

DETAILED SUMMARY

Full Name of Committee/Person:

Rebecca Berner

Current Reporting Period:

9/5/25

Through

10/4/25

| | | |
|--|--|-------------------|
| Funds on hand at the beginning of reporting period (Monetary Only): | | |
| 6 | Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A") | \$1,049.17 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | |
| 8 | Loans Received (Please list on Schedule "C") | \$0.00 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$0.00 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$1,049.17 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$0.00 |
| 13 | Total Contributions (Line 11 + line 12) | \$1,049.17 |
| 14 | Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B") | \$0.00 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less) | |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$0.00 |
| 17 | Returned Contributions (To Donor) (Please list on Schedule "D") | \$0.00 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$0.00 |
| 20 | Total Monetary Expenditures (Line 18 + Line 19) | \$0.00 |

Schedule A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108 (1) (a)]

Full Name of Committee/Person: Rebecca Berner

Reporting Period Covered: 9/5/25 **Through** 10/4/25
date date

WARNING: Please read the instruction page for Schedule "A" before completing!

Total Itemized Contributions: \$ -

PLEASE PRINT/TYPE

| | |
|---|--|
| 1 <u>Date Accepted</u> 10/1/2025 | 4 Name (Last, First): <u>Rebecca Berner</u> |
| 2 <u>Contribution Amount</u> \$ 800.00 | 5 Address: <u>3374 E.115th Avenue</u> |
| 3 <u>Aggregate Amount*</u> \$ | 6 City/State/Zip: <u>Thornton, CO 80233</u> |
| | 7 Description: <u>Website Development</u> |
| | 8 Employer (if applicable, <u>mandatory</u>): <u>Interstate Engineering</u> |
| | 9 Occupation (if applicable, <u>mandatory</u>): <u>Senior Engineer</u> |

| | |
|---|--|
| 1 <u>Date Accepted</u> 9/25/2025 | 4 Name (Last, First): <u>Rebecca Berner</u> |
| 2 <u>Contribution Amount</u> \$ 249.17 | 5 Address: <u>3374 E. 115th Avenue</u> |
| 3 <u>Aggregate Amount*</u> \$ | 6 City/State/Zip: <u>Thornton, CO 80233</u> |
| | 7 Description: <u>Yard Signs</u> |
| | 8 Employer (if applicable, <u>mandatory</u>): <u>Interstate Engineering</u> |
| | 9 Occupation (if applicable, <u>mandatory</u>): <u>Senior Engineer</u> |

| | |
|------------------------------------|--|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Contribution Amount</u> \$ | 5 Address: _____ |
| 3 <u>Aggregate Amount*</u> \$ | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |

| | |
|------------------------------------|--|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Contribution Amount</u> \$ | 5 Address: _____ |
| 3 <u>Aggregate Amount*</u> \$ | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule B - Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108-(1) (a)]

Full Name of Committee/Person: Rebecca Berner

Reporting Period Covered:

9/5/25
date

Through

10/4/25
date

Total Itemized Expenditures:

0.00

PLEASE PRINT/TYPE

| | |
|--|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

| | |
|--|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

| | |
|--|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

| | |
|--|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Rebecca Berner

Reporting Period Covered: 9/5/25 date **Through** 10/4/25 date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

| | |
|--|-----------------------------|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> \$ | 6 City/State/Zip: _____ |
| | 7 Purpose: _____ |

| | |
|--|-----------------------------|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> \$ | 6 City/State/Zip: _____ |
| | 7 Purpose: _____ |

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

| | |
|--|-----------------------------|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> \$ | 6 City/State/Zip: _____ |
| | 7 Comment (optional): _____ |

| | |
|--|-----------------------------|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> \$ | 6 City/State/Zip: _____ |
| | 7 Comment (optional): _____ |

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]

[C.R.S. 1-45-108 (1)]

Full Name of Committee/Person: Rebecca Berner

Reporting Period Covered:

9/5/25

date

Through

10/4/25

date

Total Itemized Expenditures:

\$0.00

PLEASE PRINT/TYPE

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| | 5 Address: _____ |
| 2 <u>Fair Market Value</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| 3 <u>Aggregate Amount</u> | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| | 5 Address: _____ |
| 2 <u>Fair Market Value</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| 3 <u>Aggregate Amount</u> | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| | 5 Address: _____ |
| 2 <u>Fair Market Value</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| 3 <u>Aggregate Amount</u> | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| | 5 Address: _____ |
| 2 <u>Fair Market Value</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| 3 <u>Aggregate Amount</u> | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| | 5 Address: _____ |
| 2 <u>Fair Market Value</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| 3 <u>Aggregate Amount</u> | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."