CONDITIONALLY ACCEPTED

OCT 31 2023

THORNTON CITY CLERK

Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

Denver, CO 80290
Phone: (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 2010 Revised Reporting Forms

The Report of Contributions and Expenditures is a financial report required for all committees or parties that accept contributions or make expenditures to support or oppose a candidate or an initiative seeking access to the ballot and/or a referendum placed on the ballot by the general assembly. The report is comprised of 7 basic data entry pages along with several informational and instructional pages. The data entry forms consist of the Report of Contributions and Expenditures with the Detail Summary, Schedules A, B, C, D and the Statement of Non-Monetary Contributions. Completion of Schedules A, B, C, D and the Statement of Non-Monetary Contribution forms should be done prior to completion of the Report of Contributions and Expenditures and Detail Summary pages. Listed below are brief descriptions of what each data entry page accomplishes to help you complete and finalize this report.

Report of Contributions and Expenditures (page 1)

A summary page of the committee or party name, address, financial institution, registered agent and the contribution/expenditure totals for a specific reporting period with the **Detailed Summary page** (page 2) that summarizes totals for all other data entry forms. Complete this 2-page form last.

Schedule A

This form is used to report monetary contributions received by the committee or party that exceed \$19.99. (Money received into the committee/party.)

Schedule E

This form is used to report expenditures paid out by the committee or party that exceed \$19.99. (Money expended/paid out by the committee/party.)

Schedule C

This form details loans received and repaid by the committee/party. (Money received by committee from a financial institution and/or repayment of a loan to a financial institution.)

Schedule D

This form allows the committee/party to account for either a contribution or expenditure that has been made and is being returned to the committee/party.

Statement of Non-Monetary Contributions

This form details contributions received that are tangible and can be assessed a fair market value. Expenditures on behalf of a candidate that are coordinated with or controlled by the candidate, candidate's agent or the political party shall be counted as a contribution to and expenditure by the candidate committee or the political party.

The Report of Contributions and Expenditures MUST be received by the appropriate officer on or before the due date. Postmark dates are not recognized. A faxed report MUST be followed up with the original document within seven calendar days. The candidate and/or registered agent are responsible for the content and accuracy of the report.

Municipal committees should contact their municipal/town clerk for assistance.

Instructions for REPORT OF CONTRIBUTIONS AND EXPENDITURES DETAILED SUMMARY

Reference Colorado Revised Statute: 1-45-108, C.R.S.
Who uses this form? All Committees

Purpose of form: This form is used to summarize the information from all other forms.

Is this form required? Yes

When do I file this form? This form must be received by the designated election official on or

before the filing due date for the reporting period. Postmarks are not

accepted.

COMPLETING THE FORM

This form uses information contained on other forms; all other applicable forms must be completed prior to filing this summary form.

- STEP 1. Completely fill out the Report of Contributions and Expenditures page until you reach Line 1.
 - > Print or type the full name of the committee
 - > Print or type the address of your committee. Print or type the city, state and zip code of your committee.
 - Print or type the name of the financial institution where the committee funds are deposited. [1-45-108(1)(a)(IV)(b), C.R.S.]
 - > Print or type the address of the financial institution including city, state and zip code.
 - > Determine what type of report is being filed.
 - Regularly Scheduled Filings are normal reporting periods as required in 1-45-108 & 1-45-109,
 C.R.S. (These dates are available through the Campaign and Political Finance manual, your
 local election official, the calendars provided and the Secretary of State web site
 www.sos.state.co.us)
 - Amended Filings are reports that correct a previously filed report.
 - Termination Reports are filings that close a committee, indicating the committee is no longer in existence. You must report a zero balance on line #5. (Art. XXVIII, Sec. 2(3), 1-45-106, C.R.S., and the Rules Concerning Campaign and Political Finance 3.3)
 - > Check (\(\)) the appropriate box next to the type of report filed. If this report is an *amended filing*, print or type the date of the originally filed report being amended.
 - > Print or type the Reporting Period being covered. (The beginning and ending dates)
- STEP 2. Skip Lines 1-5 and the Authorization portion of the Report of Contributions and Expenditures page (page 1) and go to the Detailed Summary page (page 2).
- STEP 3. On the Detail Summary page of the Report of Contributions and Expenditures form completely fill out the header information and lines 6 through 20.
 - ➤ Line #6 Enter the total amount from Schedule A.

- ➤ Line #7 Enter the total amount of contributions received this reporting period that were \$19.99 or less.
- ➤ Line #8 Enter the total amount of all loans received this reporting period. (Schedule C)
- Line #9 Enter the total amount of all other receipts. (Example: Interest, Dividends)
- ➤ Line #10 Enter the total amount of all expenditures returned or refunded to the committee. (Schedule D money coming back to the committee).
- ➤ Line #11 Enter the sum of Lines #6 through #10.
- Line #12 Enter the total amount of all Non-Monetary Contributions from the Statement of Non-Monetary Contributions form.
- ➤ Line #13 Enter the sum of Line #11 and #12.
- ➤ Line #14 Enter the total amount from Schedule B.
- ➤ Line #15 Enter the total amount of all Expenditures \$19.99 or less.
- ➤ Line #16 Enter the total amount of all loan payments paid this reporting period. (Schedule C)
- ➤ Line #17 Enter the total amount of contributions returned to the donor. Example: A contributor exceeded contribution limits and the amount exceeding that limit must be returned. (Schedule D money going out of the committee).
- ➤ Line #18 Enter the total amount of expenditures by a third party that are controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)
- ➤ Line #19 Enter the sum of Lines #14 through #17.
- ➤ Line #20 Enter the sum of lines #18 and #19. [Art. XXVIII, Sec. 5(3)]
- STEP 4. Return to the Report of Contributions and Expenditures form and complete Lines 1-5.
 - ➤ Line #1 If this is your first Report of Contributions and Expenditures as a committee enter zero (0). If you have previously filed enter the ending balance from line #5 of your most recently filed report.
 - ➤ Line #2 Enter the total amount from Line #11.
 - ➤ Line #3 Enter the sum of Lines #1 and #2.
 - ➤ Line #4 Enter the total amount from Line #19.
 - ➤ Line #5 Enter the difference of Line #3 minus Line #4.
- STEP 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

Elections Division
Department of State
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Ph: (303) 894-2200 ext. 638 Fax: (303) 869-4861 Email: cpfhelp@sos.state.co.us www.sos.state.co.us



Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

	(C.R.S. 1-45-108)			
Full Name of Committee/Person:	Friends of Angie Bedolla As Shown on Registration			
Address of Committee/Person:	11659 Columbine Pl			
City, State & Zip Code:	Thornton, CO 80223			
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				
November 3, 2023 (I December 12, 2023 (NLY	023 Municipal El	ection)	
1 Funds on Hand at Beginning of Reporting	Period (monetary only)		\$0.00	
2 Total Monetary Contributions (line 11)			\$21,300.00	
3 Total of Monetary Contributions & Begins 4 Total Monetary Expenditures (line 19)	ning Amount (line 1+ line 2)		\$21,300.00 \$11,343.49	
5 Funds on Hand at End of Reporting Period	d (monetary) (line 3 - line 4)		\$9,956.51	
The appropriate officer shall impose [A Authorization (Must be completed by either the lithat to the best of my knowledge or belief all cont	Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidate)	I hearby certify and	d declare, under penalty of perjury,	
form of membership dues transferred by a member Print Registered Agent's (Treasurer's) Name:			g any contributions received in the	
Registered Agent's (Treasurer's) Signature:		Date:		
Print Candidate Name: Candidate's Signature: Angiecus and Diefflost Assarti		Date:	10/31/2023	

DETAILED SUMMARY

Full Name of Committee/Person:	Friends of Angie Bedolla

Current Reporting Period: 1.25.23 Through 10.12.23

	<u> </u>	
Funds on h	and at the beginning of reporting period (Monetary Only):	
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$21,300.00
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)	\$21,300.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$0.00
13	Total Contributions (Line 11 + line 12)	\$21,300.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$11,343.49
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)	\$11,343.49
20	Total Monetary Expenditures (Line 18 + Line 19)	\$11,343.49

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

 Required to disclose occupation and employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

Accepts contributions of no more than \$50 per year, <u>FROM NATURAL PERSONS ONLY.</u>
 [Art. XXVIII, Sec. 2(14)(a)]

PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
 - (a) Any natural person who is not a citizen of the United States;
 - (b) A foreign government; or
 - (c) any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political
 party shall accept a contribution, or make an expenditure, in currency or coin exceeding one
 hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political
 committee, small donor committee, or political party with the expectation that some or all of the
 amounts of such contribution will be reimbursed by another person. No person shall be reimbursed
 for a contribution made to any candidate committee, issue committee, political committee, small
 donor committee, or political party, nor shall any person make such reimbursement except as
 provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]

Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete prohibited contributions.

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1.25.23 Through 10.12.23

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

Total Itemized Contributions: \$ 21,300.00

PLEASE PRINT/TYPE

1	Date Accepted	4 Name (Last, First):	Bedolla, Angie
	25.01.2023	5 Address:	11659 Columbine Pl
2	Contribution Amount	6 City/State/Zip:	Thornton CO 80233
\$	40.00	7 Description	Initial account deposit
3	Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):
\$	40.00	9 Occupation (if applied	cable, <u>mandatory</u>):
1	Date Accepted	4 Name (Last, First):	Sandgren, Jessica
	02.02.2023	5 Address:	10533 Garfield St
2	Contribution Amount	6 City/State/Zip:	Thornton CO 80233
\$	50.00	7 Description	Check
3	Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):
\$	50.00	9 Occupation (if applie	cable, <u>mandatory</u>):
1	Date Accepted	4 Name (Last, First):	Matkosky, Nicole
1	Date Accepted 02.02.2023	4 Name (Last, First): 5 Address:	Matkosky, Nicole 13352 Franklin St
1 2	02.02.2023		<u> </u>
	02.02.2023	5 Address:	13352 Franklin St
2	02.02.2023 Contribution Amount	5 Address: 6 City/State/Zip:	13352 Franklin St Thornton CO 80241 Check
2 \$	02.02.2023 Contribution Amount 50.00	5 Address: 6 City/State/Zip: 7 Description	13352 Franklin St Thornton CO 80241 Check ble, mandatory):
2 \$	02.02.2023 Contribution Amount 50.00 Aggregate Amount*	5 Address:6 City/State/Zip:7 Description8 Employer (if application)	13352 Franklin St Thornton CO 80241 Check ble, mandatory):
2 \$ 3 \$	02.02.2023 Contribution Amount 50.00 Aggregate Amount* 50.00	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applica 9 Occupation (if applic	13352 Franklin St Thornton CO 80241 Check ble, mandatory):
2 \$ 3 \$	O2.02.2023 Contribution Amount 50.00 Aggregate Amount* 50.00 Date Accepted	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applica 9 Occupation (if applica 4 Name (Last, First):	13352 Franklin St Thornton CO 80241 Check ble, mandatory): cable, mandatory): Unrein, Anthony
2 \$ 3 \$	02.02.2023 Contribution Amount 50.00 Aggregate Amount* 50.00 Date Accepted 02.02.2023	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicate of	13352 Franklin St Thornton CO 80241 Check ble, mandatory): cable, mandatory): Unrein, Anthony 8011 E 148th Dr
2 \$ 3 \$	02.02.2023 Contribution Amount 50.00 Aggregate Amount* 50.00 Date Accepted 02.02.2023 Contribution Amount	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicated of	13352 Franklin St Thornton CO 80241 Check ble, mandatory): cable, mandatory): Unrein, Anthony 8011 E 148th Dr Thornton CO 80602 Check

^{*} 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

Page 2

Through **Reporting Period Covered:** 1.25.23 10.12.23 date date PLEASE PRINT/TYPE Carlson, Ryan 1 Date Accepted 4 Name (Last, First): 02.02.2023 5 Address: 12460 East Ct. PO Box 247 2 Contribution Amount 6 City/State/Zip: Thornton CO 80641 \$ 250.00 7 Description Check 3 Aggregate Amount* 8 Employer (if applicable, <u>mandatory</u>): Carlson Associates \$ 250.00 9 Occupation (if applicable, mandatory): Vice President Thornton Professional Firefighters Local #2376 Political Action Funds 4 Name (Last, First): 1 Date Accepted 08.02.2023 5 Address: PO Box 29426 6 City/State/Zip: Thornton CO 80229 2 Contribution Amount 1000.00 7 Description Check 3 Aggregate Amount* 8 Employer (if applicable, <u>mandatory</u>): NA \$ 1000.00 9 Occupation (if applicable, mandatory): NA Jaramillo, Chris 4 Name (Last, First): 1 Date Accepted 09.02.2023 5 Address: 3901 E 112th Ave 2 Contribution Amount 6 City/State/Zip: Thornton CO 80233 250.00 7 Description Electronic donation 8 Employer (if applicable, mandatory): 3 Aggregate Amount* State Farm Insurance \$ 250.00 9 Occupation (if applicable, mandatory): Insurance Agent Harris, Tanya 4 Name (Last, First): 1 Date Accepted 09.02.2023 Address: 11654 Columbine Pl 2 Contribution Amount 6 City/State/Zip: Thornton CO 80233 \$ 200.00 7 Description Electronic donation 3 Aggregate Amount* 8 Employer (if applicable, mandatory): NA 9 Occupation (if applicable, mandatory): Student \$ 200.00

^{*} 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 Ang	ie Bedolla		
	Reporting Period Co	vered:	1.25.23 date	Through	10.12.23 date
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First):	Garcia, Eric			
09.02.2023	5 Address:	10181 Wyandott C	Circle North		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 8026	60		
\$ 55.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 55.00	9 Occupation (if applied	cable, <u>mandatory</u>):			
1 <u>Date Accepted</u>	4 Name (Last, First):	Osborn, Robert			
09.02.2023	5 Address:	2843 Breezy Lane			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Castle Rock CO 8	0109		
\$ 100.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	CORE Electric Cooperat	tive	
\$ 100.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Business Development I	Director	
1 Date Accepted	4 Name (Last, First):	Potter, Courtney			
10.02.2023	5 Address:	14077 Hudson St			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 8060)2		
\$ 250.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Thornton Chamber of Co	ommerce	
\$ 250.00	9 Occupation (if applied	cable, <u>mandatory</u>):	President		
1 <u>Date Accepted</u>	4 Name (Last, First):	Martinez, Wayne			
10.02.2023	5 Address:	10181 Truckee Wa	ny		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Commerce City C	O 80022		
\$ 25.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 25.00	9 Occupation (if applied	cable, mandatory):			

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Full Name of Committee/Person:		Friends of Angie Bedolla		
	Reporting Period Co	vered:	1.25.23 Through 10.12.23 date	
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First):	Kulmann, Dave		
25.02.2023	5 Address:	14824 Filmore Wa	ny	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 8060	02	
\$ 200.00	7 Description	Check		
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	Self	
\$ 200.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Consultant	
1 Date Accepted	4 Name (Last, First):	Hanfling, Joshua		
05.03.2023	5 Address:	1300 North Ogder	n St	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80218		
\$ 250.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	Sewald Hanfling	
\$ 250.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Principal and Co-founder	
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 applica	ıble, <u>mandatory</u>):		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):		
1 Date Accepted	4 Name (Last, First):	Myers, Lynn		
31.03.2023	5 Address:	2520 S Tucson W	ay	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Aurora CO 80014		
\$ 50.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):		
\$ 50.00	9 Occupation (if applied	cable, mandatory):		

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Friends of Angie Bedolla

Full Name of Committee/Person:		Friends of Ang	ie Bedolla	
	Reporting Period Co	vered:	1.25.23 Through	10.12.23 date
PLEASE PRINT/TYPE				
1 <u>Date Accepted</u>	4 Name (Last, First):	McGowne, Chris		
06.04.2023	5 Address:	1903D E 24th, Dr		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Hays KS 67601		
\$ 50.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):		
\$ 50.00	9 Occupation (if applied	cable, <u>mandatory</u>):		
1 Date Accepted	4 Name (Last, First):	Dean, Richard		
11.04.2023	5 Address:	1842 Montane Dr	East	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Golden CO 80401		
\$ 250.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	Stratus Companies	
\$ 250.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Founder	
1 Date Accepted	4 Name (Last, First):	Clutter, Aaron		
13.04.2023	5 Address:	7200 South Alton	Way	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Centennial CO 80	112	
\$ 100.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	JR Engineering	_
\$ 100.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Principal and President	
1 <u>Date Accepted</u>	4 Name (Last, First):	Faraci, Christena		
13.04.2023	5 Address:	242 S Forest St		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80246	Ó	
\$ 100.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Faraci Government Relations	
\$ 100.00	9 Occupation (if applied	cable, <u>mandatory</u>):	President	

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Friends of Angie Bedolla

Full Name of Committee/Person:		Friends of Ang	ie Bedolla	
DI EACE DOINTE/OVDE	Reporting Period Co	overed:	1.25.23 Through	10.12.23 date
PLEASE PRINT/TYPE	Τ	Carlana Diales		
1 <u>Date Accepted</u>	4 Name (Last, First):	Carlson, Blake		
14.04.2023	5 Address:	14570 Clay St		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Broomfield CO 80	0023	
\$ 1000.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	Carlson Land Development	
\$ 1000.00	9 Occupation (if appli	.cable, <u>mandatory</u>):	Investor	
1 Date Accepted	4 Name (Last, First):	Carlson, Tyler		
14.04.2023	5 Address:	1873 S Bellaire St		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80222		
\$ 500.00	7 Description	Electronic donation	on	
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Evergreen Devco	
\$ 500.00	9 Occupation (if appli	.cable, <u>mandatory</u>):	Managing Principal	
1 Date Accepted	4 Name (Last, First):	Beckwitt, Jonatha	n	
14.04.2023	5 Address:	584 S Gilpin St		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80209)	
\$ 100.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Lennar	
\$ 100.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Senior Land Acquisition Manager	
1 <u>Date Accepted</u>	4 Name (Last, First):	Hogan, Teresa		
15.04.2023	5 Address:	14686 Fillmore Ct	t .	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Brighton CO 8060)2	
\$ 375.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	LJA Engineering	
\$ 375.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Senior Vice President	

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Full Name of Committee/Person:		Friends of Ang	ie Bedolla		
DI EACE DIVINITATIVA	Reporting Period Co	vered:	1.25.23 T	hrough	10.12.23 date
PLEASE PRINT/TYPE					
1 <u>Date Accepted</u>	4 Name (Last, First):	Wiegert, Jim			
15.04.2023	5 Address:	5407 Ledgerstone	Dr		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Dallas TX 75214			
\$ 375.00	7 Description	Electronic donation	n		
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	LJA Engineering		
\$ 375.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Senior Vice President		
1 <u>Date Accepted</u>	4 Name (Last, First):	McGeady, Marya	nn		
17.04.2023	5 Address:	15 Pinyon Pine Ro	oad		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Littleton CO 8012	7		
\$ 250.00	7 Description	Electronic donation	n		
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	McGeady Becher P.C.		
\$ 250.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Founding Member		
1 Date Accepted	4 Name (Last, First):	Henry, Karen			
17.04.2023	5 Address:	1501 Wazee Stree	t 1-C		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80202			
\$ 50.00	7 Description	Electronic donation	n		
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):			
\$ 50.00	9 Occupation (if appli	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):	Eicher, Craig			
21.04.2023	5 Address:	5 Kenwood Pl			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Golden CO 80403			
\$ 25.00	7 Description	Electronic donation	n		
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):			
\$ 25.00	9 Occupation (if appli	cable, mandatory):			

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Friends of Angie Bedolla

Full Name of Committee/Person:		Friends of Ang	ie Bedolla	
PLEASE PRINT/TYPE	Reporting Period Co	vered:	1.25.23 Through	10.12.23 date
	T	Wright, Earl		
1 <u>Date Accepted</u>	4 Name (Last, First):			
21.04.2023	5 Address:	6296 Greenwood		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Greenwood Villag		
\$ 250.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	AMG National Trust Bank	
\$ 250.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Chairman	
1 Date Accepted	4 Name (Last, First):	Brophy, Gregory		
21.04.2023	5 Address:	PO Box 332		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Wray CO 80758		
\$ 100.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Brophy Strategies LLC	
\$ 100.00	9 Occupation (if appli	cable, <u>mandatory</u>):	President	
1 Date Accepted	4 Name (Last, First):	Carlson, Clarke		
21.04.2023	5 Address:	PO Box 247		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 806	14	
\$ 1000.00	7 Description	Check		
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	Calrson Associates	
\$ 1000.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Owner	
1 Date Accepted	4 Name (Last, First):	Jumps, Brian		
24.04.2023	5 Address:	5025 Lakeshore D	r	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Bow Mar CO 801	23	
\$ 250.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Jumps Law LLC	
\$ 250.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Attorney	

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Full Name of Committee/Person:		Friends of Angi	ie Bedolla	
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	1.25.23 Through	10.12.23 date
TLEASE I KIN 1/111E	1	Dool Dione		
1 <u>Date Accepted</u>	4 Name (Last, First):	Rael, Diana		
25.04.2023	-	1101 Bannock St		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80204		
\$ 500.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applicable	le, <u>mandatory</u>):	Norris Design	
\$ 500.00	9 Occupation (if applica	able, <u>mandatory</u>):	Principal	
1 Date Accepted	4 Name (Last, First):	Leprino, Laura		
15.05.2023	5 Address:	2640 E Cedar Ave	:	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80209		
\$ 250.00	7 Description <u>1</u>	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applicable	le, <u>mandatory</u>):	Leprino Foods	
\$ 250.00	9 Occupation (if applica	able, <u>mandatory</u>):	<u>Co-Owner</u>	
1 Date Accepted	4 Name (Last, First):	Carlson, Kent		
18.05.2023	5 Address:	12460 1st St PO B	ox 247	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 8061	14	
\$ 1000.00	7 Description	Check		
3 Aggregate Amount*	8 Employer (if applicable	le, mandatory):	Carlson Associates	
\$ 1000.00	9 Occupation (if applica	able, <u>mandatory</u>):	Principal	
1 Date Accepted	4 Name (Last, First):	Klein, Andy		
24.05.2023	5 Address:	4100 E Mississipp	i Ave	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80246		
\$ 500.00	7 Description	Electronic donation	n	
3 Aggregate Amount*	8 Employer (if applicable	le, mandatory):	Westside Investments	
\$ 500.00	9 Occupation (if applica	able, mandatory):	Partner	

^{*} 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:

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

Friends of Angie Bedolla

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Through **Reporting Period Covered:** 1.25.23 10.12.23 date date PLEASE PRINT/TYPE Perlmutter, Jonathan 4 Name (Last, First): Date Accepted 01.06.2023 5 Address: 1601 Blake St Suite 600 2 Contribution Amount 6 City/State/Zip: Denver CO 80202 \$ 250.00 7 Description Electronic donation 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount* Jordon Perlmutter & Co. 9 Occupation (if applicable, mandatory): Principal \$ 250.00 Thornton Professional Firefighters Local #2376 Political Action Funds 4 Name (Last, First): 1 Date Accepted 01.06.2023 5 Address: PO Box 29426 6 City/State/Zip: Thornton CO 80229 2 Contribution Amount \$ 750.00 7 Description Check 8 Employer (if applicable, <u>mandatory</u>): Aggregate Amount* NA \$ 1750.00 9 Occupation (if applicable, mandatory): NA Howes, Christopher 1 Date Accepted 4 Name (Last, First): 02.06.2023 Address: 1580 Lincoln St 2 Contribution Amount 6 City/State/Zip: Denver CO 80203 250.00 7 Description Electronic donation 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount* Howes Wolf \$ 250.00 9 Occupation (if applicable, mandatory): Partner Green, Daniel 1 Date Accepted 4 Name (Last, First): 22.06.2023 5 Address: 7 Meadowview Lane 6 City/State/Zip: 2 Contribution Amount Greenwood Village CO 80121 \$ 250.00 7 Description Electronic donation 8 Employer (if applicable, mandatory): 3 Aggregate Amount* J.A. Green Development Corp. 9 Occupation (if applicable, mandatory): Owner 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 Committ	ree/Person: Friends of A	angie Bedolla
	Reporting Period Covered:	1.25.23 Through 10.12.23
PLEASE PRINT/TYPE		date date
1 Date Accepted	4 Name (Last, First): Beasley, Mich	nael
29.06.2023		ay Suite 200-321
2 Contribution Amount	6 City/State/Zip: Denver CO 802	
\$ 250.00	7 Description Check	
3 Aggregate Amount*	8 Employer (if applicable, mandatory):	: 5280 Strategies, LLC
\$ 250.00	9 Occupation (if applicable, mandatory	y): President
1 <u>Date Accepted</u>	4 Name (Last, First): Vanderschaaf,	John
09.07.2023	5 Address: 4628 E 115th C	Cir
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton CO 8	30233
\$ 50.00	7 Description Electronic dona	ation
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):	:
\$ 50.00	9 Occupation (if applicable, mandatory	у):
1 <u>Date Accepted</u>	4 Name (Last, First): Foster, Jennifer	r
12.07.2023	5 Address: 2334 Country C	Club Loop
2 <u>Contribution Amount</u>	6 City/State/Zip: Westminster C	O 80234
\$ 1000.00	7 Description Electronic dona	ation
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):	: <u>Self</u>
\$ 1000.00	9 Occupation (if applicable, mandatory	y): Consultant
1 Date Accepted	4 Name (Last, First): Gayeski, Larry	
13.07.2023	5 Address: 2334 Country C	Club Loop
2 <u>Contribution Amount</u>	6 City/State/Zip: Westminster C	O 80234
\$ 1000.00	7 Description Electronic dona	ation
3 Aggregate Amount*	8 Employer (if applicable, mandatory):	: Gayeski Associates
\$ 1000.00	9 Occupation (if applicable, mandatory	y): Principal/Broker

^{*} 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 An		riends of Angi	ie Bedolla
	Reporting Period Covere	ed:	1.25.23 Through 10.12.23
PLEASE PRINT/TYPE			date date
1 Date Accepted	4 Name (Last, First): Co	olwell, Naomi	
13.07.2023	5 Address: 544	43 South Danub	e Way
2 <u>Contribution Amount</u>	1 —	entennial CO 800	-
\$ 100.00	7 Description Ele	ectronic donation	n
3 Aggregate Amount*	8 Employer (if applicable,	mandatory):	Aurora Chamber of Commerce
\$ 100.00	9 Occupation (if applicable	e, <u>mandatory</u>):	President / CEO
1 Date Accepted	4 Name (Last, First): Mi	ilo, Tony	
14.07.2023	5 Address: <u>688</u>	80 S Yosemite C	Ct
2 <u>Contribution Amount</u>	6 City/State/Zip: <u>Ce</u>	entennial CO 801	112
\$ 250.00	7 Description Ele	ectronic donation	n
3 Aggregate Amount*	8 Employer (if applicable,	mandatory):	Colorado Contractors Association
\$ 250.00	9 Occupation (if applicable	e, <u>mandatory</u>):	President & CEO
1 Date Accepted	4 Name (Last, First): Brown	euer, Bryan	
18.07.2023	5 Address: <u>81</u> :	5 Medea Way	
2 <u>Contribution Amount</u>	6 City/State/Zip: De	enver CO 80209	
\$ 1000.00	7 Description <u>Ele</u>	ectronic donation	n
3 Aggregate Amount*	8 Employer (if applicable,	mandatory):	Littleton School District
\$ 1000.00	9 Occupation (if applicable	e, <u>mandatory</u>):	Principal
1 Date Accepted	4 Name (Last, First): Fel	llman, Ken	
23.07.2023	5 Address: <u>120</u>	659 W 94th Dr	
2 <u>Contribution Amount</u>	6 City/State/Zip: Ar	vada CO 80005	
\$ 200.00	7 Description Ele	ectronic donation	n
3 Aggregate Amount*	8 Employer (if applicable,	mandatory):	Kissinger & Fellman, P.C.
\$ 200.00	9 Occupation (if applicable	e, <u>mandatory</u>):	President

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Full Name of Committ	tee/Person:	Friends of Angie Bedolla			
	Reporting Period Co	date Through 10.12.23			
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First):	Geraets, Amy			
28.07.2023	5 Address:	604 W 9th St			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Dell Rapids SD 57022			
\$ 10.00	7 Description	Electronic donation			
3 Aggregate Amount*	8 Employer (if applica	cable, <u>mandatory</u>):			
\$ 10.00	9 Occupation (if applied	licable, mandatory):			
1 Date Accepted	4 Name (Last, First):	Metro Housing Coalition Administrative Account			
28.07.2023	5 Address:	9033 E Easter Pl Suite 200			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Centennial CO 80112			
\$ 1500.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	cable, <u>mandatory</u>): NA			
\$ 1500.00	9 Occupation (if applied	licable, mandatory): NA			
1 Date Accepted	4 Name (Last, First):	Cochran, Samuel			
01.08.2023	5 Address:	3524 E 117th Dr			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 80233			
\$ 100.00	7 Description	Electronic donation			
3 Aggregate Amount*	8 Employer (if applica	cable, <u>mandatory</u>): Adams 12 Five Star School District			
\$ 100.00	9 Occupation (if applied	licable, <u>mandatory</u>): <u>Warehouse Senior Buyer</u>			
1 <u>Date Accepted</u>	4 Name (Last, First):	Cavazos, Irene			
14.08.2023	5 Address:	223 Midland Dr			
2 <u>Contribution Amount</u>	6 City/State/Zip:	San Antonio TX 75219			
\$ 20.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	cable, <u>mandatory</u>):			
\$ 20.00	9 Occupation (if applied	licable, mandatory):			

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Friends of Angie Bedolla

Full Name of Committee/Person:		Friends of Angie Bedolla			
	Reporting Period Co	overed: 1.25.23 Through 10.12.23 date			
PLEASE PRINT/TYPE	_				
1 <u>Date Accepted</u>	4 Name (Last, First):	Strickland, Debbra			
14.08.2023	5 Address:	9426 Sumac Ln			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Garden Ridge TX 78264			
\$ 50.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):			
\$ 50.00	9 Occupation (if appli	icable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):	Thornton Professional Firefighters Local #2367 Political Action Funds			
25.08.2023	5 Address:	PO Box 29425			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 80229			
\$ 700.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>): NA			
\$ 2450.00	9 Occupation (if appli	icable, mandatory): NA			
1 Date Accepted	4 Name (Last, First):	Lujan, Lillian			
28.08.2023	5 Address:	PO Box 1264			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Canutillo TX 79835			
\$ 50.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):			
\$ 50.00	9 Occupation (if appli	icable, mandatory):			
1 <u>Date Accepted</u>	4 Name (Last, First):	Klein, Jamie			
05.09.2023	5 Address:	9208 Welby Circle			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 80229			
\$ 500.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, mandatory): Klein Trucking			
\$ 500.00	9 Occupation (if appli	icable, mandatory): Owner			

^{*} 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).

Friends of Angie Bedolla

Full Name of Committee/Person: Friends of Angie Bedolla					
	Reporting Period Co	vered:	1.25.23 date	Through	10.12.23 date
PLEASE PRINT/TYPE					
1 <u>Date Accepted</u>	4 Name (Last, First):	Kulmann, Dave			
07.09.2023	5 Address:	14824 Filmore Wa	ny		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 8060	02		
\$ 1000.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Self		
\$ 1200.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Consultant		
1 Date Accepted	4 Name (Last, First):	Pollard, Kristine			
11.09.2023	5 Address:	5 Sandy Lake Rd			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Englewood CO 80)113		
\$ 150.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	P2LLC		
\$ 150.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Consultant		
1 Date Accepted	4 Name (Last, First):	Dickhoner, Blair			
11.09.2023	5 Address:	2154 East Commo	ons Ave		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Littleton CO 8012	2		
\$ 50.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 50.00	9 Occupation (if applied	cable, <u>mandatory</u>):			
1 <u>Date Accepted</u>	4 Name (Last, First):	Tanaka, Jennifer			
12.09.2023	5 Address:	1272 S Garfield S	treet		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80210			
\$ 100.00	7 Description	Electronic donatio	n		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	White Bear Ankele	Tanaka & Waldror	1
\$ 100.00	9 Occupation (if applied	cable, mandatory):	Attorney		

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Full Name of Committee/Person:		Friends of Angie Bedolla			
PLEASE PRINT/TYPE	Reporting Period Co	overed:	1.25.23 Through	10.12.23 date	
	A.N. (L. F. C.	Lucero, David			
1 <u>Date Accepted</u>	4 Name (Last, First):				
29.09.2023	5 Address:	PO Box 33895			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Northglenn CO 80)233		
\$ 200.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	Desdinova Transportation		
\$ 200.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Owner		
1 Date Accepted	4 Name (Last, First):	Consumer Firewor	rks Safety Asn. Political Action Comn	nittee	
03.10.2023	5 Address:	PO Box 1438			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Tacoma WA 9840)1		
\$ 250.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	NA		
\$ 250.00	9 Occupation (if appli	cable, <u>mandatory</u>):	NA		
1 Date Accepted	4 Name (Last, First):	REALTOR Candi	date Political Action Committee		
04.10.2023	5 Address:	309 Inverness Wa	y S		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Englewood CO 80)112		
\$ 1000.00	7 Description	Check			
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	NA		
\$ 1000.00	9 Occupation (if appli	cable, <u>mandatory</u>):	NA		
1 <u>Date Accepted</u>	4 Name (Last, First):	McCarthy, Timoth	ny		
04.10.2023	5 Address:	809 5th St			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Golden CO 80403	1		
\$ 100.00	7 Description	Electronic donation	on		
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	Schedio Group LLC		
\$ 100.00	9 Occupation (if appli	cable, <u>mandatory</u>):	Engineer		

^{*} 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).

Friends of Angie Bedolla

Full Name of Committee/Person:		Friends of Angie Bedolla			
	Reporting Period Co	vered:	1.25.23 date	Through	10.12.23 date
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First):	Tyburczy, John			
07.10.2023	5 Address:	8813 Colorado Bl	vd		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton CO 802	29		
\$ 25.00	7 Description	Electronic donation	on		
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 25.00	9 Occupation (if appli	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):	Smethills, Brock			
10.10.2023	5 Address:	258 South Washin	ngton St		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver CO 80209)		
\$ 250.00	7 Description	Electronic donation	on		
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	Sterling Ranch		
\$ 250.00	9 Occupation (if appli	cable, <u>mandatory</u>):	President		
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):	_		
\$	9 Occupation (if appli	cable, <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 applica	ible, mandatory):			
\$	9 Occupation (if appli	cable, mandatory):			

^{*} 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 Co	vered:	1.25.23 date	Through	10.12.23 date
PLEASE PRINT/TYPE					
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):			
\$	9 Occupation (if applied	cable, <u>mandatory</u>):			_
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$	9 Occupation (if applied	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica				
\$	9 Occupation (if applied	cable, <u>mandatory</u>):			
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$	9 Occupation (if applied	cable, <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).

Full Name of Committee/Person:		Friends of Angie Bedolla			
	Reporting Period Cov	vered:	1.25.23 date	Through	10.12.23
PLEASE PRINT/TYPE					
1 Date Accepted	4 Name (Last, First):				
2 Contribution Amount \$ 3 Aggregate Amount*	 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicated) 9 Occupation (if applicated) 	ble, mandatory):			
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
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^{*} 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 Co	vered:	1.25.23 date	Through	10.12.23 date
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Full Name of Committ	riends of A	Angie Bedolla		
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Full Name of Committee/Person:		Friends of Angie Bedolla			
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Full Name of Committee/Person:		Friends of Angi	e Bedolla		
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Full Name of Committee/Person:		Friends of Angie	e Bedolla		
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^{*} 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				
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Full Name of Commit	tee/Person: Friends of An	Friends of Angie Bedolla				
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Full Name of Committee/Person:		Friends of Angie Bedolla				
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Full Name of Committee/Person:

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

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Full Name of Committee/Person:

Friends of Angie Bedolla

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Full Name of Commi	ttee/Person: Friends of Angi	ie Bedolla		

Reporting Period Covered:

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Schedule A - Itemized Contributions Statement (\$20 or more) Page 32			
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Schedu	lle A - Itemized Contributions Statement (\$20 or more) Page 34
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Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered:

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Schedu	le A - Itemized Contributions Statement (\$20 or more) Page 35
Full Name of Committ	ee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1.25.23 Through 10.12.23 date

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Schedule A - Itemized Contributions Statement (\$20 or more)	Page 72
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	ommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).
Schedu	le A - Itemized Contributions Statement (\$20 or more) Page 77
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Full Name of Committ	ee/Person: Friends of Angie Bedolla
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	ommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).
	lle A - Itemized Contributions Statement (\$20 or more) Page 78
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Schedu Full Name of Committ	ree/Person: Friends of Angie Bedolla
	Reporting Period Covered: 1.25.23 Through 10.12.23
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Schedu Full Name of Committ PLEASE PRINT/TYPE	tee/Person: Friends of Angie Bedolla Page 80
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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XXVIII, Sec. 2(6); Political Party A	ommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. rt. xxvIII, Sec. 3(3); Political Committee Art. xxvIII, Sec 3(5); Small Donor Committee Art. xxvIII, Sec. 2(14). Reporting Period Covered: Triends of Angie Bedolla Reporting Period Covered: 1.25.23 Through 10.12.23 date
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3 Aggregate Amount*	8 Employer (if applicable, mandatory):
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Schedu	tle A - Itemized Contributions Statement (\$20 or more) Page 84
Full Name of Committ	tee/Person: Friends of Angie Bedolla
Full Name of Committ	
Full Name of Committ	Reporting Period Covered: 1.25.23 Through 10.12.23
Full Name of Committee PLEASE PRINT/TYPE	
	Reporting Period Covered: 1.25.23 Through 10.12.23
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	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory): committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art.
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Date Accepted Contribution Amount Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description

1 <u>Date Accepted</u>	4 Name (Last, First):
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3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
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1 <u>Date Accepted</u>	4 Name (Last, First):
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2 Contribution Amount	6 City/State/Zip:
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3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
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Full Name of Committ	tee/Person: Friends of Angie Bedolla
Full Name of Committee	
Full Name of Committee	Reporting Period Covered: 1.25.23 Through 10.12.23
Full Name of Committee PLEASE PRINT/TYPE	
	Reporting Period Covered: 1.25.23 Through 10.12.23
	Reporting Period Covered: 1.25.23 Through 10.12.23
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1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
XXVIII, Sec. 2(6); Political Party Ar	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory): 1 t. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). 1 Page 87
Full Name of Committe	Reporting Period Covered: 1.25.23 Through 10.12.23
Full Name of Committ	Reporting Period Covered: 1.25.23 Through 10.12.23

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 <u>Date Accepted</u>	4 Name (Last, First):
2 Contaibution Amount	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, mandatory):
	ommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).
Schedu	dle A - Itemized Contributions Statement (\$20 or more) Page 88
	\· /
Full Name of Committ	Friends of Angie Bedolla
Full Name of Committee	
Full Name of Committee	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First):
PLEASE PRINT/TYPE 1 Date Accepted	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address:
PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip:
PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount \$	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description
PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory):
PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory):
PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory):
PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount* \$ 1 Date Accepted	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory): 4 Name (Last, First): 5 Address:
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PLEASE PRINT/TYPE 1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount* \$	Reporting Period Covered: 1.25.23 Through 10.12.23 date 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory): 4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 8 Employer (if applicable, mandatory):
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1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
Date Accepted Contribution Amount Aggregate Amount* For contribution limits within a co	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
•	rt. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). Reporting Period Covered: Through 10.12.23 date Through 10.12.23
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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XXVIII, Sec. 2(6); Political Party A	mmittee's election cycle or contribution cycle, please rert. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(3); Political Contributions Sec. 4 Friends of Angion Reporting Period Covered:	statement (\$20	nittee Art. XXVIII, Se	
1 <u>Date Accepted</u>	4 Name (Last, First):			
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Date Accepted Contribution Amount Aggregate Amount* \$	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
XXVIII, Sec. 2(6); Political Party A	pommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. rt. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). le A - Itemized Contributions Statement (\$20 or more) Page 91 ree/Person: Friends of Angie Bedolla
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date date
Date Accepted Contribution Amount Aggregate Amount* \$	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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XXVIII, Sec. 2(6); Political Party A Schedu	* 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 92 Full Name of Committee/Person: Friends of Angie Bedolla Reporting Period Covered: 1.25.23 Through 10.12.23		
PLEASE PRINT/TYPE	date date		
Date Accepted Contribution Amount Aggregate Amount* \$	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):		
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):		

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2 Contribution Amount \$ 3 Aggregate Amount* \$	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
XXVIII, Sec. 2(6); Political Party A	paramittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). le A - Itemized Contributions Statement (\$20 or more) Page 93
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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XXVIII, Sec. 2(6); Political Party A	t. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). le A - Itemized Contributions Statement (\$20 or more) Page 94
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date date
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted	4 Name (Last, First): 5 Address:

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	Dommittee's election cycle or contribution cycle, please rt. XXVIII, Sec. 3(3); Political Committee Art. XXVIII			
-	le A - Itemized Contributions			Page 95
Full Name of Committ	ree/Person: Friends of An	gie Bedolla		
PLEASE PRINT/TYPE	Reporting Period Covered:	1.25.23 date	Through	10.12.23 date
Date Accepted Contribution Amount	5 Address: 6 City/State/Zip:			
3 Aggregate Amount* \$	7 Description 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>):			
1 Date Accepted	5 Address:			
2 Contribution Amount \$ 3 Aggregate Amount* \$	6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):			
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2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
XXVIII, Sec. 2(6); Political Party At Schedu	mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. t. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). Le A - Itemized Contributions Statement (\$20 or more) Page 96
Full Name of Committee PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted	4 Name (Last, First): 5 Address:

2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
Date Accepted Contribution Amount Aggregate Amount* * For contribution limits within a cc	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory): sommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art.
XXVIII, Sec. 2(6); Political Party A	rt. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). le A - Itemized Contributions Statement (\$20 or more) Page 97
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date
Date Accepted Contribution Amount Aggregate Amount* \$	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:
2 Contribution Amount \$ 3 Aggregate Amount* \$	6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 <u>Date Accepted</u>	4 Name (Last, First):

2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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XXVIII, Sec. 2(6); Political Party A	nmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). e A - Itemized Contributions Statement (\$20 or more) Page 98 ee/Person: Friends of Angie Bedolla
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through date date
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount* \$	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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XXVIII, Sec. 2(6); Political Party An	* 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 99 Full Name of Committee/Person: Friends of Angie Bedolla			
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date date			
1 Date Accepted	4 Name (Last, First): 5 Address:			
2 Contribution Amount \$ 3 Aggregate Amount* \$	6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):			
Date Accepted Contribution Amount	4 Name (Last, First): 5 Address: 6 City/State/Zip:			
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XXVIII, Sec. 2(6); Political Party Ar Schedu	mmittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). e A - Itemized Contributions Statement (\$20 or more) Page 100
Full Name of Committ PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicable, mandatory): 9 Occupation (if applicable, mandatory):
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\$	9 Occupation (if applicable, mandatory):
XXVIII, Sec. 2(6); Political Party An	ommittee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. t. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14). le A - Itemized Contributions Statement (\$20 or more) Page 101
Full Name of Committ	ee/Person: Friends of Angie Bedolla
PLEASE PRINT/TYPE	Reporting Period Covered: 1.25.23 Through 10.12.23 date date
1 <u>Date Accepted</u>	4 Name (Last, First): 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 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 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, mandatory):

^{*} 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).

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

Full Name of Committee/	Person: Friends of Angie Bedolla	
	1 0	10.12.23
	date	date
	Total Itemized Expenditures:	11,343.49
Date Expended 2.10.23 2 Amount \$ 37.00 3 Recipient is (optional): Committee	4 Name (Last, First): Anedot 5 Address: 1340 Poydras St 6 City/State/Zip: New Orleans LA 70112 7 Purpose of Expenditure: Electronic contribution processing fees	
✓ Non-Committee		
1 <u>Date Expended</u> 2.23.23 2 <u>Amount</u>	4 Name (Last, First): Sir Speedy Denver 5 Address: 742 Kalamath St	
\$ 593.47	6 City/State/Zip: Denver CO 80204	
3 Recipient is (optional): Committee Non-Committee	7 Purpose of Expenditure: <u>Literature printing</u>	
1 Date Expended	4 Name (Last, First): Anedot	
3.31.23 2 Amount	5 Address: 1340 Poydras St	
\$ 12.60	6 City/State/Zip: New Orleans LA 70112	
3 Recipient is (optional): Committee Non-Committee	7 Purpose of Expenditure: Electronic contribution processing fees	
	Anadat	
1 <u>Date Expended</u> 4.6.23	4 Name (Last, First): Anedot	
2 <u>Amount</u>	5 Address: 1340 Poydras St	
\$ 2.30	6 City/State/Zip: New Orleans LA 70112	
3 Recipient is (optional): Committee ✓ Non-Committee	7 Purpose of Expenditure: Electronic contribution processing fees	

Non-Committee

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

Page 2 Friends of Angie Bedolla **Full Name of Committee/Person:** Through **Reporting Period Covered:** 1.25.23 10.12.23 PLEASE PRINT/TYPE 4 Name (Last, First): Anedot 1 Date Expended 4.11.23 2 Amount 5 Address: 1340 Poydras St \$ 10.30 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 4.13.23 1340 Poydras St 2 Amount 5 Address: \$ 8.60 New Orleans LA 70112 6 City/State/Zip: 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 4.14.23 5 Address: 1340 Poydras St 2 Amount \$ 64.90 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 4.15.23 2 Amount 5 Address: 1340 Poydras St \$ 30.60 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees

Non-Committee

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

Page 3 Friends of Angie Bedolla **Full Name of Committee/Person:** Through **Reporting Period Covered:** 1.25.23 10.12.23 PLEASE PRINT/TYPE 4 Name (Last, First): Anedot 1 Date Expended 4.17.23 2 Amount 5 Address: 1340 Poydras St \$ 12.60 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Ringside Consulting LLC 1 Date Expended 4.17.23 2 Amount 5 Address: 4050 Chase St \$ 500.00 6 City/State/Zip: Wheat Ridge CO 80212 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Campaign consulting services Non-Committee 4 Name (Last, First): Horizon Reprographics 1 Date Expended 4.19.23 5 Address: 1030 W Ellsworth Ave # G 2 Amount \$ 214.36 6 City/State/Zip: Denver CO 80233 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Literature printing Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 4.21.23 2 Amount 5 Address: 1340 Poydras St \$ 15.90 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees

Full Name of Committee/Person: Friends of Angie Bedolla					
	Reporting Period Cove	ered:	1.25.23 date	Through	10.12.23
PLEASE PRINT/TYPE			date		date
1 <u>Date Expended</u> 4.25.23	4 Name (Last, First):	Anedot			
2 Amount	5 Address:	1340 Poy	ydras St		
\$ 30.60	6 City/State/Zip:	New Orl	eans LA 70112		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	ture:	Electronic contribution	processing fees	
Non-Committee					
		Cl. '	M:1 (D '		
1 <u>Date Expended</u>	4 Name (Last, First):	Charity	Meinhart Design		
5.11.23 2 Amount	5 Address:	754 Flow	ver St		
\$ 150.00	6 City/State/Zip:		unction CO 81506		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	ture:	Design services		
✓ Non-Committee					
1 <u>Date Expended</u> 5.15.23	4 Name (Last, First):	Anedot			
2 <u>Amount</u>	5 Address:	1340 Poy	ydras St		
\$ 10.30	6 City/State/Zip:	New Orl	eans LA 70112		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	ture:	Electronic contribution	processing fees	
Non-Committee					
1 <u>Date Expended</u>	4 Name (Last, First):	Anedot			
5.24.23 2 <u>Amount</u>	5 Address:	1340 Poy	vdras St		
\$ 20.30	6 City/State/Zip:		eans LA 70112		
3 Recipient is (optional):	o Chyrotaterzip.	TION OIL	Out 1/0112		
Committee	7 Purpose of Expendi	fure:	Electronic contribution	processing fees	
	, Turpose of Expellul	caro.	Electronic contribution	Jiocossing roes	
✓ Non-Committee					

Committee

Non-Committee

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

Page 5 Friends of Angie Bedolla **Full Name of Committee/Person:** Through **Reporting Period Covered:** 1.25.23 10.12.23 PLEASE PRINT/TYPE 4 Name (Last, First): Underwood LLC 1 Date Expended 5.30.23 2 Amount 5 Address: 1500 W Thornton Pkw 228 \$ 1000.00 6 City/State/Zip: Thornton CO 80260 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Campaign consulting services Non-Committee 4 Name (Last, First): Ringside Consulting LLC 1 Date Expended 5.30.23 2 Amount 5 Address: 4050 Chase St \$ 711.95 6 City/State/Zip: Wheat Ridge CO 80212 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Campaign consulting services Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 6.2.23 5 Address: 1340 Poydras St 2 Amount \$ 20.60 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Kulmann, Dave 1 Date Expended 6.5.23 2 Amount 5 Address: 14824 Fillmore Way \$ 202.95 6 City/State/Zip: Thornton CO 80602 3 Recipient is (optional):

Sticky note printing/ordering

7 Purpose of Expenditure:

Full Name of Committee	Person: Friends	of Angi	e Bedolla		
	Reporting Period Cove	ered:	1.25.23	Through	10.12.23
			date	·	date
PLEASE PRINT/TYPE					
1 Date Expended	4 Name (Last, First):	Ringsid	e Consulting LLC		
6.12.23					
2 Amount	5 Address:	4050 Ch	ase St		
\$ 1000.00	6 City/State/Zip:	Wheat R	idge CO 80212		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	ture:	Camapign consulting ser	vices	
✓ Non-Committee					
Non-Committee					
1 <u>Date Expended</u>	4 Name (Last, First):	United S	States Postal Service		
6.12.23					
2 Amount	5 Address:	12470 Y	ork St		
\$ 336.00	6 City/State/Zip:	Eastlake	CO 80614		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	ture:	Stamps for notecards		
✓ Non-Committee					
Non-Commutee					
1 Date Expended	4 Name (Last, First):	Anedot			
6.22.23					
2 <u>Amount</u>	5 Address:	1340 Poy	ydras St		
\$ 10.30	6 City/State/Zip:	New Orl	eans LA 70112		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	ture:	Electronic contribution p	rocessing fees	
✓ Non-Committee					
TYON-COMMINUEC					
1 <u>Date Expended</u>	4 Name (Last, First):	Horizon	Reprographics		
6.28.23					
2 <u>Amount</u>	5 Address:	1030 W	Ellsworth Ave # G		
\$ 245.26	6 City/State/Zip:	Denver C	CO 80233		
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expendi	ture:	Design services		
Non-Committee	•				
Non-Committee	l 				

Full Name of Committee/Person: Friends of Angie Bedolla					
	Reporting Period Cove	ered:	1.25.23 date	Through	10.12.23 date
PLEASE PRINT/TYPE					
1 <u>Date Expended</u> 7.3.23	4 Name (Last, First):	Underw	vood LLC		_
2 Amount	5 Address:	1500 W	Thornton Pkw 228		
\$ 1000.00	6 City/State/Zip:	Thornton	n CO 80260		
3 <u>Recipient is (optional):</u>					
Committee	7 Purpose of Expendi	iture:	Campaign consulting ser	vices	
✓ Non-Committee					
		Sir Sna	edy Denver		
1 <u>Date Expended</u> 7.5.23	4 Name (Last, First):	Sii Spec	edy Deliver		
2 Amount	5 Address:	742 Kala	amath St		
\$ 951.00	6 City/State/Zip:	Denver (CO 80204		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	iture:	Campaign signs		
✓ Non-Committee					
	ı				
1 <u>Date Expended</u> 7.7.23	4 Name (Last, First):	Walmai	t		_
2 Amount	5 Address:	9901 Gr	ant St		
\$ 129.57	6 City/State/Zip:	Thornton	n CO 80229		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	iture:	Notecards		
✓ Non-Committee					
	L				
1 <u>Date Expended</u>	4 Name (Last, First):	Anedot			
7.9.23					_
2 Amount	5 Address:	1340 Po			
\$ 2.60	6 City/State/Zip:	New Orl	eans LA 70112		
3 Recipient is (optional):					
Committee	7 Purpose of Expendi	iture:	Electronic contribution p	rocessing fees	
✓ Non-Committee					

Full Name of Committee/Person: Friends of Angie Bedolla					
	Reporting Period Cov	arad.	1.25.23	Through	10.12.23
	Reporting Feriou Cov	ereu.	date	_ Imougn _	date
PLEASE PRINT/TYPE					
1 <u>Date Expended</u>	4 Name (Last, First):	Ringsio	de Consulting LLC		
7.10.23					
2 Amount	5 Address:	4050 Cl			
\$ 200.00 3 Recipient is (optional):	6 City/State/Zip:	Wheat I	Ridge CO 80212		
Committee	7 Purpose of Expend	iture:	Database reimbursemen	t	
✓ Non-Committee					
1 Date Expended	4 Name (Last, First):	Anedot	t		
7.14.23					
2 <u>Amount</u>	5 Address:	1340 Pc	oydras St		
\$ 54.90	6 City/State/Zip:	New Or	cleans LA 70112		
3 Recipient is (optional):					
Committee	7 Purpose of Expend	iture:	Electronic contribution	processing fees	
✓ Non-Committee					
1 Date Expended	4 Name (Last, First):	Chairty	Meinhart Designs		
7.14.23					
2 Amount	5 Address:	754 Flo	wer St		
\$ 131.25	6 City/State/Zip:	Grand J	function CO 81506		
3 Recipient is (optional):					
Committee	7 Purpose of Expend	iture:	Graphic design services		
✓ Non-Committee					
1 Date Expended	4 Name (Last, First):	United	States Postal Service		
7.14.23	Trume (East, First).				
2 Amount	5 Address:	12470 Y	York St		
\$ 1021.00	6 City/State/Zip:	Eastlake	e CO 80614		
3 Recipient is (optional):					
Committee	7 Purpose of Expend	iture:	Stamps for notecards		
Non-Committee					

Non-Committee

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

Page 9 **Full Name of Committee/Person:** Friends of Angie Bedolla **Reporting Period Covered:** 1.25.23 Through 10.12.23 PLEASE PRINT/TYPE 4 Name (Last, First): Anedot 1 Date Expended 7.18.23 5 Address: 1340 Poydras St 2 Amount \$ 40.30 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 7.23.23 2 Amount 5 Address: 1340 Poydras St \$ 8.30 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee Anedot 1 Date Expended 4 Name (Last, First): 7.28.23 2 Amount 5 Address: 1340 Poydras St \$ 0.70 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 8.1.23 2 Amount 5 Address: 1340 Poydras St \$ 4.30 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees

Full Name of Committee	Friends of Angie Bedolla
	Departing Paried Commedia 125.22
	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	
1 Date Expended	4 Name (Last, First): Home Depot
8.7.23	
2 Amount	5 Address: 10003 Grant St
\$ 25.97	6 City/State/Zip: Thornton CO 80229
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Stakes for 4x8 signs
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First): Ringside Consulting LLC
8.8.23	5 4 11
2 Amount	5 Address: 4050 Chase St
\$ 200.00 3 Recipient is (optional):	6 City/State/Zip: Wheat Ridge CO 80212
Committee	7 Purpose of Expenditure: <u>Database reimbursement</u>
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First): Horizon Reprographics
8.18.23	
2 Amount	5 Address: 1030 W Ellsworth Ave # G
\$ 603.91 3 Recipient is (optional):	6 City/State/Zip: Denver CO 80233
Committee	7 Purpose of Expenditure: <u>Literature printing</u>
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First): Egloff, Tanner
8.30.23	
2 Amount	5 Address: 940 S Florence St
\$ 50.00	6 City/State/Zip: Denver CO 80247
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: <u>Sign installation</u>
Non-Committee	

Page 11

Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered:** 1.25.23 Through 10.12.23 PLEASE PRINT/TYPE 4 Name (Last, First): Ringside Consulting LLC 1 Date Expended 9.5.23 5 Address: 4050 Chase St 2 Amount \$ 650.00 6 City/State/Zip: Wheat Ridge CO 80212 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Campaign consulting services Non-Committee 4 Name (Last, First): Underwood LLC 1 Date Expended 9.6.23 5 Address: 2 Amount 1500 W Thornton Pkw 228 \$ 1000.00 6 City/State/Zip: Thornton CO 80260 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Campaign consulting services Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 9.12.23 2 Amount 5 Address: 1340 Poydras St \$ 12.90 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee 4 Name (Last, First): Anedot 1 Date Expended 10.4.23 2 Amount 5 Address: 1340 Poydras St \$ 4.30 6 City/State/Zip: New Orleans LA 70112 3 Recipient is (optional): Committee 7 Purpose of Expenditure: Electronic contribution processing fees Non-Committee

Full Name of Committee	e/Person: Friends of Angie Bedolla
	Reporting Period Covered: 1.25.23 Through 10.12.23
	date date
PLEASE PRINT/TYPE	
1 Date Expended	4 Name (Last, First): Anedot
10.7.23	
2 Amount	5 Address: 1340 Poydras St
\$ 1.30	6 City/State/Zip: New Orleans LA 70112
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>
✓ Non-Committee	
1 Date Expended	4 Name (Last, First): Anedot
10.10.23	
2 Amount	5 Address: 1340 Poydras St
\$ 10.30	6 City/State/Zip: New Orleans LA 70112
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Electronic contribution processing fees
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First):
2 Amount	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First):
2 Amount	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	

Full Name of Committee	Person: Friends of Angie Bedolla
	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	
1 Date Expended	4 Name (Last, First):
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Committee	7 Purpose of Expenditure:
	/ 1 dipose of Experience.
Non-Committee	

Full Name of Committee	e/Person: Friends of Angie Bedolla
	Reporting Period Covered: 1.25.23 Through 10.12.23
	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	
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Committee	7 Purpose of Expenditure:
Non-Committee	
Non-Commutee	
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1 <u>Date Expended</u>	4 Name (Last, First):
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Committee	7 Purpose of Expenditure:
Non-Committee	
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Committee	7 Purpose of Expenditure:
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First):
1 Dute Dispersion	Traine (Last, Frist).
2 <u>Amount</u>	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	
Non-Commutee	

Full Name of Committe	Person: Friends of Angie Bedolla
	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	duc
1 Date Expended	4 Name (Last, First):
2 Amount	5 Address:
\$	6 City/State/Zip:
3 <u>Recipient is (optional):</u>	
Committee	7 Purpose of Expenditure:
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Non-Committee	
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1 <u>Date Expended</u>	4 Name (Last, First):
2 Amount	5 Address:
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Committee	7 Purpose of Expenditure:
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1 <u>Date Expended</u>	4 Name (Last, First):
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Committee	7 Purpose of Expenditure:
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Non-Committee	
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Committee	7 Purpose of Expenditure:
Non-Committee	

Full Name of Committee	e/Person: Friends of Angie Bedolla
	T 10 10 20
	Reporting Period Covered: 1.25.23 Through 10.12.23
PLEASE PRINT/TYPE	
1 Date Expended	4 Name (Last, First):
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3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	
1 Date Expended	4 Name (Last, First):
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\$ Recipient is (optional):	6 City/State/Zip:
3 Recipient is (optional).	
Committee	7 Purpose of Expenditure:
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First):
1 <u>Dave Dispersion</u>	Trume (Eds.), 1959.
2 Amount	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	
Non-Commutee	
1 Date Expended	4 Name (Last, First):
1 Date Expended	4 Name (Last, First).
2 Amount	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	

Full Name of Committee/Person: Friends of Angie Bedolla		
	Reporting Period Covered: 1.25.23 Through 10.12.23	
	date date	
PLEASE PRINT/TYPE		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount	5 Address:	
\$	6. (1) (2) 17	
3 Recipient is (optional):	6 City/State/Zip:	
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 Date Expended	4 Name (Last, First):	
2 <u>Amount</u>	5 Address:	
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3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
Non-Committee		
1 Deta Errandad	A Name (Leat Eigh)	
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount	5 Address:	
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3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
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Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 <u>Amount</u>	5 Address:	
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3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
Non-Committee		

Full Name of Committee/Person: Friends of Angie Bedolla		
	Reporting Period Covered: 1.25.23 Through 10.12.23	
PLEASE PRINT/TYPE	uate uate	
1 Date Expended	4 Name (Last, First):	
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\$ 2 P : : : : : : : : : : : : : : : : : :	6 City/State/Zip:	
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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 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 Date Expended	4 Name (Last, First):	
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\$	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
Tron Committee		
1.0.5		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount	5 Address:	
\$	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		

Full Name of Committee/Person: Friends of Angie Bedolla		
Provides Project Communication of the communication		
	Reporting Period Covered: 1.25.23 Through 10.12.23	
PLEASE PRINT/TYPE		
1 Date Expended	4 Name (Last, First):	
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2 Amount	5 Address:	
\$	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
14011-Committee		
1 Date Expended	A Name (Last First)	
1 Date Expended	4 Name (Last, First):	
2 Amount	5 Address:	
\$	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 Det E-mended	A. N. Gt Final.	
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount	5 Address:	
\$	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount	5 Address:	
\$	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
	- Tulpose of Emperiorities	
Non-Committee		

Full Name of Committee/Person: Friends of Angie Bedolla		
	Reporting Period Covered: 1.25.23 Through 10.12.23	
PLEASE PRINT/TYPE		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount \$	5 Address: 6 City/State/Zip:	
3 Recipient is (optional): Committee Non-Committee	7 Purpose of Expenditure:	
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount \$ 3 Recipient is (optional): Committee	5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	
Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount \$ 3 Recipient is (optional): Committee	5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	
Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount \$ 3 Recipient is (optional):	5 Address: 6 City/State/Zip:	
Committee Non-Committee	7 Purpose of Expenditure:	

Full Name of Committee/Person: Friends of Angie Bedolla		
	Reporting Period Covered: 1.25.23 Through 10.12.23	
	Reporting Period Covered: 1.25.23 Through 10.12.23	
PLEASE PRINT/TYPE		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	
1 Date Expended 2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	
1 Date Expended	4 Name (Last, First):	
2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	
Date Expended Amount Recipient is (optional): Committee	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	
Non-Committee		

Full Name of Committee/Person: Friends of Angie Bedolla		
	Reporting Period Covered: 1.25.23 Through 10.12.23	
	date date	
PLEASE PRINT/TYPE		
1 <u>Date Expended</u>	4 Name (Last, First):	
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3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
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\$	6 City/State/Zip:	
3 Recipient is (optional):	o Chystateszip.	
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount		
2 Amount \$	5 Address: 6 City/State/Zip:	
3 Recipient is (optional):	6 City/State/Zip:	
Committee	7 Purpose of Expenditure:	
Non-Committee		
1 <u>Date Expended</u>	4 Name (Last, First):	
2 Amount	5 Address:	
\$ 2. Pariniant is (antianal):	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure:	
Non-Committee		

Schedule C - Loans

Full Name of Committee/Person: Frie	nds of Angie Bedoll	a		
Reporting Per	iod Covered:	1.25.23 date	Through	10.12.23 date
	LOANS - Loans Ow	ed 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 f or 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)]				
<u>LOAN SOURCE</u>				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate:	. %
		Total of A	All Loans This Re	porting
		Period:		\$0.00
Loan Amount Received This Reporting Period:			(Place on line 8 of D	Detailed Summary Report)
-				
Principal Amount Paid This Reporting Period:				
Interest Amount Paid This Reporting Period:				
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on I	\$0.00		payments Made:	\$0.00 see on line 16 of Detailed Summary)
(Allount Repaid is suit of Timespal & Interest effected on E	ctan Summary)	(Suili Oi	Schedule C pages, I la	ice on the 10 of Detailed Summary)
Outstanding Balance:				
TERMS OF LOAN:				
	Date Loan Rec	eived		Due Date for Final Payment
LIST ALL EN	NDORSERS OR	GUARANTORS (OF THIS LOAN	<u>I</u>
Full Name	A	ddress, City, St.,	Zip	Amount Guaranteed
	_			
	+			1

Schedule C - Loans

Full Name of Committee/Person: Friends	s of Angie Bedolla			
Reporting Period	l Covered:	1.25.23 date	Through	10.12.23 date
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate:	
Loan Amount Received This Reporting Period:				
Principal Amount Paid This Reporting Period:				
Interest Amount Paid This Reporting Period: Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Detail	\$0.00			
Outstanding Balance:				
TERMS OF LOAN:	Date Loan Receiv	ved		Due Date for Final Payment
LIST ALL END				
Full Name	Ad	dress, City, St.,	Zip	Amount Guaranteed

Schedule C - Loans

Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered:** 1.25.23 **Through** 10.12.23 date date **LOAN SOURCE** Name (Last, First or Institution): Address: City/State/Zip: Original Amount of Loan: \$ Interest Rate: Loan Amount Received This Reporting Period: Principal Amount Paid This Reporting Period: Interest Amount Paid This Reporting Period: Amount Repaid This Reporting Period: \$0.00 (Amount Repaid is sum of Principal & Interest entered on Detail Summary) Outstanding Balance: TERMS OF LOAN:

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Date Loan Received

Full Name	Address, City, St., Zip	Amount Guaranteed

Page 3

Due Date for Final Payment

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Angie Bedolla			
	Reporting Period Covered: 1.25.23 Through date date		
	Total Returned Contributions:		
	Total Returned Expenditures: \$ -		
(Pv	Returned Contributions reviously reported on Schedule A – Contributions accepted and then returned to donors)		
PLEASE PRINT/TYPE	eviously reported on schedule A – Contributions accepted and then returned to donorsy		
1 Date Accepted			
_	4 Name (Last, First):		
2 <u>Date Returned</u>	5 Address:		
	6 City/State/Zip:		
3 Amount	7 Purpose:		
\$			
1 Date Accepted	T		
1 Date Accepted	4 Name (Last, First):		
2 Date Returned	5 Address:		
	6 City/State/Zip:		
3 Amount	7 Purpose:		
\$			
	Returned Expenditures		
(Pre	viously 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:		
	6 City/State/Zip:		
3 Amount	7 Comment (optional):		
\$			
1 Date Expended	4 Name (Last, First):		
2 Date Returned	5 Address:		
2 Duo Roumou	6 City/State/Zip:		
3 Amount	7 Comment (optional):		
\$			
	<u> </u>		

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Angie Bedolla				
Reporting Period Covered: 1.25.23 Through date 10.12.23 Returned Contributions (Previously reported on Schedule A – Contributions accepted and then returned to donors)				
PLEASE PRINT/TYPE	eviously reported on schedule 11 Common	nons accepted and then returned to	, wonorsy	
1 Date Accepted 2 Date Returned 3 Amount	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose:			
Ψ				
1 Date Accepted 2 Date Returned 3 Amount	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose:			
Returned Expenditures (Previously reported on Schedule B – Expenditures returned or refunded to the committee) PLEASE PRINT/TYPE				
1 Date Expended 2 Date Returned 3 Amount \$	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Comment (optional):			
1 Date Expended 2 Date Returned 3 Amount	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Comment (optional):			

Schedule D – Returned Expenditures & Contributions

Friends of Angie Bedolla						
		Reporting Period Covered: 1.25.23 Through date 10.12.23				
	Returned Contributions (Previously reported on Schedule A – Contributions accepted and then returned to donors)					
1	Date Accepted Date Returned	4 Name (Last, First): 5 Address:				
	Amount	6 City/State/Zip: 7 Purpose:				
1	Date Accepted	4 Name (Last, First):				
2	Date Returned	5 Address: 6 City/State/Zip:				
3 \$	<u>Amount</u>	7 Purpose:				
PLI	Returned Expenditures (Previously reported on Schedule B – Expenditures returned or refunded to the committee) PLEASE PRINT/TYPE					
1	Date Expended	4 Name (Last, First):				
2	Date Returned	5 Address: 6 City/State/Zip:				
3 \$	<u>Amount</u>	7 Comment (optional):				
1	Date Expended	4 Name (Last, First):				
2	Date Returned	5 Address: 6 City/State/Zip:				
3 \$	Amount	7 Comment (optional):				

[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				
Repo	rting Period Covered:	1.25.23	Through	10.12.23
		date	i	date
		Total	Itemized Expenditures:	\$0.00
PLEASE PRINT/TYP	<u>I</u>			
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable	e, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applicab	ole, <u>mandatory</u>):		
	10 Check box if Coo	ordinated with a Car	ndidate/Candidate Committe	e or Political Party.*
				•
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable	mandatory).		_
3 Aggregate Amount	9 Occupation (if applicab			-
5 riggiegate rimount			ndidate/Candidate Committe	e or Political Party *
	10 Check box ii coo	ramated with a Car	ididate/Candidate Committe	e of Fontical Farty.
1 Date Provided	4 Name (Last, First):			
1 Date Flovided	5 Address:			
2. E-1: M-:	-			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:	1		
2 4 4 4	8 Employer (if applicable			
3 Aggregate Amount	9 Occupation (if applicab			
	10 Check box if Coo	ordinated with a Car	ndidate/Candidate Committe	e or Political Party.*
j	т			
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable	e, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applicab			
	10 Check box if Coo	ordinated with a Car	ndidate/Candidate Committe	e or Political Party.*
1 Date Provided	4 Name (Last, First):			
	5 Address:		<u> </u>	
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable	e, mandatory):		
3 Aggregate Amount	9 Occupation (if applicab			
			ndidate/Candidate Committe	e 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."

Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered:** 1.25.23 **Through** 10.12.23 date PLEASE PRINT/TYPE 4 Name (Last, First): 1 Date Provided 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Fair Market Value 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Fair Market Value 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, mandatory): 3 Aggregate Amount 10 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."

Full Name of	Committee/Person: I	Friends of Angie Bedol	la	- ugo
	rting Period Covered:	1.25.23	Through	10.12.23
DI EAGE DDING/EXD	- -	date	_	date
PLEASE PRINT/TYP	1			
1 Date Provided	4 Name (Last, First):			
2. Foir Morlest Walne	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip: 7 Description:			
	8 Employer (if applical	hle mandatory):		
3 Aggregate Amount	9 Occupation (if application)			
3 Aggregate Amount		_	lidate/Candidate Committee	or Political Party *
	10 Check box ii C	oordinated with a Cane	irdate/Candidate Committee	or rondear rarty.
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical	ble, mandatory):		
3 Aggregate Amount	9 Occupation (if applic			
		_	lidate/Candidate Committee	or Political Party.*
	<u>. I </u>			<u> </u>
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical	ble, mandatory):		
3 Aggregate Amount	9 Occupation (if applic			
		_	lidate/Candidate Committee	or Political Party.*
				·
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical	ble, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	cable, <u>mandatory</u>):		
	10 Check box if C	oordinated with a Cand	lidate/Candidate Committee	or Political Party.*
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical	ble, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	cable, <u>mandatory</u>):		

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."

5 Address:

6 City/State/Zip:7 Description:

2 Fair Market Value

Statement of Non-Monetary Contributions

Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered:** 1.25.23 **Through** 10.12.23 date date PLEASE PRINT/TYPE 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 6 City/State/Zip: 2 Fair Market Value 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount Occupation (if applicable, mandatory): Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First):

	8 Employer (if applicable, <u>mandatory</u>):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*
1 Date Provided	4 Name (Last, First):
	5 Address:
2 Fair Market Value	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
3 Aggregate Amount	9 Occupation (if applicable, mandatory):
	10 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."

3 Aggregate Amount

Statement of Non-Monetary Contributions

Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered:** 10.12.23 1.25.23 **Through** date date PLEASE PRINT/TYPE 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, mandatory): Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount Occupation (if applicable, mandatory): Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, mandatory):

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."

Page 6 Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered: Through** 10.12.23 1.25.23 date date PLEASE PRINT/TYPE 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, mandatory): Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount Occupation (if applicable, mandatory): Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount Occupation (if applicable, mandatory): Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>):

Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

9 Occupation (if applicable, mandatory):

3 Aggregate Amount

^{*} 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."

Page 7 Full Name of Committee/Person: Friends of Angie Bedolla **Reporting Period Covered:** 10.12.23 1.25.23 **Through** date date PLEASE PRINT/TYPE 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, mandatory): Occupation (if applicable, mandatory): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount Occupation (if applicable, mandatory): Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount Occupation (if applicable, mandatory): Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>): 9 Occupation (if applicable, <u>mandatory</u>): 3 Aggregate Amount Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* 1 Date Provided 4 Name (Last, First): 5 Address: 2 Fair Market Value 6 City/State/Zip: 7 Description: 8 Employer (if applicable, <u>mandatory</u>):

Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

9 Occupation (if applicable, mandatory):

3 Aggregate Amount

^{*} 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."

Full Name of Committee/Person: Friends of Angie Bedolla					
Repor	ting Period Covered:	1.25.23	Through	10.12.23	
PLEASE PRINT/TYPI	- :	date		date	
1 Date Provided	4 Name (Last, First):				
1 <u>Date 110vided</u>	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
2 Tall Warket Value	7 Description:				
	8 Employer (if applica	hle mandatory):			
3 Aggregate Amount	9 Occupation (if applied	_			
3 Aggregate Amount		_	lidate/Candidate Committe	ee or Political Party *	
	10 Check box ii C	toorumateu with a Cane	iidate/Candidate Committe	c of 1 officer 1 arty.	
1 Date Provided	4 Name (Last, First):				
1 Bute 110 videa	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applica	ble, mandatory):			
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	TO CHOOK SON II C	oordinated with a Care	action Culturate Committee	e or remedir range	
1 Date Provided	4 Name (Last, First):				
	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
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	8 Employer (if applica	ble, mandatory):			
3 Aggregate Amount	9 Occupation (if applied	_			
		_	lidate/Candidate Committe	ee or Political Party.*	
1 Date Provided	4 Name (Last, First):				
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	10 Check box if C	Coordinated with a Cand	lidate/Candidate Committe	ee or Political Party.*	
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	5 Address:				
2 Fair Market Value	6 City/State/Zip:				
	7 Description:				
	8 Employer (if applica	ble, <u>mandatory</u>):			
3 Aggregate Amount	9 Occupation (if applie				
			lidate/Candidate Committe	e 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."

Full Name of Committee/Person: Friends of Angie Bedolla				
Repor	ting Period Covered:	1.25.23	Through	10.12.23
PLEASE PRINT/TYP	E	date		date
1 Date Provided	4 Name (Last, First):			
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2 Fair Market Value	6 City/State/Zip:			
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	TO CHECK DOX II C	coramated with a Callu	rance Curarate Committee	or i omnour i urry.

^{*} 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."

Full Name of Committee/Person: Friends of Angie Bedolla				
Repor	rting Period Covered:	1.25.23	Through	10.12.23
•		date		date
PLEASE PRINT/TYP	<u> </u>			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		_
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1 Date Provided	4 Name (Last, First):			
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	7 Description:			
	8 Employer (if applicat	ole, mandatory):		
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1 Date Provided	4 Name (Last, First):			
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2 Fair Market Value	6 City/State/Zip:			
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	8 Employer (if applicat	ole, mandatory):		
3 Aggregate Amount	9 Occupation (if applic	_		
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1 Date Provided	4 Name (Last, First):			
<u> </u>	5 Address:			_
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	8 Employer (if applicate	ole mandatory):		_
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5 Aggregate Amount			didate/Candidate Committee	or Political Party *
	TO CHECK DOX II C	Jordinated with a Call	ardate, Candidate Committee	of Fondeal Faity.

^{*} 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."