

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
MAY 07 2026
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 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)*: A Common Sense America

Full Address of Payor (physical or mailing)*: 1390 Chain Bridge Rd., Ste 515 | McLean, VA 22101

Phone Number: 202-793-4323 **Alternate Phone Number**: _____

Email Address(es): info@acommonsenseamerica.org

Date of Expenditure*: 5/5/2026 **Amount of Expenditure***: \$ \$500,000

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

Full Address of Payee (physical or mailing)*: 100 E Saint Vrain St. Ste 105 | Colorado Springs, CO 80903

Purpose / Description of the Expenditure*:

\$375,000 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*:

Steven Crim

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



Date*: 05/07/2026