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						

Page 2

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					

Page 3