

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



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**  
 (C.R.S. 1-45-108)

<b>Full Name of Committee/Person:</b>	Friends of Angie Bedolla <small>As Shown on Registration</small>
<b>Address of Committee/Person:</b>	11659 Columbine Place
<b>City, State &amp; Zip Code:</b>	Thornton, CO 80602
<b>Committee Type:</b>	Candidate
<b>Name and Address of Financial Institution:</b>	1st Bank -- 13600 Colorado Blvd Thornton, CO 80602

**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)



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)

**Reporting Period Covered:**

10/8/21

**Through**

10/24/21

date

date

**Declared Total Spending** (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

**Totals Detailed Summary Page**

1	<b>Funds on Hand at Beginning of Reporting Period</b> (monetary only)	\$7,078.62
2	<b>Total Monetary Contributions</b> (line 11)	\$4,290.00
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1+ line 2)	\$11,368.62
4	<b>Total Monetary Expenditures</b> (line 19)	\$10,838.03
5	<b>Funds on Hand at End of Reporting Period</b> (monetary) (line 3 - line 4)	\$530.59

**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 hereby 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: \_\_\_\_\_

Registered Agent's (Treasurer's) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Candidate Name: Angie Bedolla

Candidate's Signature: [Signature]

Date: 10/24/2021

## DETAILED SUMMARY

Full Name of Committee/Person:

Friends of Angie Bedolla

Current Reporting Period:

10/8/21

Through

10/24/21

<b>Funds on hand at the beginning of reporting period (Monetary Only):</b>		<b>\$7,078.62</b>
6	<b>Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "A")	<b>\$4,290.00</b>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	
8	<b>Loans Received</b> (Please list on Schedule "C")	<b>\$0.00</b>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	<b>\$0.00</b>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	<b>\$4,290.00</b>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	<b>\$0.00</b>
13	<b>Total Contributions</b> (Line 11 + line 12)	<b>\$4,290.00</b>
14	<b>Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)]</b> (Please list on Schedule "B")	<b>\$10,838.03</b>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 and less)	
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	<b>\$0.00</b>
17	<b>Returned Contributions (To Donor)</b> (Please list on Schedule "D")	<b>\$0.00</b>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	<b>\$10,838.03</b>
20	<b>Total Monetary Expenditures</b> (Line 18 + Line 19)	<b>\$10,838.03</b>

# 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

**Reporting Period Covered:** 10/8/21 **Through** 10/24/21  
date date

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

**Total Itemized Contributions:** \$ 4,290.00

**PLEASE PRINT/TYPE**

1 <u>Date Accepted</u> 10/13/2021	4 Name (Last, First): Ehlers, Barry 5 Address: PO Box 851 6 City/State/Zip: Croomfield, CO 80038 7 Description: Credit
2 <u>Contribution Amount</u> \$ 40.00	8 Employer (if applicable, <u>mandatory</u> ): 9 Occupation (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount*</u> \$ 40.00	

1 <u>Date Accepted</u> 10/19/2021	4 Name (Last, First): Occidental Petroleum 5 Address: 1701 Pennsylvania Ave 6 City/State/Zip: Washington, DC 7 Description: Check
2 <u>Contribution Amount</u> \$ 250.00	8 Employer (if applicable, <u>mandatory</u> ): 9 Occupation (if applicable, <u>mandatory</u> ):
3 <u>Aggregate Amount*</u> \$ 250.00	

1 <u>Date Accepted</u> 10/21/2021	4 Name (Last, First): Smith, Kevin 5 Address: 4100 E Mississippi Ave Suite 500 6 City/State/Zip: Denver, CO 80602 7 Description: Online
2 <u>Contribution Amount</u> \$ 2000.00	8 Employer (if applicable, <u>mandatory</u> ): Westside 9 Occupation (if applicable, <u>mandatory</u> ): Development
3 <u>Aggregate Amount*</u> \$ 2000.00	

1 <u>Date Accepted</u> 10/21/2021	4 Name (Last, First): Kulmann, Dave 5 Address: 14824 Fillmore Way 6 City/State/Zip: Thornton, CO 80602 7 Description: Online
2 <u>Contribution Amount</u> \$ 250.00	8 Employer (if applicable, <u>mandatory</u> ): Ascend Strategies, LLC 9 Occupation (if applicable, <u>mandatory</u> ): Owner
3 <u>Aggregate Amount*</u> \$ 250.00	

\* 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).

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered:

10/8/21  
date

Through

10/24/21  
date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/23/2021	4 Name (Last, First): <u>Kulmann, Dave</u>
2 <u>Contribution Amount</u> \$ 300.00	5 Address: <u>14824 Fillmore Way</u>
3 <u>Aggregate Amount*</u> \$ 550.00	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>Ascend Strategies, LLC</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Owner</u>

1 <u>Date Accepted</u> 10/24/2021	4 Name (Last, First): <u>Kulmann Dave</u>
2 <u>Contribution Amount</u> \$ 950.00	5 Address: <u>14824 Fillmore Way</u>
3 <u>Aggregate Amount*</u> \$ 1500.00	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u> ): <u>Ascend Strategies, LLC</u>
	9 Occupation (if applicable, <u>mandatory</u> ): <u>Owner</u>

1 <u>Date Accepted</u> 10/22/2021	4 Name (Last, First): <u>Comcast Financial Agency Corporation</u>
2 <u>Contribution Amount</u> \$ 500.00	5 Address: <u>1701 JFK Blvd</u>
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: <u>Philadelphia, PA 19103</u>
	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:**

Friends of Angie Bedolla

**Reporting Period Covered:**

10/8/21

date

**Through**

10/24/21

date

**Total Itemized Expenditures:**

10,838.03

**PLEASE PRINT/TYPE**

1 <u>Date Expended</u> 10/12/21	4 Name (Last, First): <u>Point Blank Consulting</u>
2 <u>Amount</u> \$ <u>530.00</u>	5 Address: <u>330 Crown Oak Centre Dr</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Longwood, FL 32750</u>
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/14/21	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>1.90</u>	5 Address: <u>555 Hilton Ave Suite 106</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Baton Rouge, LA 70808</u>
	7 Purpose of Expenditure: <u>Fundraising Expenses</u>

1 <u>Date Expended</u> 10/17/21	4 Name (Last, First): <u>Ascend Strategies, LLC</u>
2 <u>Amount</u> \$ <u>4509.00</u>	5 Address: <u>14824 Fillmore Way</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Purpose of Expenditure: <u>Canvassers</u>

1 <u>Date Expended</u> 10/18/21	4 Name (Last, First): <u>Mittera Group</u>
2 <u>Amount</u> \$ <u>499.95</u>	5 Address: <u>5000 Osage St #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80602</u>
	7 Purpose of Expenditure: <u>Advertising</u>

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

**Full Name of Committee/Person:** Friends of Angie Bedolla

**Reporting Period Covered:** 10/8/21 **Through** 10/24/21  
date date

**PLEASE PRINT/TYPE**

1 <u>Date Expended</u> 10/21/21	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 80.60	5 Address: <u>555 Hilton Ave Suite 106</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Baton Rouge, LA 70808</u>
	7 Purpose of Expenditure: <u>Fundrasing Expenses</u>

1 <u>Date Expended</u> 10/21/21	4 Name (Last, First): <u>Best Sellers LLC</u>
2 <u>Amount</u> \$ 250.00	5 Address: <u>313 Red Eagle Circle</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Ridgeland, MS 80221</u>
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/22/21	4 Name (Last, First): <u>Mittera Group</u>
2 <u>Amount</u> \$ 1145.80	5 Address: <u>5000 Osage St #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80602</u>
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/23/21	4 Name (Last, First): <u>Mittera Group</u>
2 <u>Amount</u> \$ 2870.78	5 Address: <u>5000 Osage St #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80602</u>
	7 Purpose of Expenditure: <u>Advertising</u>

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 10/8/21 Through 10/24/21  
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/24/21	4 Name (Last, First): <u>Point Blank Consulting</u>
2 <u>Amount</u> \$ 950.00	5 Address: <u>330 Crown Oak Centre Dr</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Longwood, FL 32750</u>
	7 Purpose of Expenditure: <u>Advertising</u>

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:** Friends of Angie Bedolla

**Reporting Period Covered:** 10/8/21 **Through** 10/24/21  
date 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): NONE
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:** Friends of Angie Bedolla

**Reporting Period Covered:** 10/8/21 **Through** 10/24/21  
date date

**Total Itemized Expenditures:** \$0.00

**PLEASE PRINT/TYPE**

1 <u>Date Provided</u>	4 Name (Last, First): NONE
2 <u>Fair Market Value</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> ): _____
	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): _____
2 <u>Fair Market Value</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> ): _____
	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): _____
2 <u>Fair Market Value</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> ): _____
	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): _____
2 <u>Fair Market Value</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> ): _____
	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): _____
2 <u>Fair Market Value</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> ): _____
	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."