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CONDITIONALLY ACCEPTED
 Space Below For Office Use Only

NOV 03 2023

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Friends of Angie Bedolla <small>As Shown on Registration</small>
Address of Committee/Person:	11659 Columbine Pl
City, State & Zip Code:	Thornton CO 80233
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	1st Bank, 13600 Colorado Blvd.

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:



Regularly Scheduled Filing.



October 17, 2023 (21 days prior to the November 7, 2023 Municipal Election)



November 3, 2023 (Friday prior to the November 7, 2023 Municipal Election)



December 12, 2023 (35 days after the November 7, 2023 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:

10/13/23

date

Through

10/29/23

date

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

\$

N/A

Totals Detailed Summary Page

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$9,956.51
2	Total Monetary Contributions (line 11)	\$1,600.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$11,556.51
4	Total Monetary Expenditures (line 19)	\$6,274.85
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$5,281.66

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:

Date: 11/3/2023

DETAILED SUMMARY

Full Name of Committee/Person: Friends of Angie Bedolla

Current Reporting Period:

10/13/23

Through

10/29/23

Funds on hand at the beginning of reporting period (Monetary Only):		\$9,956.51
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$1,600.00
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	Total Monetary Contributions (Total of lines 6 through 10)	\$1,600.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$61.00
13	Total Contributions (Line 11 + line 12)	\$1,661.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$6,274.85
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)	\$6,274.85
20	Total Monetary Expenditures (Line 18 + Line 19)	\$6,274.85

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:** 10/13/23 Through 10/29/23
date date**WARNING: Please read the instruction page for Schedule "A" before completing!****Total Itemized Contributions:** \$ 1,600.00**PLEASE PRINT/TYPE**

1 <u>Date Accepted</u> 10/20/2023	4 Name (Last, First): <u>Pachner, Marcus</u>
2 <u>Contribution Amount</u> \$ 200.00	5 Address: <u>4700 East 6th Ave Pkw</u>
3 <u>Aggregate Amount*</u> \$ 200.00	6 City/State/Zip: <u>Denver CO 80220</u>
	7 Description: <u>Electronic contribution</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>TPC</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

1 <u>Date Accepted</u> 10/23/2023	4 Name (Last, First): <u>Case Farms</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>PO Box 247</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Eastlake CO 80614</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>NA</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>NA</u>

1 <u>Date Accepted</u> 10/26/2023	4 Name (Last, First): <u>White, David</u>
2 <u>Contribution Amount</u> \$ 300.00	5 Address: <u>1255 North Huntington Trails Parkway</u>
3 <u>Aggregate Amount*</u> \$ 300.00	6 City/State/Zip: <u>Westminster CO 80023</u>
	7 Description: <u>Electronic contribution</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>JFW Corporation</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Safety Maintenance</u>

1 <u>Date Accepted</u> 10/28/2023	4 Name (Last, First): <u>Osborn, Robert</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>2843 Breezy Lane</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Castle Rock CO 80109</u>
	7 Description: <u>Electronic contribution</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>CORE Electric Cooperative</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Business Development Director</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:**

10/13/23

date

Through

10/29/23

date

Total Itemized Expenditures:

6,274.85

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/16/23	4 Name (Last, First): <u>Mittera</u>
2 <u>Amount</u> \$ 3129.00	5 Address: <u>5000 Osage St #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80221</u>
	7 Purpose of Expenditure: <u>Mailers</u>

1 <u>Date Expended</u> 10/17/23	4 Name (Last, First): <u>Ringside Consulting</u>
2 <u>Amount</u> \$ 920.00	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Consulting services</u>

1 <u>Date Expended</u> 10/20/23	4 Name (Last, First): <u>Charity Meinhart Design</u>
2 <u>Amount</u> \$ 131.25	5 Address: <u>754 Flower St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Grand Junction CO 81506</u>
	7 Purpose of Expenditure: <u>Graphic design services</u>

1 <u>Date Expended</u> 10/25/23	4 Name (Last, First): <u>Mittera</u>
2 <u>Amount</u> \$ 2078.00	5 Address: <u>5000 Osage St #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80221</u>
	7 Purpose of Expenditure: <u>Mailers</u>

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered:

10/13/23

date

Through

10/29/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/26/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 12.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 10/28/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 4.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</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: _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 10/13/23 **Through** 10/29/23
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

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

PLEASE PRINT/TYPER

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/TYPER

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:

10/13/23

date

Through

10/29/23

date

Total Itemized Expenditures:

\$61.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u> 10/14/23	4 Name (Last, First): Bedolla, Angie
2 <u>Fair Market Value</u> \$61.00	5 Address: 11659 Columbine Pl
3 <u>Aggregate Amount</u> \$61.00	6 City/State/Zip: Thornton CO 80233
	7 Description: Food, plates, and utensils for Crossing Point Senior Center meet and greet
	8 Employer (if applicable, mandatory):
	9 Occupation (if applicable, mandatory):
	10 <input checked="" 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, mandatory):
	9 Occupation (if applicable, mandatory):
	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, mandatory):
	9 Occupation (if applicable, mandatory):
	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, mandatory):
	9 Occupation (if applicable, mandatory):
	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, mandatory):
	9 Occupation (if applicable, mandatory):
	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."