Colorado Secretary of State Elections Division / Campaign Finance 1700 Broadway, Ste. 550 Denver, CO 80290

Phone: (303) 894-2200

Email: <u>CPFHelp@coloradosos.gov</u> Website: <u>www.coloradosos.gov</u>



Space Below for Office Use Only

RECEIVED
Oct 10 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)*: 1536 U St NW, Washington, DC 20009				
Phone Number:	303-949-3343	Alternate Phone Number:	602-295-7598	
Email Address(es): Darryl@CommonCentsConsulting.net				
Date of Expenditure*: 10/09/2025 Amount of Expenditure*:			\$ 2,000.00	
Payee Name (recipient of expenditure)*: Middle Seat Consulting				
Full Address of Payee (physical or mailing)*: PO Box 21600, Washington, DC 2000			ington, DC 20009	
-	ption of the Expenditure*: orting Propositions LL & MM			

Page **1** of **2**

Colorado Secretary of State Form CPF – 15, Rev. 03/2025

Title and number of associated Ballot Issue or Question*	Position Taken – Support of Oppose*
HB 25-1274 Healthy School Meals for All Prograr	Support
SB 25B-003 Healthy School Meals for All Program	Support

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*:

Benjamin Hanna

Signature of Payor or authorized representative, if Payor is not an individual*:

Benjamin Hanna

Date*: 10/09/2025