

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
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 B

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.

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Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(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

Type of Report:

Regularly Scheduled Filing.

October 17, 2023 (21 days prior to the November 7, 2023 Municipal Election)
 November 3, 2023 (Friday prior to the November 7, 2023 Municipal Election)
 December 12, 2023 (35 days after the November 7, 2023 Municipal Election)
 Annual - candidates from prior election held on

Amended Filing. This amends previous report filed on (date)
 Submit changes or new information **ONLY**

Termination Report (Termination Reports **MUST** have a Monetary Balance of Zero in Line 5)

Reporting Period Covered:

1/25/23

Through

10/17/23

date

date

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

\$ N/A

		Totals Detailed Summary Page
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 & Beginning Amount (line 1+ line 2)	\$21,300.00
4	Total Monetary Expenditures (line 19)	\$14,472.79
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$6,827.21

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
 [Art. XXVIII Sect. 10 (2) (a)]

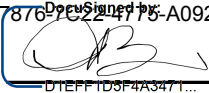
Authorization (Must be completed by either the Registered Agent **OR** the Candidate) I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership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

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

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Angie Bedolla

Candidate's Signature:

A handwritten signature in black ink, appearing to be 'CB', enclosed in a blue rectangular box. Below the signature, the text 'D1EFFF1D5F4A3471...' is partially visible.

Date: 10/17/2023

DETAILED SUMMARY

Full Name of Committee/Person: Friends of Angie Bedolla

Current Reporting Period: 1/25/23

Through 10/17/23

Funds on hand 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")	\$14,472.79
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)	\$14,472.79
20	Total Monetary Expenditures (Line 18 + Line 19)	\$14,472.79

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, FROM NATURAL PERSONS ONLY. [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.

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

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

Full Name of Committee/Person: Friends of Angie Bedolla**Reporting Period Covered:** 1/25/23 Through 10/17/23
date date**WARNING: Please read the instruction page for Schedule "A" before completing!****Total Itemized Contributions:** \$ 21,300.00**PLEASE PRINT/TYPE**

1 <u>Date Accepted</u> 1/25/2023	4 Name (Last, First): Bedolla, Angie
2 <u>Contribution Amount</u> \$ 40.00	5 Address: 11659 Columbine Pl
3 <u>Aggregate Amount*</u> \$ 40.00	6 City/State/Zip: Thornton CO 80233
	7 Description: Initial account deposit
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 2/2/2023	4 Name (Last, First): Sandgren, Jessica
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 10533 Garfield St
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: Thornton CO 80233
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 2/2/2023	4 Name (Last, First): Matkosky, Nicole
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 13352 Franklin St
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: Thornton CO 80241
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 2/2/2023	4 Name (Last, First): Unrein, Anthony
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 8011 E 148th Dr
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: Thornton CO 80602
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): NA
	9 Occupation (if applicable, <u>mandatory</u>): Retired

Schedule A - Itemized Contributions Statement (\$20 or more)**Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

Through

10/17/23

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 2/2/2023	4 Name (Last, First): <u>Carlson, Ryan</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>12460 East Ct. PO Box 247</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Thornton CO 80641</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Carlson Associates</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Vice President</u>

1 <u>Date Accepted</u> 2/8/2023	4 Name (Last, First): <u>Thornton Professional Firefighters Local #2376 Political Action Funds</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>PO Box 29426</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>NA</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>NA</u>

1 <u>Date Accepted</u> 2/9/2023	4 Name (Last, First): <u>Jaramillo, Chris</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>3901 E 112th Ave</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Thornton CO 80233</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>State Farm Insurance</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Insurance Agent</u>

1 <u>Date Accepted</u> 2/9/2023	4 Name (Last, First): <u>Harris, Tanya</u>
2 <u>Contribution Amount</u> \$ 200.00	5 Address: <u>11654 Columbine Pl</u>
3 <u>Aggregate Amount*</u> \$ 200.00	6 City/State/Zip: <u>Thornton CO 80233</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>NA</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Student</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A - Itemized Contributions Statement (\$20 or more)**Full Name of Committee/Person:**

Friends of Angie Bedolla

Reporting Period Covered:

1/25/23

Through

10/17/23

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 2/9/2023	4 Name (Last, First): Garcia, Eric
2 <u>Contribution Amount</u> \$ 55.00	5 Address: 10181 Wyandott Circle North
3 <u>Aggregate Amount*</u> \$ 55.00	6 City/State/Zip: Thornton CO 80260
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

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

1 <u>Date Accepted</u> 2/10/2023	4 Name (Last, First): Potter, Courtney
2 <u>Contribution Amount</u> \$ 250.00	5 Address: 14077 Hudson St
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: Thornton CO 80602
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Thornton Chamber of Commerce
	9 Occupation (if applicable, <u>mandatory</u>): President

1 <u>Date Accepted</u> 2/10/2023	4 Name (Last, First): Martinez, Wayne
2 <u>Contribution Amount</u> \$ 25.00	5 Address: 10181 Truckee Way
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: Commerce City CO 80022
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

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Schedule A - Itemized Contributions Statement (\$20 or more)**Full Name of Committee/Person:**

Friends of Angie Bedolla

Reporting Period Covered:

1/25/23

Through

10/17/23

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 2/25/2023	4 Name (Last, First): <u>Kulmann, Dave</u>
2 <u>Contribution Amount</u> \$ 200.00	5 Address: <u>14824 Filmore Way</u>
3 <u>Aggregate Amount*</u> \$ 200.00	6 City/State/Zip: <u>Thornton CO 80602</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

1 <u>Date Accepted</u> 3/5/2023	4 Name (Last, First): <u>Hanfling, Joshua</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>1300 North Ogden St</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Denver CO 80218</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Sewald Hanfling</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Principal and Co-founder</u>

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 3/31/2023	4 Name (Last, First): <u>Myers, Lynn</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>2520 S Tucson Way</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Aurora CO 80014</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A - Itemized Contributions Statement (\$20 or more)**Full Name of Committee/Person:**

Friends of Angie Bedolla

Reporting Period Covered:

1/25/23

Through

10/17/23

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 4/6/2023	4 Name (Last, First): <u>McGowne, Chris</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>1903D E 24th, Dr</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Hays KS 67601</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 4/11/2023	4 Name (Last, First): <u>Dean, Richard</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>1842 Montane Dr East</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Golden CO 80401</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Stratus Companies</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Founder</u>

1 <u>Date Accepted</u> 4/13/2023	4 Name (Last, First): <u>Clutter, Aaron</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>7200 South Alton Way</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Centennial CO 80112</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>JR Engineering</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Principal and President</u>

1 <u>Date Accepted</u> 4/13/2023	4 Name (Last, First): <u>Faraci, Christena</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>242 S Forest St</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Denver CO 80246</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Faraci Government Relations</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>President</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A - Itemized Contributions Statement (\$20 or more)**Full Name of Committee/Person:**

Friends of Angie Bedolla

Reporting Period Covered:

1/25/23

Through

10/17/23

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 4/14/2023	4 Name (Last, First): <u>Carlson, Blake</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>14570 Clay St</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Broomfield CO 80023</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Carlson Land Development</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Investor</u>

1 <u>Date Accepted</u> 4/14/2023	4 Name (Last, First): <u>Carlson, Tyler</u>
2 <u>Contribution Amount</u> \$ 500.00	5 Address: <u>1873 S Bellaire St</u>
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: <u>Denver CO 80222</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Evergreen Devco</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Managing Principal</u>

1 <u>Date Accepted</u> 4/14/2023	4 Name (Last, First): <u>Beckwitt, Jonathan</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>584 S Gilpin St</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Denver CO 80209</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Lennar</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Senior Land Acquisition Manager</u>

1 <u>Date Accepted</u> 4/15/2023	4 Name (Last, First): <u>Hogan, Teresa</u>
2 <u>Contribution Amount</u> \$ 375.00	5 Address: <u>14686 Fillmore Ct</u>
3 <u>Aggregate Amount*</u> \$ 375.00	6 City/State/Zip: <u>Brighton CO 80602</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>LJA Engineering</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Senior Vice President</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).

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1 <u>Date Accepted</u> 4/15/2023	4 Name (Last, First): <u>Wiegert, Jim</u>
2 <u>Contribution Amount</u> \$ 375.00	5 Address: <u>5407 Ledgerstone Dr</u>
3 <u>Aggregate Amount*</u> \$ 375.00	6 City/State/Zip: <u>Dallas TX 75214</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>LJA Engineering</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Senior Vice President</u>

1 <u>Date Accepted</u> 4/17/2023	4 Name (Last, First): <u>McGeady, Maryann</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>15 Pinyon Pine Road</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Littleton CO 80127</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>McGeady Becher P.C.</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Founding Member</u>

1 <u>Date Accepted</u> 4/17/2023	4 Name (Last, First): <u>Henry, Karen</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>1501 Wazee Street 1-C</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Denver CO 80202</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 4/21/2023	4 Name (Last, First): <u>Eicher, Craig</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>5 Kenwood Pl</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Golden CO 80403</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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1 <u>Date Accepted</u> 4/21/2023	4 Name (Last, First): <u>Wright, Earl</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>6296 Greenwood Plaza Blvd</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Greenwood Village CO 80111</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>AMG National Trust Bank</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Chairman</u>

1 <u>Date Accepted</u> 4/21/2023	4 Name (Last, First): <u>Brophy, Gregory</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>PO Box 332</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Wray CO 80758</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Brophy Strategies LLC</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>President</u>

1 <u>Date Accepted</u> 4/21/2023	4 Name (Last, First): <u>Carlson, Clarke</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>PO Box 247</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Thornton CO 80614</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Carlson Associates</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Owner</u>

1 <u>Date Accepted</u> 4/24/2023	4 Name (Last, First): <u>Jumps, Brian</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>5025 Lakeshore Dr</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Bow Mar CO 80123</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Jumps Law LLC</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Attorney</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).

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1 <u>Date Accepted</u> 4/25/2023	4 Name (Last, First): <u>Rael, Diana</u>
2 <u>Contribution Amount</u> \$ 500.00	5 Address: <u>1101 Bannock St</u>
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: <u>Denver CO 80204</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Norris Design</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Principal</u>

1 <u>Date Accepted</u> 5/15/2023	4 Name (Last, First): <u>Leprino, Laura</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>2640 E Cedar Ave</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Denver CO 80209</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Leprino Foods</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Co-Owner</u>

1 <u>Date Accepted</u> 5/18/2023	4 Name (Last, First): <u>Carlson, Kent</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>12460 1st St PO Box 247</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Thornton CO 80614</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Carlson Associates</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Principal</u>

1 <u>Date Accepted</u> 5/24/2023	4 Name (Last, First): <u>Klein, Andy</u>
2 <u>Contribution Amount</u> \$ 500.00	5 Address: <u>4100 E Mississippi Ave</u>
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: <u>Denver CO 80246</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Westside Investments</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Partner</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).

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1 <u>Date Accepted</u> 6/1/2023	4 Name (Last, First): <u>Perlmutter, Jonathan</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>1601 Blake St Suite 600</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Denver CO 80202</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Jordon Perlmutter & Co.</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Principal</u>

1 <u>Date Accepted</u> 6/1/2023	4 Name (Last, First): <u>Thornton Professional Firefighters Local #2376 Political Action Funds</u>
2 <u>Contribution Amount</u> \$ 750.00	5 Address: <u>PO Box 29426</u>
3 <u>Aggregate Amount*</u> \$ 1750.00	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>NA</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>NA</u>

1 <u>Date Accepted</u> 6/2/2023	4 Name (Last, First): <u>Howes, Christopher</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>1580 Lincoln St</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Denver CO 80203</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Howes Wolf</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Partner</u>

1 <u>Date Accepted</u> 6/22/2023	4 Name (Last, First): <u>Green, Daniel</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>7 Meadowview Lane</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Greenwood Village CO 80121</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>J.A. Green Development Corp.</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Owner</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).

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1 <u>Date Accepted</u> 6/29/2023	4 Name (Last, First): <u>Beasley, Michael</u>
2 <u>Contribution Amount</u> \$ 250.00	5 Address: <u>303 S Broadway Suite 200-321</u>
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: <u>Denver CO 80209</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>5280 Strategies, LLC</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>President</u>

1 <u>Date Accepted</u> 7/9/2023	4 Name (Last, First): <u>Vanderschaaf, John</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4628 E 115th Cir</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Thornton CO 80233</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 7/12/2023	4 Name (Last, First): <u>Foster, Jennifer</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>2334 Country Club Loop</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Westminster CO 80234</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

1 <u>Date Accepted</u> 7/13/2023	4 Name (Last, First): <u>Gayeski, Larry</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>2334 Country Club Loop</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Westminster CO 80234</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Gayeski Associates</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Principal/Broker</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).

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1 <u>Date Accepted</u> 7/13/2023	4 Name (Last, First): Colwell, Naomi
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 5443 South Danube Way
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: Centennial CO 80015
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Aurora Chamber of Commerce
	9 Occupation (if applicable, <u>mandatory</u>): President / CEO

1 <u>Date Accepted</u> 7/14/2023	4 Name (Last, First): Milo, Tony
2 <u>Contribution Amount</u> \$ 250.00	5 Address: 6880 S Yosemite Ct
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: Centennial CO 80112
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Colorado Contractors Association
	9 Occupation (if applicable, <u>mandatory</u>): President & CEO

1 <u>Date Accepted</u> 7/18/2023	4 Name (Last, First): Breuer, Bryan
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: 815 Medea Way
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: Denver CO 80209
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Littleton School District
	9 Occupation (if applicable, <u>mandatory</u>): Principal

1 <u>Date Accepted</u> 7/23/2023	4 Name (Last, First): Fellman, Ken
2 <u>Contribution Amount</u> \$ 200.00	5 Address: 12659 W 94th Dr
3 <u>Aggregate Amount*</u> \$ 200.00	6 City/State/Zip: Arvada CO 80005
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Kissinger & Fellman, P.C.
	9 Occupation (if applicable, <u>mandatory</u>): President

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1 <u>Date Accepted</u> 7/28/2023	4 Name (Last, First): <u>Geraets, Amy</u>
2 <u>Contribution Amount</u> \$ 10.00	5 Address: <u>604 W 9th St</u>
3 <u>Aggregate Amount*</u> \$ 10.00	6 City/State/Zip: <u>Dell Rapids SD 57022</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 7/28/2023	4 Name (Last, First): <u>Metro Housing Coalition Administrative Account</u>
2 <u>Contribution Amount</u> \$ 1500.00	5 Address: <u>9033 E Easter Pl Suite 200</u>
3 <u>Aggregate Amount*</u> \$ 1500.00	6 City/State/Zip: <u>Centennial CO 80112</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>NA</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>NA</u>

1 <u>Date Accepted</u> 8/1/2023	4 Name (Last, First): <u>Cochran, Samuel</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>3524 E 117th Dr</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Thornton CO 80233</u>
	7 Description: <u>Electronic donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Adams 12 Five Star School District</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Warehouse Senior Buyer</u>

1 <u>Date Accepted</u> 8/14/2023	4 Name (Last, First): <u>Cavazos, Irene</u>
2 <u>Contribution Amount</u> \$ 20.00	5 Address: <u>223 Midland Dr</u>
3 <u>Aggregate Amount*</u> \$ 20.00	6 City/State/Zip: <u>San Antonio TX 75219</u>
	7 Description: <u>Check</u>
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

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1 <u>Date Accepted</u> 8/14/2023	4 Name (Last, First): Strickland, Debbra
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 9426 Sumac Ln
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: Garden Ridge TX 78264
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 8/25/2023	4 Name (Last, First): Thornton Professional Firefighters Local #2367 Political Action Funds
2 <u>Contribution Amount</u> \$ 700.00	5 Address: PO Box 29425
3 <u>Aggregate Amount*</u> \$ 2450.00	6 City/State/Zip: Thornton CO 80229
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): NA
	9 Occupation (if applicable, <u>mandatory</u>): NA

1 <u>Date Accepted</u> 8/28/2023	4 Name (Last, First): Lujan, Lillian
2 <u>Contribution Amount</u> \$ 50.00	5 Address: PO Box 1264
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: Canutillo TX 79835
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 9/5/2023	4 Name (Last, First): Klein, Jamie
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 9208 Welby Circle
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: Thornton CO 80229
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): Klein Trucking
	9 Occupation (if applicable, <u>mandatory</u>): Owner

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1 <u>Date Accepted</u> 9/7/2023	4 Name (Last, First): Kulmann, Dave
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: 14824 Filmore Way
3 <u>Aggregate Amount*</u> \$ 1200.00	6 City/State/Zip: Thornton CO 80602
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): Self
	9 Occupation (if applicable, <u>mandatory</u>): Consultant

1 <u>Date Accepted</u> 9/11/2023	4 Name (Last, First): Pollard, Kristine
2 <u>Contribution Amount</u> \$ 150.00	5 Address: 5 Sandy Lake Rd
3 <u>Aggregate Amount*</u> \$ 150.00	6 City/State/Zip: Englewood CO 80113
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): P2LLC
	9 Occupation (if applicable, <u>mandatory</u>): Consultant

1 <u>Date Accepted</u> 9/11/2023	4 Name (Last, First): Dickhoner, Blair
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 2154 East Commons Ave
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: Littleton CO 80122
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 9/12/2023	4 Name (Last, First): Tanaka, Jennifer
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 1272 S Garfield Street
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: Denver CO 80210
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): White Bear Ankele Tanaka & Waldron
	9 Occupation (if applicable, <u>mandatory</u>): Attorney

* 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).

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1 <u>Date Accepted</u> 9/29/2023	4 Name (Last, First): Lucero, David
2 <u>Contribution Amount</u> \$ 200.00	5 Address: PO Box 33895
3 <u>Aggregate Amount*</u> \$ 200.00	6 City/State/Zip: Northglenn CO 80233
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): Desdinova Transportation
	9 Occupation (if applicable, <u>mandatory</u>): Owner

1 <u>Date Accepted</u> 10/3/2023	4 Name (Last, First): Consumer Fireworks Safety Asn. Political Action Committee
2 <u>Contribution Amount</u> \$ 250.00	5 Address: PO Box 1438
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: Tacoma WA 98401
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): NA
	9 Occupation (if applicable, <u>mandatory</u>): NA

1 <u>Date Accepted</u> 10/4/2023	4 Name (Last, First): REALTOR Candidate Political Action Committee
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: 309 Inverness Way S
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: Englewood CO 80112
	7 Description: Check
	8 Employer (if applicable, <u>mandatory</u>): NA
	9 Occupation (if applicable, <u>mandatory</u>): NA

1 <u>Date Accepted</u> 10/4/2023	4 Name (Last, First): McCarthy, Timothy
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 809 5th St
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: Golden CO 80403
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Schedio Group LLC
	9 Occupation (if applicable, <u>mandatory</u>): Engineer

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

Full Name of Committee/Person:

Friends of Angie Bedolla

Reporting Period Covered:

1/25/23

Through

10/17/23

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/7/2023	4 Name (Last, First): Tyburczy, John
2 <u>Contribution Amount</u> \$ 25.00	5 Address: 8813 Colorado Blvd
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: Thornton CO 80229
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 10/10/2023	4 Name (Last, First): Smethills, Brock
2 <u>Contribution Amount</u> \$ 250.00	5 Address: 258 South Washington St
3 <u>Aggregate Amount*</u> \$ 250.00	6 City/State/Zip: Denver CO 80209
	7 Description: Electronic donation
	8 Employer (if applicable, <u>mandatory</u>): Sterling Ranch
	9 Occupation (if applicable, <u>mandatory</u>): President

1 <u>Date Accepted</u>	4 Name (Last, First):
2 <u>Contribution Amount</u> \$	5 Address:
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u>	4 Name (Last, First):
2 <u>Contribution Amount</u> \$	5 Address:
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

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10/17/23
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Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

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Full Name of Committee/Person: Friends of Angie Bedolla

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Full Name of Committee/Person:

Friends of Angie Bedolla

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
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Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
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3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

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

Full Name of Committee/Person: Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

Total Itemized Expenditures:

14,472.79

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 2/10/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 37.00	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 2/23/23	4 Name (Last, First): <u>Sir Speedy Denver</u>
2 <u>Amount</u> \$ 593.47	5 Address: <u>742 Kalamath St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80204</u>
	7 Purpose of Expenditure: <u>Literature printing</u>

1 <u>Date Expended</u> 3/31/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 12.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 4/6/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 2.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 2****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 4/11/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 10.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 4/13/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 8.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 4/14/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 64.90	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 4/15/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 30.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 3****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 4/17/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 12.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 4/17/23	4 Name (Last, First): <u>Ringside Consulting LLC</u>
2 <u>Amount</u> \$ 500.00	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Campaign consulting services</u>

1 <u>Date Expended</u> 4/19/23	4 Name (Last, First): <u>Horizon Reprographics</u>
2 <u>Amount</u> \$ 214.36	5 Address: <u>1030 W Ellsworth Ave # G</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80233</u>
	7 Purpose of Expenditure: <u>Literature printing</u>

1 <u>Date Expended</u> 4/21/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 15.90	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 4****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 4/25/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 30.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 5/11/23	4 Name (Last, First): <u>Charity Meinhart Design</u>
2 <u>Amount</u> \$ 150.00	5 Address: <u>754 Flower St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Grand Junction CO 81506</u>
	7 Purpose of Expenditure: <u>Design services</u>

1 <u>Date Expended</u> 5/15/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 10.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 5/24/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 20.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 5****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 5/30/23	4 Name (Last, First): <u>Underwood LLC</u>
2 <u>Amount</u> \$ 1000.00	5 Address: <u>1500 W Thornton Pkw 228</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80260</u>
	7 Purpose of Expenditure: <u>Campaign consulting services</u>

1 <u>Date Expended</u> 5/30/23	4 Name (Last, First): <u>Ringside Consulting LLC</u>
2 <u>Amount</u> \$ 711.95	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Campaign consulting services</u>

1 <u>Date Expended</u> 6/2/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 20.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 6/5/23	4 Name (Last, First): <u>Kulmann, Dave</u>
2 <u>Amount</u> \$ 202.95	5 Address: <u>14824 Fillmore Way</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80602</u>
	7 Purpose of Expenditure: <u>Sticky note printing/ordering</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 6****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 6/12/23	4 Name (Last, First): <u>Ringside Consulting LLC</u>
2 <u>Amount</u> \$ 1000.00	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Camapign consulting services</u>

1 <u>Date Expended</u> 6/12/23	4 Name (Last, First): <u>United States Postal Service</u>
2 <u>Amount</u> \$ 336.00	5 Address: <u>12470 York St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Eastlake CO 80614</u>
	7 Purpose of Expenditure: <u>Stamps for notecards</u>

1 <u>Date Expended</u> 6/22/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 10.30	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 6/28/23	4 Name (Last, First): <u>Horizon Reprographics</u>
2 <u>Amount</u> \$ 245.26	5 Address: <u>1030 W Ellsworth Ave # G</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80233</u>
	7 Purpose of Expenditure: <u>Design services</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 7****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 7/3/23	4 Name (Last, First): <u>Underwood LLC</u>
2 <u>Amount</u> \$ 1000.00	5 Address: <u>1500 W Thornton Pkw 228</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80260</u>
	7 Purpose of Expenditure: <u>Campaign consulting services</u>

1 <u>Date Expended</u> 7/5/23	4 Name (Last, First): <u>Sir Speedy Denver</u>
2 <u>Amount</u> \$ 951.00	5 Address: <u>742 Kalamath St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80204</u>
	7 Purpose of Expenditure: <u>Campaign signs</u>

1 <u>Date Expended</u> 7/7/23	4 Name (Last, First): <u>Walmart</u>
2 <u>Amount</u> \$ 129.57	5 Address: <u>9901 Grant St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Purpose of Expenditure: <u>Notecards</u>

1 <u>Date Expended</u> 7/9/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ 2.60	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**1/25/23

date

Through10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 7/10/23	4 Name (Last, First): <u>Ringside Consulting LLC</u>
2 <u>Amount</u> \$ <u>200.00</u>	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Database reimbursement</u>

1 <u>Date Expended</u> 7/14/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>54.90</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 7/14/23	4 Name (Last, First): <u>Chairty Meinhart Designs</u>
2 <u>Amount</u> \$ <u>131.25</u>	5 Address: <u>754 Flower St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Grand Junction CO 81506</u>
	7 Purpose of Expenditure: <u>Graphic design services</u>

1 <u>Date Expended</u> 7/14/23	4 Name (Last, First): <u>United States Postal Service</u>
2 <u>Amount</u> \$ <u>1021.00</u>	5 Address: <u>12470 York St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Eastlake CO 80614</u>
	7 Purpose of Expenditure: <u>Stamps for notecards</u>

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

date

Through10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 7/18/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>40.30</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 7/23/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>8.30</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 7/28/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>0.70</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 8/1/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>4.30</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 10****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**1/25/23

date

Through10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 8/7/23	4 Name (Last, First): <u>Home Depot</u>
2 <u>Amount</u> \$ <u>25.97</u>	5 Address: <u>10003 Grant St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80229</u>
	7 Purpose of Expenditure: <u>Stakes for 4x8 signs</u>

1 <u>Date Expended</u> 8/8/23	4 Name (Last, First): <u>Ringside Consulting LLC</u>
2 <u>Amount</u> \$ <u>200.00</u>	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Database reimbursement</u>

1 <u>Date Expended</u> 8/18/23	4 Name (Last, First): <u>Horizon Reprographics</u>
2 <u>Amount</u> \$ <u>603.91</u>	5 Address: <u>1030 W Ellsworth Ave # G</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80233</u>
	7 Purpose of Expenditure: <u>Literature printing</u>

1 <u>Date Expended</u> 8/30/23	4 Name (Last, First): <u>Egloff, Tanner</u>
2 <u>Amount</u> \$ <u>50.00</u>	5 Address: <u>940 S Florence St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80247</u>
	7 Purpose of Expenditure: <u>Sign installation</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 11****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**1/25/23

date

Through10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 9/5/23	4 Name (Last, First): <u>Ringside Consulting LLC</u>
2 <u>Amount</u> \$ <u>650.00</u>	5 Address: <u>4050 Chase St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Wheat Ridge CO 80212</u>
	7 Purpose of Expenditure: <u>Campaign consulting services</u>

1 <u>Date Expended</u> 9/6/23	4 Name (Last, First): <u>Underwood LLC</u>
2 <u>Amount</u> \$ <u>1000.00</u>	5 Address: <u>1500 W Thornton Pkw 228</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton CO 80260</u>
	7 Purpose of Expenditure: <u>Campaign consulting services</u>

1 <u>Date Expended</u> 9/12/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>12.90</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

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

Schedule B - Itemized Expenditures Statement (\$20 or more)**Page 12****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:**1/25/23

date

Through10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/7/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>1.30</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 10/10/23	4 Name (Last, First): <u>Anedot</u>
2 <u>Amount</u> \$ <u>10.30</u>	5 Address: <u>1340 Poydras St</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>New Orleans LA 70112</u>
	7 Purpose of Expenditure: <u>Electronic contribution processing fees</u>

1 <u>Date Expended</u> 10/17/23	4 Name (Last, First): <u>Mittera</u>
2 <u>Amount</u> \$ <u>3129.30</u>	5 Address: <u>5000 Osage St #100</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver CO 80221</u>
	7 Purpose of Expenditure: <u>Mailers postage & sending</u>

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23
date **Through** 10/17/23
date

PLEASE PRINT/TYPER

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 date **Through** 10/17/23 date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23
date **Through** 10/17/23
date

PLEASE PRINT/TYPER

1 <u>Date Expended</u>	4 Name (Last, First): _____ _____
2 <u>Amount</u> \$ 	5 Address: _____ 6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____ _____
2 <u>Amount</u> \$ 	5 Address: _____ 6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____ _____
2 <u>Amount</u> \$ 	5 Address: _____ 6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____ _____
2 <u>Amount</u> \$ 	5 Address: _____ 6 City/State/Zip: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23
date **Through** 10/17/23
date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered:

1/25/23

date

Through

10/17/23

date

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____ _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

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

PLEASE PRINT/TYPE

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

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

Returned Expenditures

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

Schedule D – Returned Expenditures & Contributions**Page 2****Full Name of Committee/Person:** Friends of Angie Bedolla**Reporting Period Covered:** 1/25/23
date**Through** 10/17/23
date**Returned Contributions***(Previously reported on Schedule A – Contributions accepted and then returned to donors)***PLEASE PRINT/TYPE**

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

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

Returned Expenditures*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)***PLEASE PRINT/TYPE**

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

Returned Contributions

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

PLEASE PRINT/TYPE

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

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

Returned Expenditures

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23 **Through** 10/17/23
date date

Total Itemized Expenditures: \$0.00

PLEASE PRINT/TYPI

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

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

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

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

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

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Statement of Non-Monetary Contributions

Page 2

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 1/25/23

date

Through

10/17/23

date

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Statement of Non-Monetary Contributions

Full Name of Committee/Person: Friends of Angie Bedolla

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