

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



Space Below for Office Use Only

**RECEIVED
OCT 16, 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)*: Community Change Action Colorado

Full Address of Payor (physical or mailing)*: 1536 U St NW, Washington, DC 20009

Phone Number: 303-949-3343 **Alternate Phone Number**: 602-295-7598

Email Address(es): Darryl@CommonCentsConsulting.net

Date of Expenditure*: 10/15/2025 **Amount of Expenditure***: \$ 1,000.00

Payee Name (recipient of expenditure)*: Middle Seat Consulting

Full Address of Payee (physical or mailing)*: PO Box 21600, Washington, DC 20009

Purpose / Description of the Expenditure*:
Digital Ads Supporting Propositions LL & MM

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

Signed by:
Benjamin Hanna
E9C6670D7F33442...

Date*: 10/15/2025