

Colorado Secretary of State  
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By kbehan at 4:06 pm, Nov 01, 2023

## INDEPENDENT EXPENDITURE REPORT

(1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: \_\_\_\_\_

Committee Name: \_\_\_\_\_

As Shown On Committee Registration

**SOS ID NUMBER** (for committees that file with the Secretary of State): \_\_\_\_\_

### Type of Report

Regularly Scheduled Filing.

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 on page 2, line 10)

**Reporting Period Covered:** \_\_\_\_\_ **Through:** \_\_\_\_\_  
Begin Date End Date

### Reporting Entity Information:

Full Name of Parent Corporation, if applicable: \_\_\_\_\_  
Include any acronyms used.

All Doing-Business-As Names used in Colorado: \_\_\_\_\_

Address of Home Office: \_\_\_\_\_  
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: \_\_\_\_\_  
Must be the same as listed on committee registration

Colorado Address for Registered Agent: \_\_\_\_\_

**Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each:** \_\_\_\_\_

**Authorization** (Must be completed by the Registered Agent): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: \_\_\_\_\_

Registered Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

Committee Name: \_\_\_\_\_

**Reporting Period Overview**

- 1 **Beginning Balance this Period (Committees):** \_\_\_\_\_
- 2 **Total Donations this Period:** \_\_\_\_\_  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 3 **Other Receipts (dividends, interest, etc.):** \_\_\_\_\_
- 4 **Total Independent Expenditures this Period:** \_\_\_\_\_  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 5 **Total Other Expenditures this Period:** \_\_\_\_\_  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 6 **Loans received this period:** \_\_\_\_\_
- 7 **Loans paid this period:** \_\_\_\_\_
- 8 **Returned Independent Expenditures this Period:** \_\_\_\_\_
- 9 **Returned Donations this Period:** \_\_\_\_\_
- 10 **Ending Balance (include monetary expenditures and donations only):** \_\_\_\_\_

Committee Name: \_\_\_\_\_

11 **Schedule A: Donations**

**Itemized Donations**

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. Monetary Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: \_\_\_\_\_

1. <u>Date Accepted</u>	4. Name: _____ 5. Address (Home Office): _____
2. <u>Donation Amt.</u> \$	6. City/State/Zip: _____ 7. Monetary Non-Monetary, include Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (required if applicable): _____ 9. Occupation (required if applicable): _____ 10. Parent Corporation and acronyms used (required if applicable): _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____ 5. Address (Home Office): _____
2. <u>Donation Amt.</u> \$	6. City/State/Zip: _____ 7. Monetary Non-Monetary, include Description: _____
3. <u>Aggregate Amt.</u> \$	8. Employer (required if applicable): _____ 9. Occupation (required if applicable): _____ 10. Parent Corporation and acronyms used (required if applicable): _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

**Non-Itemized Donations**

1. Total number of non- itemized donations:	2. Total amount of non-itemized donations: \$
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**Other Receipts (dividends, interest, etc.)**

1. Total number of other receipts:	2. Total amount of other receipts: \$
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Committee Name: \_\_\_\_\_

12 **Schedule B: Independent Expenditures**

**Itemized Independent Expenditures**

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. Monetary Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is broadcast non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. Monetary Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is broadcast non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. Monetary Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is broadcast non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

Committee Name: \_\_\_\_\_

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	8. Communication is broadcast non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	8. Communication is broadcast non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Name(s) of candidate(s) referenced: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	8. Communication is broadcast non-broadcast. Medium: _____ 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) . If box is checked, you must also file an electronic electioneering communication report in TRACER.

**Non-Itemized Independent Expenditures**

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
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Committee Name: \_\_\_\_\_

13 **Schedule C: Other Expenditures (non-independent expenditures)**

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____ 4. Address: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate:	5. City/State/Zip: _____ 6. Monetary Non-Monetary, include Description: _____ 7. Purpose of expenditure: _____ _____

**Non-Itemized Expenditures (other than independent expenditures)**

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
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Committee Name: \_\_\_\_\_

14 **Schedule D: Loans**

**Loans Received**

1. <u>Date of Loan</u>	4. Loan Source Name: _____ 5. Address: _____
2. <u>Loan Amount</u> \$	6. City/State/Zip: _____ 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____
3. <u>Interest Rate</u>	_____ _____

1. <u>Date of Loan</u>	4. Loan Source Name: _____ 5. Address: _____
2. <u>Loan Amount</u> \$	6. City/State/Zip: _____ 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: _____
3. <u>Interest Rate</u>	_____ _____

**Loan Payments**

1. <u>Date of Payment</u>	3. Loan Source Name: _____ 4. Address, City/State/Zip: _____
2. <u>Payment Amount</u> Principal: Interest:	5. Original Loan Amount: _____ 6. Balance: _____ 7. Interest Rate: _____

1. <u>Date of Payment</u>	3. Loan Source Name: _____ 4. Address, City/State/Zip: _____
2. <u>Payment Amount</u> Principal: Interest:	5. Original Loan Amount: _____ 6. Balance: _____ 7. Interest Rate: _____



Committee Name: \_\_\_\_\_

15 **Schedule E: Returned Donations and Expenditures**

**Returned Donations** (previously reported on Schedule A)

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

**Returned Independent Expenditures** (previously reported on Schedule B)

1. <u>Date of Expenditure</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

1. <u>Date of Expenditure</u>	4. Name: _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u> \$	6. City/State/Zip: _____
	7. Comment: _____

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