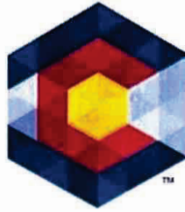


Colorado Secretary of State  
Elections Division / Campaign Finance  
1700 Broadway, Ste. 550  
Denver, CO 80290  
Phone: (303) 894-2200  
Email: [CPFHelp@coloradosos.gov](mailto:CPFHelp@coloradosos.gov)  
Website: [www.coloradosos.gov](http://www.coloradosos.gov)



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### 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)\*: Colorado Dawn

**Full Address of Payor** (physical or mailing)\*: 100 East Saint Vrain Street, Ste. 105, CS CO 80903

**Phone Number**: \_\_\_\_\_ **Alternate Phone Number**: \_\_\_\_\_

**Email Address(es)**: \_\_\_\_\_

**Date of Expenditure**\*: 04/27/26 **Amount of Expenditure**\*: \$ 250,000

**Payee Name** (recipient of expenditure)\*: Victor's Canvassing

**Full Address of Payee** (physical or mailing)\*: 100 East Saint Vrain Street, Ste. 105, CS CO 80903

**Purpose / Description of the Expenditure**\*:

\$125,000 for petition signatures on 177, \$125,000 for petition signatures on 232

Title and number of associated Ballot Issue or Question*	Position Taken – Support of Oppose*
177, Right to Natural Gas	Support
232, Income Tax Rate Cap	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\*:**

Daniel Cole

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



**Date\*:** 04/27/26