 date	Through	10/29/23 date	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):				
\$	9 Occupation (if applic	eable, <u>mandatory</u>):			_	
1 Date Accepted	4 Name (Last, First):				_	
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	able, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
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1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	eable, <u>mandatory</u>):				

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	Reporting Period Cov	rered:	10/13/23 date	Through	10/29/23 date	
PLEASE PRINT/TYPE			date		une	
1 <u>Date Accepted</u>	4 Name (Last, First):					
2 Contribution Amount \$	5 Address: 6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):				
\$	9 Occupation (if applic	able, <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 applicat	ole, mandatory):				
\$	9 Occupation (if applic	able, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount	6 City/State/Zip:					
3 Aggregate Amount*	7 Description8 Employer (if applicate9 Occupation (if applicate					
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):				
\$	9 Occupation (if applic	able, <u>mandatory</u>):				

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PLEASE PRINT/TYPE	Reporting Period Covered:		10/13/23 date	Through	10/29/23 date	
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	5 Address:					
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Date Accepted Contribution Amount Aggregate Amount*	5 Address:					
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2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount* \$	8 Employer (if applicable, man 9 Occupation (if applicable, m	•				
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, man 9 Occupation (if applicable, m					

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Full Name of Committee/Person:		Building Thornton Together				
	Reporting Period Cov	vered:	10/13/23 date	Through	10/29/23 date	
PLEASE PRINT/TYPE						
1 Date Accepted	4 Name (Last, First):					
2 Contribution Amount	5 Address: 6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	cable, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	cable, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	eable, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	eable, <u>mandatory</u>):				

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Full Name of Commit	tee/Person:	Building Thornt	Thornton Together				
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	10/13/23 date	Through	10/29/23 date		
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	nble, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, mandatory):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <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).

Full Name of Commit	Building Thornton Together					
PLEASE PRINT/TYPE	Reporting Period Covered:		10/13/23 date	Through	10/29/23 date	
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					-
2 <u>Contribution Amount</u>						-
\$	7 Description					_
3 Aggregate Amount*	8 Employer (if applicable, mand	latory):				_
\$	9 Occupation (if applicable, mar	ndatory):				_
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					_
2 <u>Contribution Amount</u>	6 City/State/Zip:					_
\$	7 Description					_
3 Aggregate Amount*	8 Employer (if applicable, mand	latory):				_
\$	9 Occupation (if applicable, mar	<u>ıdatory</u>):				-
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					_
2 <u>Contribution Amount</u>	6 City/State/Zip:					_
\$	7 Description					_
3 Aggregate Amount*	8 Employer (if applicable, mand	latory):				_
\$	9 Occupation (if applicable, mar	ndatory):				_
1 Date Accepted	4 Name (Last, First):					
	5 Address:					_
2 <u>Contribution Amount</u>	6 City/State/Zip:					_
\$	7 Description					_
3 Aggregate Amount*	8 Employer (if applicable, mand	latory):				_
\$	9 Occupation (if applicable, mar	ndatory):				-

^{*} 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).

Full Name of Committe	mittee/Person: Building Thornton Together				
DA CE DOINE (DA)DE	Reporting Period Cov	vered:	10/13/23 date	Through	10/29/23 date
PLEASE PRINT/TYPE	т				
1 <u>Date Accepted</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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).

Full Name of Commit	tee/Person:	Building Thornt	Thornton Together				
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	10/13/23 date	Through	10/29/23 date		
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	nble, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, mandatory):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <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).

Full Name of Commit	tee/Person:	Building Thornt	Thornton Together				
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	10/13/23 date	Through	10/29/23 date		
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	nble, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, mandatory):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					

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Full Name of Committe	mittee/Person: Building Thornton Together				
DA CE DOINE (DA)DE	Reporting Period Cov	vered:	10/13/23 date	Through	10/29/23 date
PLEASE PRINT/TYPE	т				
1 <u>Date Accepted</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			

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Full Name of Commit	tee/Person:	Building Thornt	Thornton Together				
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	10/13/23 date	Through	10/29/23 date		
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	nble, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, mandatory):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					

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Full Name of Commit	tee/Person:	Building Thornt	Thornton Together				
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	10/13/23 date	Through	10/29/23 date		
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	nble, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, mandatory):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					

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Full Name of Commit	tee/Person:	Building Thornt	Thornton Together				
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	10/13/23 date	Through	10/29/23 date		
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	nble, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, mandatory):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):						
	5 Address:						
2 <u>Contribution Amount</u>	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):					
\$	9 Occupation (if applica	able, <u>mandatory</u>):					

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Full Name of Committe	mittee/Person: Building Thornton Together				
DA CE DOINE (DA)DE	Reporting Period Cov	vered:	10/13/23 date	Through	10/29/23 date
PLEASE PRINT/TYPE	т				
1 <u>Date Accepted</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			

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Full Name of Committe	mittee/Person: Building Thornton Together				
DA CE DOINE (DA)DE	Reporting Period Cov	vered:	10/13/23 date	Through	10/29/23 date
PLEASE PRINT/TYPE	т				
1 <u>Date Accepted</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			

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Schedule B - Itemized Expenditures Statement (\$20 or more) [C.R.S. 1-45-108-(1) (a)]

Full Name of Committee/Person: Building Thornton Together							
	Reporting Period Covered:	10/13/23 date	Through	10/29/23 date			
		Total Itemized Ex	penditures:	66,600.00			
PLEASE PRINT/TYPE			-	_			
1 Date Expended	4 Name (Last, First): Blitz C	Canvassing, LLC					
10/26/23							
2 <u>Amount</u>	5 Address: <u>10065</u>	E Harvard Ave Ste 400					
\$ 10500.00	6 City/State/Zip: Denver	c, CO 80231					
3 Recipient is (optional):							
Committee	7 Purpose of Expenditure:	Canvassing - supporting I	Kulmann for N	Mayor and Garcia, Bedol			
✓ Non-Committee	and Acunto for City Counti	1					
1 Date Expended	4 Name (Last, First): Blitz C	Canvassing, LLC					
10/26/23	4 Trume (East, 1 list).						
2 Amount	5 Address: <u>10065</u>	E Harvard Ave Ste 400		_			
\$ 6050.00	6 City/State/Zip: Denver	, CO 80231					
3 Recipient is (optional):							
Committee	7 Purpose of Expenditure:	Canvassing - supporting C	Garcia for Cit	y Council Ward 1			
✓ Non-Committee							
				_			
1 D / E 11	A N. G. A E. A Blitz C	anvassing, LLC					
1 <u>Date Expended</u> 10/26/23	4 Name (Last, First): Blitz C	unvussing, DDC					
2 Amount	5 Address: 10065	E Harvard Ave Ste 400					
\$ 12375.00	6 City/State/Zip: <u>Denver</u>	, CO 80231					
3 Recipient is (optional):							
Committee	7 Purpose of Expenditure:	Canvassing - supporting I	Bedolla for Ci	ty Council Ward 2			
✓ Non-Committee							
	-			_			
	Dlita (Conversing LLC		1			
1 <u>Date Expended</u> 10/23/23	4 Name (Last, First): Blitz C	anvassing, LLC					
2 <u>Amount</u>	5 Address: 10065	E Harvard Ave Ste 400					
\$ 9625.00	6 City/State/Zip: Denver	·, CO 80231		_			
3 Recipient is (optional):		-					
Committee	7 Purpose of Expenditure:	Printing costs - supporting	g Acunto for (City Countil Ward 3			
Non-Committee				•			
Non-Commutee				_			

Full Name of Committee/Person:		Building Thornton Together				
Reporting Per		eriod Covered:	10/13/23	Through	10/29/23	
			date	-	date	
PLEASE PRINT/TYPE		DI'.				
1 Date Expended	4 Name (L	Last, First): Blitz C	Canvassing, LLC			
10/26/23 2 Amount	5 Address	: 10065	E Harvard Ave, Ste 400			
\$ 28050.00	6 City/Stat	-	c, CO 80231			
3 Recipient is (optional):	o engreta	Benver	, 00 00231			
Committee	7 Purpose	of Expenditure:	Canvassing - supporting	Kulmann for M	layor	
✓ Non-Committee		•				
Tron Commutee						
	<u> </u>					
1 <u>Date Expended</u>	4 Name (L	ast, First):				
2 <u>Amount</u>	5 Address:	:				
\$	6 City/Stat	te/Zip:				
3 Recipient is (optional):						
Committee	7 Purpose	of Expenditure:				
Non-Committee						
1 D 4 E - 1 1	4 N (I	(E' ()				
1 <u>Date Expended</u>	4 Name (L	Last, First):				
2 Amount	5 Address	:				
\$	6 City/Stat	te/Zip:				
3 Recipient is (optional):						
Committee	7 Purpose	of Expenditure:				
Non-Committee						
1.5.5.11	4.31 (1	(F' ()				
1 <u>Date Expended</u>	4 Name (L	Last, First):				
2 <u>Amount</u>	5 Address	:				
\$	6 City/Stat	te/Zip:				
3 Recipient is (optional):						
Committee	7 Purpose	of Expenditure:				
Non-Committee						
	-					

Full Name of Committee	e/Person: Building	Building Thornton Together				
	Reporting Period Cove	ered:	10/13/23	Through	10/29/23	
PLEASE PRINT/TYPE			date		date	
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 Expendit	ture:				
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 Expendit	ture:				
Non-Committee					_	
1 D (D) 1 1						
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 Expendit	ture:				
Non-Committee					_	
1 <u>Date Expended</u>	4 Name (Last, First):					
2 Amount	5 Address:					
\$	6 City/State/Zip:					
3 Recipient is (optional):	0 City/Suito/Zip.					
Committee	7 Purpose of Expendit	ture:				
Non-Committee		_				
Non-Committee						

Full Name of Committee	e/Person: Building	Building Thornton Together				
	Reporting Period Cove	ered:	10/13/23	Through	10/29/23	
PLEASE PRINT/TYPE			date		date	
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 Expendit	ture:				
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 Expendit	ture:				
Non-Committee					_	
1 D (D) 1 1						
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 Expendit	ture:				
Non-Committee					_	
1 <u>Date Expended</u>	4 Name (Last, First):					
2 Amount	5 Address:					
\$	6 City/State/Zip:					
3 Recipient is (optional):	0 City/Suito/Zip.					
Committee	7 Purpose of Expendit	ture:				
Non-Committee		_				
Non-Committee						

Full Name of Committee	e/Person: Buildin	Building Thornton Together				
	Reporting Period Cov	vered:	10/13/23	Through	10/29/23	
			date	_	date	
PLEASE PRINT/TYPE	<u> </u>					
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 Expend	diture:				
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 Expend	diture:				
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 Expend	diture:				
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 Expend	diture:				
Non-Committee						

Full Name of Committee	e/Person: Building	Building Thornton Together				
	Reporting Period Cove	ered:	10/13/23	Through	10/29/23	
PLEASE PRINT/TYPE			date		date	
1 <u>Date Expended</u>	4 Name (Last, First):					
2 Amount	5 Address:					
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Full Name of Committee/Person:		Building Thornton Together				
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Full Name of Committee/Person: Building Thornton Together				
	Reporting Period Covered:	10/13/23	Through 10/29/23	
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Non-Committee				

Full Name of Committee/Person: Building Thornton Together					
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Non-Committee					

Full Name of Committee/Person: Building Thornton Together					
	Reporting Period Covered:	10/13/23	Through	10/29/23	
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Non-Committee					

Full Name of Committee/Person: Building Thornton Together					
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Committee	7 Purpose of Expenditure:				
Non-Committee					

Full Name of Committee/Person: Building Thornton Together				
	Reporting Period Covered:	10/13/23	Through 10/29/23	
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Non-Committee				

Full Name of Committee/Person: Building Thornton Together				
	Reporting Period Covered:	10/13/23 date	Through 10/29/23 date	
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3 Recipient is (optional):				
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Non-Committee				

Full Name of Committee/Person: Building Thornton Together					
	Reporting Period Covered:	10/13/23 date	Through 10/29/23 date		
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1 <u>Date Expended</u>	4 Name (Last, First):				
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Committee	7 Purpose of Expenditure:				
Non-Committee					

Full Name of Committee/Person: Building Thornton Together Through **Reporting Period Covered:** 10/13/23 10/29/23 date PLEASE PRINT/TYPE 1 Date Expended 4 Name (Last, First): 5 Address: 2 Amount 6 City/State/Zip: 3 Recipient is (optional): Committee 7 Purpose of Expenditure: 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 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 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

Full Name of Committee/Person: Building Thornton Together 10/13/23 Through **Reporting Period Covered:** 10/29/23 date PLEASE PRINT/TYPE 1 Date Expended 4 Name (Last, First): 5 Address: 2 Amount 6 City/State/Zip: 3 Recipient is (optional): Committee 7 Purpose of Expenditure: 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 4 Name (Last, First): ____ 1 Date Expended 2 Amount 5 Address: 6 City/State/Zip: 3 Recipient is (optional): Committee 7 Purpose of Expenditure: 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

Full Name of Committee/Person: Building Thornton Together 10/13/23 Through **Reporting Period Covered:** 10/29/23 date PLEASE PRINT/TYPE 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 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 4 Name (Last, First): _____ 1 Date Expended 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

Full Name of Committee	Building Thornton Together					
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Non-Committee						

Full Name of Committee/Person: Building Thornton Together				
	Reporting Period Covered:	10/13/23 date	Through 10/29/23 date	
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount \$	5 Address: 6 City/State/Zip:			
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Committee Non-Committee	7 Purpose of Expenditure:			

Full Name of Committee/Person: Building Thornton Together 10/13/23 Through **Reporting Period Covered:** 10/29/23 date PLEASE PRINT/TYPE 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 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 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 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

Full Name of Committee	me of Committee/Person: Building Thornton Together				
	Reporting Period Covere		Through 10/29/23		
PLEASE PRINT/TYPE		date	date		
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2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	5 Address: 6 City/State/Zip: 7 Purpose of Expenditur	e:			
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Non-Committee					

Full Name of Committee	Person: Building Thornton Together				
	Reporting Pe	eriod Covered:	10/13/23 date	Through	10/29/23 date
PLEASE PRINT/TYPE					
1 <u>Date Expended</u>	4 Name (L	.ast, First):			
2 Amount \$	5 Address: 6 City/Stat				
3 Recipient is (optional):					
Committee	7 Purpose	of Expenditure:			
Non-Committee					
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3 Recipient is (optional):					
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Non-Committee					
1 <u>Date Expended</u>	4 Name (L	ast, First):			
2 Amount	5 Address:				
\$ Recipient is (optional):	6 City/Stat	te/Zip:			
Committee	7 Purpose	of Expenditure:			
Non-Committee					
1 <u>Date Expended</u>	4 Name (L	ast, First):			
2 Amount	5 Address:	<u></u>			
\$	6 City/Stat	te/Zip:			
3 Recipient is (optional):					
Committee	7 Purpose	of Expenditure:			
Non-Committee					

Schedule C - Loans **Full Name of Committee/Person: Building Thornton Together Reporting Period Covered:** 10/13/23 10/29/23 **Through** 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): Address: City/State/Zip: Original Amount of Loan: \$ % Interest Rate: **Total of All Loans This Reporting** Period: (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: Amount Repaid This Reporting Period: \$0.00 \$0.00 **Total Repayments Made:** (Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages, Place on line 16 of Detailed Summary) Outstanding Balance: TERMS OF LOAN: Date Loan Received Due Date for Final Payment LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, St., Zip	Amount Guaranteed

Full Name of Committee/Person: Bui	lding Thornton Tog	gether		
Reporting Per	riod Covered:	10/13/23 date	Through	10/29/23 date
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate:	
Loan Amount Received This Reporting Period: Principal Amount Paid This Reporting Period: Interest Amount Paid This Reporting Period: Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Outstanding Balance: TERMS OF LOAN:	\$0.00			
	Date Loan Re	cceived	•	Due Date for Final Payment
			OF THIS LOAN	
Full Name	1	Address, City, St.	., Zip	Amount Guaranteed

Full Name of Committee/Person:	Building Thornton Tog	gether		
Reporting F	Period Covered:	10/13/23 date	Through	10/29/23 date
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate:	
Loan Amount Received This Reporting Period Principal Amount Paid This Reporting Period Interest Amount Paid This Reporting Period Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered	d: : \$0.00			
Outstanding Balance:				
TERMS OF LOAN:	Date Loan Ro	eceived		Due Date for Final Payment
LIST ALL	ENDORSERS OR	GUARANTORS	OF THIS LOAN	
Full Name		Address, City, St.,	Zip	Amount Guaranteed

Schedule D – Returned Expenditures & Contributions

Fu	ll Name of Commit	e/Person: Building Thornton Together	
		Reporting Period Covered: 10/13/23 date Total Returned C	Through 10/29/23 date
		Total Returned I	
			Ф ф
	(Pre		ned to donors)
PL	EASE PRINT/TYPE		
1	Date Accepted	4 Name (Last, First):	
2	Date Returned	5 Address:	
_		6 City/State/Zip:	
3 \$	<u>Amount</u>	7 Purpose:	_
_			_
1	Date Accepted	4 Name (Last, First):	
2	Date Returned	5 Address:	
		6 City/State/Zip:	
3 \$	<u>Amount</u>	7 Purpose:	
Ψ			
	(D.,	Returned Expenditures	
	(Prev	usly reported on Schedule B – Expenditures returned or refunded to th	e committee)
	EASE PRINT/TYPE		
1	Date Expended	4 Name (Last, First):	
2	Date Returned	5 Address:	
		6 City/State/Zip:	
	<u>Amount</u>	7 Comment (optional):	
\$			_
1	Date Expended		
1	Date Expended	4 Name (Last, First):	_
2	Date Returned	5 Address:	
		6 City/State/Zip:	
3 \$	<u>Amount</u>	7 Comment (optional):	

Full Name of Committee/Person: Building Thornton Together				
(Pr	Reporting Period Covered: 10/13/23 Through 10/29/23 date date Returned Contributions reviously reported on Schedule A – Contributions accepted and then returned to donors)			
PLEASE PRINT/TYPE				
Date Accepted Date Returned	4 Name (Last, First): 5 Address:			
3 Amount \$	6 City/State/Zip: 7 Purpose:			
1 <u>Date Accepted</u> 2 <u>Date Returned</u>	4 Name (Last, First): 5 Address: 6 City/State/Zip:			
3 Amount \$	7 Purpose:			
(Pre	Returned Expenditures viously reported on Schedule B – Expenditures returned or refunded to the committee)			
1 Date Expended	4 Name (Last, First):			
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:			
3 Amount \$	7 Comment (optional):			
1 Date Expended	4 Name (Last, First):			
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:			
3 Amount \$	7 Comment (optional):			

Full Name of Committee/Person: Building Thornton Together Reporting Period Covered: 10/13/23 Through 10/29/23 date date **Returned Contributions** (Previously reported on Schedule A – Contributions accepted and then returned to donors) PLEASE PRINT/TYPE 1 Date Accepted 4 Name (Last, First): 2 Date Returned 5 Address: 6 City/State/Zip: 3 Amount 7 Purpose: 1 Date Accepted 4 Name (Last, First): 2 Date Returned 5 Address: 6 City/State/Zip: 7 Purpose: 3 Amount **Returned Expenditures** (Previously reported on Schedule B – Expenditures returned or refunded to the committee) PLEASE PRINT/TYPE 1 Date Expended 4 Name (Last, First): 2 Date Returned 5 Address: 6 City/State/Zip: 7 Comment (optional): 3 Amount 1 Date Expended 4 Name (Last, First): 2 Date Returned 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: B	uilding Thornton Tog	ether		
Repor	ting Period Covered:	10/13/23	Through	10/29/23	
		date		date	Φ0.00
DI EAGE BRING/EV/DI	r	Total	temized Expenditures:		\$0.00
PLEASE PRINT/TYPI					
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applicab				
3 Aggregate Amount	9 Occupation (if applica	-			
	10 Check box if Co	ordinated with a Can	didate/Candidate Committee	e or Political Party.*	
 	T				
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				_
	7 Description:				_
	8 Employer (if applicab	• • • • • • • • • • • • • • • • • • • •			
3 Aggregate Amount	9 Occupation (if applica	-			
	10 Check box if Co	ordinated with a Can	didate/Candidate Committee	e or Political Party.*	
	T				
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applicab	-			
3 Aggregate Amount	9 Occupation (if applica				
	10 Check box if Co	ordinated with a Can	didate/Candidate Committee	e or Political Party.*	
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applicab	le, <u>mandatory</u>):			
3 Aggregate Amount	9 Occupation (if applica	able, <u>mandatory</u>):			
	10 Check box if Co	ordinated with a Can	didate/Candidate Committee	e 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 applicab				
3 Aggregate Amount	9 Occupation (if applica	-			
	1 1	• • • • • • • • • • • • • • • • • • • •	didata/Candidata Committa	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."

PLEASE PRINTITYPE Date Provided 4 Name (Last, First): Saddress:	Full Name of Committee/Person: Building Thornton Together				
Date Provided	Repor	ting Period Covered:	10/13/23	Through	10/29/23
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	8 Employer (if applical	ole, mandatory):		_
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		_
	10 Check box if Co	oordinated with a Cand	idate/Candidate Committee	e or Political Party.*
1 Date Provided	4 Name (Last, First):			
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2 Fair Market Value	6 City/State/Zip:			_
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Full Name of	Committee/Person: Building Thornto	n Together	
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1 <u>Date Provided</u>	4 Name (Last, First):		
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