

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 dial 3
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

| | |
|---|---|
| Full Name of Committee/Person: | Consumer Fireworks Safety Association Political Action Committee <small>As Shown On Registration</small> |
| Address of Committee/Person: | PO Box 1436 |
| City, State & Zip Code: | Tacoma, WA 98401 |
| Committee Type: | political committee |
| Name and Address of Financial Institution | Bank of America Fife Branch, 5003 Pacific Highway East, Fife, WA 98424 |

COMMITTEE ID NUMBER

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date) 3/16/2021
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: 1/1/2021 Date Through 3/11/2021 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$

| | | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only) | \$0 |
| 2 | Total Monetary Contributions (line 11) | \$500 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$500 |
| 4 | Total Monetary Expenditures (line 19) | \$500 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$0 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 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 Name: Louise Walsh
 Registered Agent's Signature: *Louise Walsh* Date: 3/17/21
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Consumer Fireworks Safety Association Political Action Committee

Current Reporting Period: 1/1/2021 **Through** 3/11/2021

| | | |
|---|--|-----------|
| Funds on hand at the beginning of reporting period (Monetary Only) | | \$0 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A") | \$500 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$0 |
| 8 | Loans Received (From Schedule "C") | 0 \$ |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$0 |
| 10 | Returned Expenditures (from recipient) (From Schedule "D") | \$0 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | 500 \$ |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$0 |
| 13 | Total Contributions (Line 11 + line 12) | 500 \$ |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B") | \$500 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$0 |
| 16 | Loan Repayments Made (From Schedule "C") | 0 \$ |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$0 |
| 18 | Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only) | \$0 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | 500 \$ |
| 20 | Total Spending (Line 18 + line 19) | 500 \$ |

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

1

Full Name of Committee/Person: Consumer Fireworks Safety Association Political Action Committee

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> 2/25/2021 | 4. Name (Last, First): <u>American Promotional Events, Inc. dba TNT Fireworks</u> |
| 2. <u>Contribution Amt.</u> \$ 500 | 5. Address: <u>PO Box 1436</u> |
| 3. <u>Aggregate Amt. *</u> \$ 500 | 6. City/State/Zip: <u>Tacoma, WA 98401</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>business</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 Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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)

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

Full Name of Committee/Person: Consumer Fireworks Safety Association Political Action Committee

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Expended</u> 2/25/21 | 4. Name: <u>Andrews for City Council</u> |
| 2. <u>Amount</u> \$ 250 | 5. Address: <u>2991 Debra Street #B</u> |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Grand Junction, CO 81504</u> |
| | 7. Purpose of Expenditure: <u>contribution</u> <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> 2/25/21 | 4. Name: <u>Greg Haitz for City Council</u> |
| 2. <u>Amount</u> \$ 250 | 5. Address: <u>1610 Crest View Court</u> |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Grand Junction, CO 81506</u> |
| | 7. Purpose of Expenditure: <u>contribution</u> <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication |

Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person: Consumer Fireworks Safety Association Political Action Committee

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): N/A

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

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 Detail Summary)

Total Repayments Made: \$ _____
(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, State, Zip | Amount Guaranteed |
|-----------|---------------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Consumer Fireworks Safety Association Political Action Committee

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): <u>N/A</u> |
| 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, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Consumer Fireworks Safety Association Political Action Committee

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Provided</u> | 4. Name (Last, First): <u>N/A</u> |
| 2. <u>Fair Market Value</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt.</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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."