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RECEIVED
Aug 29 2025
ELECTIONS
SECRETARY OF STATE

## 48-HOUR DISCLOSURE OF DIRECT BALLOT ISSUE OR BALLOT QUESTION EXPENDITURE OF ONE THOUSAND DOLLARS OR MORE

(1-45-108(1)(A)(VI), C.R.S.)

Items marked with an asterisk (\*) are required fields.

Any person, after expending \$5,000 in the aggregate in a calendar year on Direct Ballot Issue or Ballot Question Expenditures, shall file this disclosure form for each **additional** expenditure of \$1,000 or more. Please note, the initial \$5,000 of expenditures do not need to be reported.

The Disclosure must be filed no later than **48-hours** after the Direct Ballot Issue or Ballot Questions Expenditure was made.

| Payor Name (person who made the expenditure)*: |                            |  |
|--|----------------------------|--|
| Full Address of Payor (physical or mailing)*:  |                            |  |
| Phone Number:                                  | Alternate Phone Number:    |  |
| Email Address(es):                             |                            |  |
| Date of Expenditure*:                          | Amount of Expenditure*: \$ |  |
| Payee Name (recipient of expenditure)*:        |                            |  |
| Full Address of Payee (physical or mailing)*:  | ·                          |  |
| Purpose / Description of the Expenditure*:     |                            |  |

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| Title and number of associated Ballot Issue  | Position Taken – Support of Oppose* |  |
|--|-------------------------------------|--|
| or Question*   |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |
| I affirm, under penalty of perjury, the Payor filing this Disclosure does not meet the Major Purpose definition as outlined in 1-45-103(12)(b), C.R.S., which would require the Payor to register as an Issue Committee. |                                     |  |
| Print name of Payor or authorized representative, if Payor is not an individual*:  |                                     |  |
|  |                                     |  |
| Signature of Payor or authorized representative, if Payor is not an individual*:   |                                     |  |
| Date*:   |                                     |  |