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>



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OCT 6, 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	e)*: Community Change Action - Colorado	
Full Address of Payor (physical or mailing)*:	1536 U St NW, Washington, DC 20009	
Phone Number: 303-949-3343 A	Iternate Phone Number: 602-295-7598	
Email Address(es): Darryl@CommonCentsConsulting.net		
Date of Expenditure*: 10/06/2025	Amount of Expenditure*: \$\frac{10,000.00}{}	
Payee Name (recipient of expenditure)*: Impactive by ActBlue		
Full Address of Payee (physical or mailing)*:	PO Box 962017, Boston, MA 02196	
Purpose / Description of the Expenditure*:		

Page 1 of 2

Text Messaging Services to Support Colorado Propositions LL and MM.

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

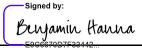
Title and number of associated Ballot Issue or Question*	Position Taken – Support of Oppose*
HB 25-1274 Healthy School Meals for All Prograr	Support
SB 25B-003 Healthy School Meals for All Program	Support

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\*:



Date\*: 10/06/2025