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**December 1, 2021** 

### **CITY CLERK'S OFFICE**

### **REPORT OF CONTRIBUTIONS AND EXPENDITURES**

(C.R.S. 1-45-108) Full Name of Committee/Person: Friends of Angie Bedolla As Shown on Registration 11659 Columbine Place Address of Committee/Person: City, State & Zip Code: Thornton, CO 80602 **Committee Type:** Candidiate Name and Address of Financial Institution: 1st Bank - 13600 Colorado Blvd Thornton, CO 80602 N/A SOS ID NUMBER (state and county committees ONLY): <u>Type of Report:</u> **Regularly Scheduled Filing.**  $\checkmark$ 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) Annual - candidates from prior election held on Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY Termination Report (Termination Reports MUST have a Monetary Balance of Zero in Line 5) 11/27/21 Through 10/25/21 **Reporting Period Covered:** date date Declared Total Spending (if applicable): [Art. \$ N/A XXVIII, Sect. 4 (1)] **Totals Detailed Summary Page** \$530.59 Funds on Hand at Beginning of Reporting Period (monetary only) 1 \$0.00 Total Monetary Contributions (line 11) 2 \$530.59 Total of Monetary Contributions & Beginning Amount (line 1+ line 2) 3 \$530.59 Total Monetary Expenditures (line 19) 4 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4) \$0.00 5 The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 10 (2) (a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate) I hearby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's (Treasurer's) Name:

egistered Agent's (Treasurer's) Signature:	Date:
rint Candidate Name: HAALBERTON	
Candidate's Signature:	Date: 11 27 202
	•

### **DETAILED SUMMARY**

Full Name of Committee/Person: Friends of Angie Bedolla

Current Rej	porting Period: 10/25/21 Through	11/27/21
Funds on h	and at the beginning of reporting period (Monetary Only):	\$530.59
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$0.00
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	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$0.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$0.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$0.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$525.00
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")	\$5.59
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
. 19	Total Monetary Expenditures (Total of lines 14 through 17)	\$530.59
20	<b>Total Monetary Expenditures</b> (Line 18 + Line 19)	\$530.59

Schedule A - Itemized Contributions Statement (\$20 or more)				
[C.R.S. 1-45-108 (1) (a)] Full Name of Committee/Person: Friends of Angie Bedolla				
Fun Hame of				
	Reporting Period Covered: 10/25/21 Through 11/27/21			
WARN	NING: Please read the instruction page for Schedule "A" before completing!			
PLEASE PRINT/TYPE	Total Itemized Contributions: \$ -			
1 Date Accepted	4 Name (Last, First): NONE			
	5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u> ):			
\$	9 Occupation (if applicable, <u>mandatory</u> ):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 <u>Contribution Amount</u>	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	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: Friends of An	gie Bedolla	
	Reporting Period Covered:	10/25/21 Through date	11/27/21 date
		Total Itemized Expenditures	525.00
PLEASE PRINT/TYPE			
1 Date Expended	4 Name (Last, First): Ascer	nd Strategies	
11/2/21 2 <u>Amount</u>	5 Address: 14824	Fillmore Wey	
\$ 525.00		Fillmore Way ton, CO 80602	
3 <u>Recipient is (optional):</u>	0 City/State/Zip		
Committee	7 Purpose of Expenditure:	Professional Services	
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 <u>Amount</u>	5 Address:		
\$	6 City/State/Zip:		
3 <u>Recipient is (optional):</u>			
Committee	7 Purpose of Expenditure:		
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 <u>Amount</u>	5 Address:		
\$	6 City/State/Zip:		
3 <u>Recipient is (optional):</u>			
Committee	7 Purpose of Expenditure:		
Non-Committee			
		<ul> <li>Andreas Margo C. (19) 40 (2014)</li> </ul>	
1 Date Expended	4 Name (Last, First):		
2 <u>Amount</u>	5 Address:		
\$	6 City/State/Zip:		
3 <u>Recipient is (optional):</u>			
Committee	7 Purpose of Expenditure:		
Non-Committee			

### Schedule C - Loans

Full Name of Committee/Person: Friends	of Angie Bedolla			
Reporting Period	and the second se	/25/21 Through date	11/27/21 date	
LOANS - Loans Owed by the Committee (Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.) [No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]				
LOAN SOURCE				
Name (Last, First or Institution): NONE				
Address:				
City/State/Zip:				
Original Amount of Loan:			%	
		Total of All Loans This Re	porting	
		Period:		
Loan Amount Received This Reporting Period:		(Place on line 8 of L	etailed Summary Report)	
Principal Amount Paid This Reporting Period:	Manufactoria			
Interest Amount Paid This Reporting Period:				
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Deta	\$0.00 ail Summary)	(Sum of Schedule C pages, Pla	\$0.00 (ce on line 16 of Detailed Summary)	
Outstanding Balance:				
TERMS OF LOAN:				
TERMIS OF LOAN.	Date Loan Received		Due Date for Final Payment	
LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN				
Full Name	Addre	ess, City, St., Zip	Amount Guaranteed	

# Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person:	Friends of Angie Bedolla			
	Reporting Period Covered:	10/25/21 date	Through	11/27/21 date
	Та	otal Returned (	Contributions:	\$ 5.59
	Т	otal Returned	Expenditures:	\$ -

**Returned Contributions** 

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

#### PLEASE PRINT/TYPE

1	Date Accepted		
	1/29/21	4 Name (Last, First):	Bedolla, Angie
2	Date Returned	5 Address:	11659 Columbine Pl
	11/26/21	6 City/State/Zip:	Thornton, CO 80233
3	Amount	7 Purpose:	Returned Donation
\$	5.59		

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

### **Returned Expenditures**

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

#### PLEASE PRINT/TYPE

1 <u>Date Expended</u> 2 <u>Date Returned</u> 3 <u>Amount</u> \$	<ol> <li>4 Name (Last, First):</li> <li>5 Address:</li> <li>6 City/State/Zip:</li> <li>7 Comment (optional):</li> </ol>	
1 Date Expended	4 Name (Last, First):	
2 Date Returned	5 Address:	
	6 City/State/Zip:	
3 <u>Amount</u>	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:	Friends of Angie Bedol	lla	
Repor	ting Period Covered:	10/25/21 date	Through	11/27/21 date
			temized Expenditures:	
PLEASE PRINT/TYPE	1	1 Utal 1	temizeu Expenditures.	ψ0.00
1 Date Provided	4 Name (Last, First):	NONE		
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
NAME OF COMPANY OF COMPANY	7 Description:			
	8 Employer (if applica	ble, mandatory):		
3 Aggregate Amount	9 Occupation (if appli			
		-	lidate/Candidate Committe	e or Political Party.*
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:	en la company de la company		
AND	7 Description:			
	8 Employer (if applica	able, mandatory):		
3 Aggregate Amount	9 Occupation (if appli			
			lidate/Candidate Committe	e or Political Party.*
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
and contractive states and the second	7 Description:			
	8 Employer (if applica	able, mandatory):		
3 Aggregate Amount	9 Occupation (if appli	cable, <u>mandatory</u> ):		
	10 Check box if (	Coordinated with a Cano	didate/Candidate Committe	e or Political Party.*
		a second and the second second		
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
用加速的中国市和日本国家	7 Description:			
the second second second	8 Employer (if applica	-	·····	
3 Aggregate Amount	9 Occupation (if appli			
	10 Check box if (	Coordinated with a Cano	didate/Candidate Committe	ee or Political Party.*
1 Date Provided	10 Mail			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
The second s	7 Description:			
	8 Employer (if applica			And the second second second second second
3 Aggregate Amount	9 Occupation (if appli	-		
	10 Check box if (	Coordinated with a Can	didate/Candidate Committe	ee 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."