



REPORT OF ELECTIONEERING COMMUNICATION

OCT 11 '22 PM 1:06
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

10/7/22

Mailing Address

Street Address *2955 Pineda Plaza Way, Ste 226* City *Melbourne* State *FL* Zip Code *32940*

EXPENDITURE INFORMATION

Name of Recipient

Cold Spark Media

Address of Recipient

Street Address *307 4th Ave, 14th floor* City *Pittsburgh* State *PA* Zip Code *15222*

Purpose Code	Date of Expenditure	Amount
<i>L, P</i>	<i>10/7/22</i>	<i>36,907.22</i>

CERTIFICATION

Nicolas Tomboulides, hereby certify that the information in this report is a true, complete and correct
(Name of Individual Completing Report)

Campaign Financial Disclosure Report as required by law.

Signature of Individual Completing Report

Nicolas Tomboulides

Date Signed

10/11/22

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. 07-6628)

NAME OF PERSON/ENTITY RESPONSIBLE FOR THE COMMUNICATION

CONTRIBUTIONS

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

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



ADDITIONAL ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATION

NAME OF PERSON/ENTITY RESPONSIBLE FOR THE COMMUNICATION

EXPENDITURES

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code