



REPORT OF ELECTIONEERING COMMUNICATION

APR 28 '22 PM 1:32
IDAHO SECRETARY OF STATE
C-8

For any that incurs cost in excess of \$100 or more on electioneering communications.
Any person incurring costs of **\$1,000 or more must file within 48 hours** of incurring costs. (I.C. 67-6628)

| PURPOSE CODES | |
|-------------------------------------------------------------------|--------------------------------------------------------|
| A All Travel Expenses (Airfare, Fuel, Lodging, & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV, Internet, & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PACs | P Postage |
| D Donations & Gifts | S Surveys & Polls |
| E Event Expenses | T Tickets (Events) |
| F Food & Refreshments | U Utilities |
| G General Operational Expenses | W Wages, Salaries, Benefits, & Bonuses |
| I Interest Accrued & Finance Charges | Y Petition Circulators |
| L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| M Management Services | |

| GENERAL INFORMATION | | | |
|---------------------------------------------------------|----------|-------|-----------------------------|
| Name of Person/Entity Responsible for the Communication | | | Date of Public Distribution |
| U.S. Term Limits | | | 5/10/22 |
| Mailing Address | | | |
| Street Address | City | State | Zip Code |
| 2455 Pineda Plaza Way Suite 220 | Milbourn | FL | 32940 |

| EXPENDITURE INFORMATION | | | |
|----------------------------|---------------------|-------------|----------|
| Name of Recipient | | | |
| Cold Spark | | | |
| Address of Recipient | | | |
| Street Address | City | State | Zip Code |
| 307 Fourth Ave. 14th Floor | Pittsburg | PA | 15222 |
| Purpose Code | Date of Expenditure | Amount | |
| L | 5/10/22 | \$11,642.15 | |

| CERTIFICATION | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| I, <u>Ashley Bennett</u> , hereby certify that the information in this report is a true, complete and correct <small>(Name of Individual Completing Report)</small> | |
| Campaign Financial Disclosure Report as required by law. | |
| Signature of Individual Completing Report | Date Signed |
| | 4/28/22 |

RETURN THIS FORM TO
Secretary of State
Elections Division
PO Box 83720
Boise, ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282



ITEMIZED CONTRIBUTIONS FOR ELECTIONEERING COMMUNICATION

For contributions of **\$50 or more**. (I.C. 67-6628)

NAME OF PERSON/ENTITY RESPONSIBLE FOR THE COMMUNICATION
U.S Term Limits

| CONTRIBUTIONS | | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|-------|----------|
| Date Received | Contributor Name | | |
| | <i>Contributions come from a multitude of donors</i> | | |
| Contribution Amount | Contributor Address | | |
| | Address | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | City | State | Zip Code |

| Date Received | Contributor Name | | |
|----------------------------------------------------------------------------------------------|---------------------|-------|----------|
| | | | |
| Contribution Amount | Contributor Address | | |
| <input type="checkbox"/> Cash | Address | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | City | State | Zip Code |

| Date Received | Contributor Name | | |
|----------------------------------------------------------------------------------------------|---------------------|-------|----------|
| | | | |
| Contribution Amount | Contributor Address | | |
| | Address | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | City | State | Zip Code |

| Date Received | Contributor Name | | |
|----------------------------------------------------------------------------------------------|---------------------|-------|----------|
| | | | |
| Contribution Amount | Contributor Address | | |
| | Address | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | City | State | Zip Code |