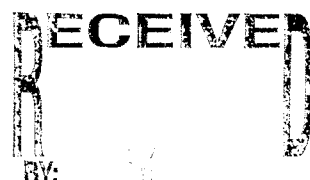


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 dial 3
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



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:	Ireland for Common Sense / Kristine Ireland <small>As Shown On Registration</small>
Address of Committee/Person:	13816 Lexington Place
City, State & Zip Code:	Westminster, CO 80023
Committee Type:	Candidate Committee
Name and Address of Financial Institution	Bellco Credit Union / 12101 Huron Street, Westminster CO

COMMITTEE ID NUMBER

N/A

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 in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: August 8, 2023 Date **Through** October 17, 2023 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$119.70

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$0
2	Total Monetary Contributions (line 11)	\$100.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$100.00
4	Total Monetary Expenditures (line 19)	\$119.70
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: Kristine Ireland
 Registered Agent's Signature: *Kristine Ireland* Date: October 16, 2023
 Print Candidate Name: Kristine Ireland
 Candidates Signature: *Kristine Ireland* Date: October 16, 2023



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

1

Full Name of Committee/Person: Ireland for Common Sense / Kristine Ireland

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> September 13, 2023	4. Name (Last, First): <u>Yonts, Mary</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>4970 W 107th Loop</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Westminster CO 80031</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Accountant</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: Ireland for Common Sense / Kristine Ireland

PLEASE PRINT/TYPE

1. <u>Date Expended</u> August 22, 2023	4. Name: <u>Costco</u>
2. <u>Amount</u> \$ 26.72	5. Address: <u>16375 Washington Street</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Thornton, CO 80023</u>
	7. Purpose of Expenditure: <u>Food for Meet and Greet</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> September 8, 2023	4. Name: <u>Lowes</u>
2. <u>Amount</u> \$ 10.58	5. Address: <u>13650 Orchard Parkway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Screws and washers for signage</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> September 6, 2023	4. Name: <u>Amazon</u>
2. <u>Amount</u> \$ 19.64	5. Address: <u>Online</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Bungee cords for signage</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> October 3, 2023	4. Name: <u>Costco</u>
2. <u>Amount</u> \$ 62.76	5. Address: <u>16375 Washinton Street</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Thornton, CO 80023</u>
	7. Purpose of Expenditure: <u>Gas</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

