Elections Division Department of State 1700 Broadway, Ste. 200 Denver, CO 80290 Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

| · | (00-000 - 00 - 00) | | | | | |
|--|---|-------------------------|---------------------------------------|--|--|--|
| Full Name of Committee/Person: | Committee to Re Elect Jessica San As Shown on Registration | ldgren | | | | |
| | As shown on Registration | | | | | |
| Address of Committee/Person: | 10533 Garfield Street | 10533 Garfield Street | | | | |
| City, State & Zip Code: | Thornton, CO 80233 | | | | | |
| Committee Type: | Candidate | | | | | |
| Name and Address of Financial Institution: | 1st Bank - 3990 E. 104th Ave., T | hornton, CO 80233 | } | | | |
| SOS ID NUMBER (state and county | committees ONLY): | | N/A | | | |
| Type of Report: Regularly Scheduled Filing. October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election) October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election) December 2, 2021 (30 days after the November 2, 2021 Municipal Election) December 2, 2021 (30 days after the November 2, 2021 Municipal Election) Annual - candidates from prior election held on Annual - candidates from prior election held on Submit changes or new information ONLY Termination Report (Termination Reports MUST have a Monetary Balance of Zero in Line 5) Reporting Period Covered: 10/8/21 Through 10/24/21 date date | | | | | | |
| | | | Totals Detailed Summary Page | | | |
| 1 Funds on Hand at Beginning of Reporting P | eriod (monetary only) | | \$8,065.11 | | | |
| 2 Total Monetary Contributions (line 11) | | | \$2,317.00 | | | |
| 3 Total of Monetary Contributions & Beginnin | g Amount (line 1+ line 2) | | \$10,382.11 | | | |
| 4 Total Monetary Expenditures (line 19) \$8,657.0 | | | | | | |
| 5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4) \$1,725.04 | | | | | | |
| Authorization (Must be completed by either the Reg best of my knowledge or belief all contributions recei dues transferred by a membership organization, are fro | ved during this reporting period, includ om permissible sources. | by certify and declare, | under penalty of perjury, that to the | | | |
| Print Registered Agent's (Treasurer's) Name: | Jessica Sandgren | | | | | |

| | | 8 | | | |
|-----------------------------|-------------------|-----------|-------|----------|--|
| Registered Agent's (Treasur | rer's) Signature: | Jobargren | Date: | 10/29/21 | |
| Print Candidate Name: | Jessica Sandgren | | | | |
| Candidate's Signature: | Dobrdgren | | Date: | 10/29/21 | |

DETAILED SUMMARY

Full Name of Committee/Person:

Committee to Re Elect Jessica Sandgren

| Current | Reporting Period: 10/8/21 Through | 10/24/21 |
|---------|---|------------|
| | | |
| Funds o | on hand at the beginning of reporting period (Monetary Only): | \$8,065.11 |
| 6 | Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A") | \$2,317.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$0.00 |
| 8 | Loans Received (Please list on Schedule "C") | \$0.00 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$0.00 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$0.00 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$2,317.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$0.00 |
| 13 | Total Contributions (Line 11 + line 12) | \$2,317.00 |
| 14 | Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B") | \$8,657.07 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less) | \$0.00 |
| 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) | \$0.00 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$8,657.07 |
| 20 | Total Monetary Expenditures (Line 18 + Line 19) | \$8,657.07 |

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

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

Full Name of Committee/Person: Committee to Re Elect Jessica Sandgren

Reporting Period Covered: 10/8/21 Throug

10/24/21 date

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

Total Itemized Contributions: \$ 2,317.00

PLEASE PRINT/TYPE

| 1 Date Accepted | 4 Name (Last, First) ^{Case Farms} |
|------------------------------|--|
| 10/13/21 | 5 Address: PO Box 247 |
| 2 <u>Contribution Amount</u> | 6 City/State/Zip: Eastlake CO 80614 |
| \$ 167.00 | 7 Description check |
| 3 Aggregate Amount* | 8 Employer (if applicable, <u>mandatory</u>): Self |
| \$ 1067.00 | 9 Occupation (if applicable, <u>mandatory</u> Real Estate |
| 1 Date Accepted | 4 Name (Last, First) Matkowsky, Adam |
| 10/19/21 | 5 Address: 13352 Franklin Street |
| 2 <u>Contribution Amount</u> | 6 City/State/Zip: Thornton, CO 80241 |
| \$ 50.00 | 7 Description online |
| 3 Aggregate Amount* | 8 Employer (if applicable, <u>mandatory</u>): Westminster Police Dept. |
| \$ 100.00 | 9 Occupation (if applicable, <u>mandatory</u> Police Officer |
| 1 Date Accepted | 4 Name (Last, First) Smith, Kevin |
| 10/21/21 | 5 Address: 4100 E. Mississippi Ave, Ste 500 |
| 2 <u>Contribution Amount</u> | 6 City/State/Zip: Denver, CO 80246 |
| \$ <mark>500.00</mark> | 7 Description online |
| 3 Aggregate Amount* | 8 Employer (if applicable, <u>mandatory</u>): Westside Property Investments |
| \$ | 9 Occupation (if applicable, <u>mandatory</u> principle |
| 1 Date Accepted | 4 Name (Last, First) Mathias, Carol |
| 10/23/21 | 5 Address: 568 Radiant Drive |
| 2 <u>Contribution Amount</u> | 6 City/State/Zip: Loveland, CO 80538 |
| \$ 100.00 | 7 Description online |

| 3 Aggregate Amount* | 8 Employer (if applicable, <u>mandatory</u>): retired |
|---------------------|--|
| \$ 500.00 | 9 Occupation (if applicable, <u>mandatory</u> retired |

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

Page 2

| | Full Name of C | ommittee/Person: Committee to Re Elect Jessica Sandgren | |
|-------------------------|--|--|--|
| PI | EASE PRINT/TYPE | Reporting Period Covered: 10/8/21 Throug 10/24/21 date date | |
| 1 2 \$ 3 \$ | Date Accepted 10/23/21 Contribution Amount 1500.00 Aggregate Amount* | 4 Name (Last, First) Consumer Fireworks Safety Assn. 5 Address: PO Box 1436 6 City/State/Zip: Tacoma WA 98401 7 Description check 8 Employer (if applicable, mandatory): PAC 9 Occupation (if applicable, mandatory) | |
| 1 2 \$ 3 \$ | Date Accepted Contribution Amount Aggregate Amount* | 4 Name (Last, First) 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u> | |
| 1 2 \$ 3 \$ | | 4 Name (Last, First) 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>) | |
| 1 2 \$ 3 \$ | Date Accepted Contribution Amount Aggregate Amount* | 4 Name (Last, First) 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>) | |

Schedule B - Itemized Expenditures Statement (\$20 or more) [C.R.S. 1-45-108-(1) (a)]

| Full Name of Committee/Person: Committee to Re Elect Jessica Sandgren | | | | | |
|---|---------------------------------------|-----------|-----------------------|-------------|------------------|
| R | eporting Period Cove | ered: | 10/8/21 date | Through | 10/24/21 date |
| | | | Total Itemized Ex | penditures: | 8,657.07 |
| PLEASE PRINT/TYPE | | | | | |
| 1 Date Expended | 4 Name (Last, First): | Point Bl | ank Political LLC | | |
| 10/12/21 | | | | | |
| 2 <u>Amount</u> | 5 Address: | 330 Crov | vn Oak Centre Dr | | |
| \$ 430.00 | 6 City/State/Zip: | Longwoo | od, FL 32750 | | |
| 3 <u>Recipient is (optional):</u> | | | | | |
| Committee | 7 Purpose of Expendit | ure: | advertising | | |
| Non-Committee | | | | | |
| | | | | | |
| | | Mittera | Group | | |
| 1 <u>Date Expended</u> 10/12/21 | 4 Name (Last, First): | Wittera | Oloup | | |
| 2 <u>Amount</u> | 5 Address: | PO Box | 310471 | | |
| \$ 993.70 | 6 City/State/Zip: | Des Moi | nes, IA 50331-0471 | | |
| 3 <u>Recipient is (optional):</u> | · · · · · · · · · · · · · · · · · · · | | , | | |
| Committee | 7 Purpose of Expendit | ure: | advertising | | |
| Non-Committee | 1 1 | | | | |
| | | | | | |
| | | | | | |
| 1 Date Expended | 4 Name (Last, First): | Best Sel | lers LLC | | |
| 10/14/21 | 5 411 | 212 D - J | Easta Circle | | |
| 2 <u>Amount</u> | 5 Address: | | Eagle Circle | | |
| \$ 450.003 Recipient is (optional): | 6 City/State/Zip: | Ridgelan | d, MS 39157 | | |
| | | | 1 | | |
| Committee | 7 Purpose of Expendit | ure: | advertising | | |
| Non-Committee | | | | | |
| | | | | | |
| 1 Date Expended | 4 Name (Last, First): | Ascend | Strategies LLC | | |
| 10/15/21 | | | | | |
| 2 <u>Amount</u> | 5 Address: | 14824 Fi | llmore Way | | |
| \$ 2457.00 | 6 City/State/Zip: | Thornton | CO 80602 | | |
| 3 <u>Recipient is (optional):</u> | | | | | |
| Committee | 7 Purpose of Expendit | ure: | Professional Services | | |
| Non-Committee | | | | | |
| | | | | | |

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

| Full Name of Committee/Person: | | Committee to Re Elect Jessica Sandgren | | | | |
|---|---------------|--|---------------|-----------------------|---------|----------|
| Reporting Peri | | riod Cove | red: | 10/8/21 | Through | 10/24/21 |
| DI E ACE DDINT /TYDE | | | | date | | date |
| PLEASE PRINT/TYPE | 4 Name (La | ast, First): | Anedot | Inc | | |
| 1 <u>Date Expended</u> 10/19/21 | 4 Name (La | ist, Flist): | | | | |
| 2 <u>Amount</u> | 5 Address: | | 1340 Po | ydras Street Suite 17 | 770 | |
| \$ 2.25 | 6 City/Stat | e/Zip: | New Orle | eans LA 70112 | | |
| 3 <u>Recipient is (optional):</u> | | | | | | |
| Committee | 7 Purpose of | of Expendit | ure: | online fees | | |
| Non-Committee | | | | | | |
| | | | | | | |
| 1 Date Expended | 4 Name (La | ast, First): | Anedot | Inc | | |
| 10/20/21 | 5 Address: | | 1240 D- | | 770 | |
| 2 <u>Amount</u> | | (a : | | ydras Street Suite 17 | //0 | |
| \$ 19.803 Recipient is (optional): | 6 City/Stat | e/Zıp: | New Orle | eans LA 70112 | | |
| | | | | | | |
| Committee | 7 Purpose of | of Expendit | ure: | online fees | | |
| Non-Committee | | | | | | |
| | | | | | | |
| 1 Date Expended | 4 Name (La | ast, First): | Anedot | Inc | | |
| 2/21/21 | 5 Address: | | 1240 De | udrag Streat Suita 17 | 770 | |
| 2 <u>Amount</u> | | 17. | | ydras Street Suite 17 | //0 | |
| \$ 4.203 Recipient is (optional): | _ 6 City/Stat | e/Zıp: | New Orle | eans LA 70112 | | |
| | | AF 1 | | 1. 0 | | |
| Committee | 7 Purpose of | of Expendit | ure: | online fees | | |
| Non-Committee | | | | | | |
| | | | | | | |
| 1 Date Expended | 4 Name (La | ast, First): | Mittera | Group | | |
| 10/23/21 2 <u>Amount</u> | 5 Address: | | PO Box | 310471 | | |
| | | -/ 7: | | | | |
| \$ 1630.12 3 Recipient is (optional): | 6 City/Stat | σzīp: | Des MO1 | nes, IA 50331-0471 | | |
| Committee | 7 Purpose of | fErnandit | 117-21 | advertising | | |
| | / rurpose (| 57 Expendit | u1 0 . | advertising | | |
| Non-Committee | | | | | | |

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

| Full Name of Committee/Person: | | Committee to Re Elect Jessica Sandgren | | | |
|------------------------------------|------------------|--|--------------------|---------|------------------|
| F | Reporting Period | Covered: | 10/8/21 date | Through | 10/24/21 date |
| PLEASE PRINT/TYPE | | | | | |
| 1 <u>Date Expended</u> 10/24/21 | 4 Name (Last, I | First): Mittera | Group | | |
| 2 <u>Amount</u> | 5 Address: | PO Box | 310471 | | |
| \$ 2670.00 | 6 City/State/Zij | p: Des Moi | nes, IA 50331-0471 | | |
| 3 <u>Recipient is (optional):</u> | | | | | |
| Committee | 7 Purpose of Ex | xpenditure: | advertising | | |
| Non-Committee | | | | | |
| | | | | | |
| 1 Date Expended | 4 Name (Last, I | First): | | | |
| 2 <u>Amount</u> | 5 Address: | | | | |
| \$ | 6 City/State/Zij | p: | | | |
| 3 <u>Recipient is (optional):</u> | | | | | |
| Committee | 7 Purpose of Ex | xpenditure: | | | |
| Non-Committee | | | | | |
| | | | | | |
| 1 Date Expended | 4 Name (Last, I | First): | | | |
| 2 <u>Amount</u> | 5 Address: | | | | |
| \$ | 6 City/State/Zij | p: | | | |
| 3 <u>Recipient is (optional):</u> | | | | | |
| Committee | 7 Purpose of Ex | xpenditure: | | | |
| Non-Committee | | | | | |
| | | | | | |
| | I | | | | |
| 1 <u>Date Expended</u> | 4 Name (Last, I | First): | | | |
| 2 <u>Amount</u> | 5 Address: | | | | |
| \$ | 6 City/State/Zij | p: | | | |
| 3 <u>Recipient is (optional):</u> | | | | | |
| Committee | 7 Purpose of Ex | xpenditure: | | | |
| Non-Committee | | | | | |
| | | | | | |

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