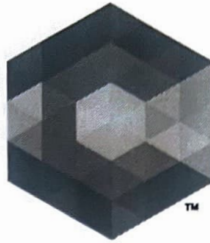


Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste. 550  
 Denver, CO 80290  
 Ph: (303) 894-2200 ext. 6383  
 Fax: (303) 869-4861  
 Email: [cpfhelp@coloradosos.gov](mailto:cpfhelp@coloradosos.gov)  
 Website: [www.coloradosos.gov](http://www.coloradosos.gov)



Space Below For Office Use Only  
**RECEIVED**  
**OCT 29 2024**  
**ELECTIONS**  
**COLORADO 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 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 Question Expenditure was made.

Colorado Dawn

Payor Name (person who made the expenditure) \*: \_\_\_\_\_

100 East Saint Vrain Street, Suite 105, Colorado Springs, CO 80903

Full Address of Payor (physical or mailing) \*: \_\_\_\_\_

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

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

Date of Expenditure\*: 10/28/24 Amount of Expenditure\*: \$ 10,000

Cole Communications

Payee Name (recipient of expenditure) \*: \_\_\_\_\_

100 East Saint Vrain Street, Suite 105, Colorado Springs, CO 80903

Full Payee Address (physical or mailing) \*: \_\_\_\_\_

Purpose / Description of the Expenditure\*:  
 Digital ad buy

Title and Number of Associated Ballot Issue or Question*	Position Taken - Support or Oppose*
School Choice, Amendment 80	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.

Daniel Cole, DS Co  
 Print and Sign name of Payor or the Payor's authorized representative if the Payor is not an individual

Date: 10/29/24