



# 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

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

## GENERAL INFORMATION

Name of Person/Entity Responsible for the Communication		Date of Public Distribution	
U.S. Term Limits		5/5/22	
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	Pittsbur	PA	15222
Purpose Code	Date of Expenditure	Amount	
L	5/5/22	\$28,148.38	

## 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		
	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