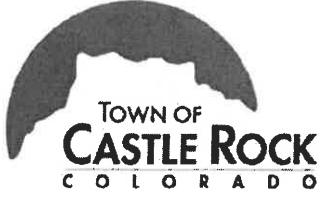


RECEIVED

By Lisa Anderson at 11:36 am, Oct 27, 2022



**REPORT OF
CONTRIBUTIONS AND EXPENDITURES**

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Consumer Fireworks Safety Association PAC

Registered Agent: Louise Walsh

Phone Number: 253-922-0800

Email Address: fppc@bmhlaw.com

Committee Type: Candidate Committee Political Committee

Name of Committee's Bank: Bank of America Fife Branch

- Regularly Scheduled Filing
- Amended Filing. This amends previous report filed on _____
- Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: 10/14/2022 Ending Date: 10/23/2022

BEGINNING BALANCE	\$ 0.00	Totals must match attached detailed reports.
Contributions (+)	\$ 1000.00	
Contributions In Kind (+)	\$ 0.00	
Loans (+)	\$ 0.00	
Expenditures/Expenditures In-Kind (-)	\$ 1000.00	
ENDING BALANCE	\$ 0.00	

I hereby certify that to the best of my knowledge and belief all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent's Name: Louise Walsh

Registered Agent's Signature: *Louise Walsh* Date: 10/24/2022

If Applicable

Candidate Name: _____

Candidates Signature: _____ Date: _____

Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: Consumer Fireworks Safety Association PAC

Date Accepted: <u>10/17/2022</u>	NAME (First, Last): <u>American Promotional Events Northwest Inc. DBA TNT Fireworks</u>
Amount: <u>\$ 625.00</u>	Address: <u>PO Box 1436</u>
	City/State/Zip: <u>Tacoma, WA 98401</u>
Date Accepted: <u>10/17/2022</u>	NAME (First, Last): <u>Brian Trim</u>
Amount: <u>\$ 375.00</u>	Address: <u>3616 124th Street Court NW</u>
	City/State/Zip: <u>Gig Harbor, WA 98332</u>
Date Accepted: <u>\$</u>	NAME (First, Last): _____
Amount: <u>\$</u>	Address: _____
	City/State/Zip: _____
Date Accepted: <u></u>	NAME (First, Last): _____
Amount: <u>\$</u>	Address: _____
	City/State/Zip: _____
Date Accepted: <u></u>	NAME (First, Last): _____
Amount: <u>\$</u>	Address: _____
	City/State/Zip: _____
Date Accepted: <u></u>	NAME (First, Last): _____
Amount: <u>\$</u>	Address: _____
	City/State/Zip: _____

Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: Consumer Safety Fireworks Association PAC

<p>Date Expended: <u>10/17/2022</u></p> <p>Amount: \$ <u>500.00</u></p>	<p>PAYABLE TO: <u>Gray for Mayor</u></p> <p>Address: <u>18 Circle Drive</u></p> <p>City/State/Zip: <u>Castle Rock, CO 80104</u></p> <p>Purpose/Description: <u>contribution</u></p>
<p>Date Expended: <u>10/17/2022</u></p> <p>Amount: \$ <u>500.00</u></p>	<p>PAYABLE TO: <u>Kevin Bracken Town Council</u></p> <p>Address: <u>945 Millbrook Circle</u></p> <p>City/State/Zip: <u>Castle Rock, CO 80104</u></p> <p>Purpose/Description: <u>Contribution</u></p>
<p>Date Expended: _____</p> <p>Amount: \$ _____</p>	<p>PAYABLE TO: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Purpose/Description: _____</p>
<p>Date Expended: _____</p> <p>Amount: \$ _____</p>	<p>PAYABLE TO: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Purpose/Description: _____</p>

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

Detailed Report of CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: Consumer Safety Fireworks Association PAC

<u>Date Accepted:</u> N/A Estimated Value: \$ _____	FROM: <u>N/A</u> _____ Address: _____ _____ City/State/Zip: _____ _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ _____ Address: _____ _____ City/State/Zip: _____ _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ _____ Address: _____ _____ City/State/Zip: _____ _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ _____ Address: _____ _____ City/State/Zip: _____ _____ Nature of Contribution: _____ _____

Detailed Report of LOANS

Name of Committee: Consumer Safety Fireworks Association PAC

<u>Date Received:</u> N/A	FROM: N/A
Amount: \$	Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$	Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$	Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$	Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____	FROM: _____
Amount: \$	Address: _____ City/State/Zip: _____