

Elections Division
 Department of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Thornton Professional Firefighters Local 2376 <small>As Shown on Registration</small>
Address of Committee/Person:	P.O. Box 61
City, State & Zip Code:	Eastlake, CO 80614
Committee Type:	Political Committee
Name and Address of Financial Institution:	First Bank of Adams County, 3990 E 104th Ave. Thornton CO 80233

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

- Regularly Scheduled Filing.**
- 120 days prior to the Election
 - 30 days prior to the Election
 - 90 days prior to the Election
 - 15 days prior to the Election
 - 60 days prior to the Election
 - 30 days after the 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:

10/16/25 <small>date</small>	Through	11/29/25 <small>date</small>
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Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$9,758.27
2	Total Monetary Contributions (line 11)	\$11,595.34
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$21,353.61
4	Total Monetary Expenditures (line 19)	\$0.00
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$21,353.61

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: Britton van Dissel

Registered Agent's (Treasurer's) Signature: Date: 12/3/2025

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____

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

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

Full Name of Committee/Person: Thornton Professional Firefighters Local 2376

Reporting Period Covered:

10/16/25
date

Through

11/29/25
date

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

Total Itemized Contributions: \$ 1,710.50

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/20/2025	4 Name (Last, First): Thornton Professional Firefighters Local 2376
2 <u>Contribution Amount</u> \$ 858.00	5 Address: P.O. Box 61
3 <u>Aggregate Amount*</u> \$ 858.00	6 City/State/Zip: Eastlake, CO 80614
	7 Description: Monthly \$5.50 per capita political contribution October '25, 156 members
	8 Employer (if applicable, <u>mandatory</u>): City of Thornton Fire Department
	9 Occupation (if applicable, <u>mandatory</u>): Firefighters

1 <u>Date Accepted</u> 11/18/2025	4 Name (Last, First): Thornton Professional Firefighters Local 2376
2 <u>Contribution Amount</u> \$ 852.50	5 Address: P.O. Box 61
3 <u>Aggregate Amount*</u> \$ 1710.50	6 City/State/Zip: Eastlake, CO 80614
	7 Description: Monthly \$5.50 per capita political contribution November '25, 155 members
	8 Employer (if applicable, <u>mandatory</u>): City of Thornton Fire Department
	9 Occupation (if applicable, <u>mandatory</u>): Firefighters

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: Thornton Professional Firefighters Local 2376

Reporting Period Covered:

10/16/25
date

Through

11/29/25
date

Total Itemized Expenditures:

0.00

PLEASE PRINT/TYPE

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: _____ _____

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: Thornton Professional Firefighters Local 2376

Reporting Period Covered: 10/16/25 **Through** 11/29/25
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ 9,884.84

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> 10/8/25	4 Name (Last, First): <u>Thornton Safety First</u>
2 <u>Date Returned</u> 11/20/25	5 Address: <u>16143 Hi Land Cir</u>
3 <u>Amount</u> \$ <u>9884.84</u>	6 City/State/Zip: <u>Brighton, CO, 80602</u>
	7 Comment (optional): <u>Donation for independent expenditure returned by Thornton Safety First</u>

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: Thornton Professional Firefighters Local 2376

Reporting Period Covered:

10/16/25

date

Through

11/29/25

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."