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

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DEC 18 2023

THORNTON CITY CLERK

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:	s of Committee/Person: 11659 Columbine Pl			
City, State & Zip Code: Thornton CO 80233				
Committee Type: Candidate Committee				
Name and Address of Financial Institution: 1st Bank, 13600 Colorado Blvd.				
SOS ID NUMBER (state and county committees ONLY): N/A				
Regularly Scheduled Filing. October 17, 2023 (21 days prior to the November 7, 2023 Municipal Election) November 3, 2023 (Friday prior to the November 7, 2023 Municipal Election) December 12, 2023 (35 days after the November 7, 2023 Municipal Election) Annual - candidates from prior election held on Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY Termination Report (Termination Reports MUST have a Monetary Balance of Zero in Line 5) Reporting Period Covered: 10/30/23 Through 12/7/23 date Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4(1)]				
1 Funds on Hand at Beginning of Reporting	Period (monetary only)		\$5,281.66	
2 Total Monetary Contributions (line 11)			\$3,300.00	
3 Total of Monetary Contributions & Begin	ning Amount (line 1+ line 2)		\$8,581.66	
4 Total Monetary Expenditures (line 19)			\$8,581.66	
5 Funds on Hand at End of Reporting Perio	d (monetary) (line 3 - line 4)		\$0.00	
The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late. [Art. XXVIII Sect. 10 (2) (a)] Authorization (Must be completed by either the Registered Agent OR the Candidate) I hearby certify and declare, under penalty of perjury, that				
to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.				
Print Registered Agent's (Treasurer's) Name:				
Registered Agent's (Treasurer's) Signature:	r an	Date:		
Print Candidate Name: Angie Bedolla				

DocuSign Envelope ID: 27D40AC2-5DE5-45E1-874A-6DED0DC49058	
Candidate's Signature:	Date: 12/15/2023

DETAILED SUMMARY

Full Name of Committee/Person:	Friends of Angie Bedolla

10/30/23 12/7/23 **Through Current Reporting Period:** Funds on hand at the beginning of reporting period (Monetary Only): \$9,956.51 Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] 6 (Please list on Schedule "A") \$3,300.00 **Total of Non-Itemized Contributions** 7 (Contributions of \$19.99 and Less) Loans Received 8 (Please list on Schedule "C") \$0.00 **Total of Other Receipts** 9 (Interest, Dividends, etc.) Returned Expenditures (from recipient) 10 (Please list on Schedule "D") \$0.00 **Total Monetary Contributions** 11 (Total of lines 6 through 10) \$3,300.00 **Total Non-Monetary Contributions** 12 (From Statement of Non-Monetary Contributions) \$0.00 **Total Contributions** 13 (Line 11 + line 12) \$3,300.00 Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] 14 (Please list on Schedule "B") \$8,581.66 **Total of Non-Itemized Expenditures** 15 (Expenditures of \$19.99 and less) Loan Repayments Made 16 (Please list on Schedule "C") \$0.00 **Returned Contributions (To Donor)** 17 (Please list on Schedule "D") \$0.00 **Total Coordinated Non-Monetary Expenditures** 18 (Candidate/Candidate Committee & Political Parties only) **Total Monetary Expenditures** 19 (Total of lines 14 through 17) \$8,581.66 **Total Monetary Expenditures** 20 (Line 18 + Line 19) \$8,581.66

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

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

Full Name of Committee/Person: Friends of Angie Bedolla

Reporting Period Covered: 10/30/23 Through 12/7/23

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

Total Itemized Contributions: \$ 3,300.00

PLEASE PRINT/TYPE

					
1	Date Accepted	4 Name (Last, First):	Carlson, Scott		
	10/30/2023	5 Address: 12460 1st Street PO Box 247			
2	Contribution Amount	6 City/State/Zip:	Eastlake CO 8061	4	
\$	500.00	7 Description	Check		
3	Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	Carlson Associates	
\$		9 Occupation (if applic	cable, <u>mandatory</u>):	Partner	
1	Date Accepted	4 Name (Last, First):	Apartment Associ	ation of Metro Denver	
	10/30/2023	5 Address:	7100 East Bellevie	ew Ave Suite 305	
2	Contribution Amount	6 City/State/Zip:	Greenwood Villag	ge CO 80111	
\$	500.00	7 Description	Check		
3	Aggregate Amount*	8 Employer (if applica	ble, mandatory):	NA	
\$	500.00	9 Occupation (if applied	cable, mandatory):	NA	
_		<u> </u>			
1	Date Accepted	4 Name (Last, First):	Pipefitters Local N	No 208	
1	Date Accepted 10/31/2023	4 Name (Last, First): 5 Address:	Pipefitters Local N 6350 Broadway S		
1 2	-	,		t	
1 2 \$	10/31/2023	5 Address:	6350 Broadway S	t	
	10/31/2023 Contribution Amount	5 Address: 6 City/State/Zip:	6350 Broadway St Denver CO 80216 Check	t	
\$	10/31/2023 Contribution Amount 300.00	5 Address: 6 City/State/Zip: 7 Description	6350 Broadway State Denver CO 80216 Check ble, mandatory):	t	
3	10/31/2023 Contribution Amount 300.00 Aggregate Amount*	5 Address:6 City/State/Zip:7 Description8 Employer (if applica	6350 Broadway State Denver CO 80216 Check ble, mandatory):	NA NA	
3	10/31/2023 Contribution Amount 300.00 Aggregate Amount* 300.00	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicate) 9 Occupation (if applicate)	6350 Broadway State Denver CO 80216 Check ble, mandatory): cable, mandatory):	NA NA	
3	10/31/2023 Contribution Amount 300.00 Aggregate Amount* 300.00 Date Accepted	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applica 9 Occupation (if applica 4 Name (Last, First):	6350 Broadway State Denver CO 80216 Check ble, mandatory): cable, mandatory): Industrial Property	NA NA NA Rights PAC	
3 \$	10/31/2023 Contribution Amount 300.00 Aggregate Amount* 300.00 Date Accepted 11/2/2023	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applica 9 Occupation (if applica 4 Name (Last, First): 5 Address:	6350 Broadway State Denver CO 80216 Check ble, mandatory): cable, mandatory): Industrial Property	NA NA NA Rights PAC	
\$ 3 \$ 1	Contribution Amount 300.00 Aggregate Amount* 300.00 Date Accepted 11/2/2023 Contribution Amount	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applica 9 Occupation (if applica 4 Name (Last, First): 5 Address: 6 City/State/Zip:	6350 Broadway State Denver CO 80216 Check ble, mandatory): cable, mandatory): Industrial Property 2318 Curtis St Denver CO 80205 Check	NA NA NA Rights PAC	

^{*} 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 Angle Bedolla						
	Reporting Period Cov	vered:		10/30/23 date	Through [12/7/23 date
PLEASE PRINT/TYPE						
1 Date Accepted	4 Name (Last, First):	HT Partners LP				
11/3/2023	5 Address:	1144 15th St Suite	e 2600			
2 Contribution Amount	6 City/State/Zip:	Denver CO 80202	2			
\$ 1500.00	7 Description	Check				
3 Aggregate Amount*	8 Employer (if application	ble, mandatory):	NA			
\$ 1500.00	9 Occupation (if applic	cable, mandatory):	NA			
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 Contribution Amount	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applic	cable, mandatory):				
1 Date Accepted	4 Name (Last, First):					
	5 Address:	_				
2 <u>Contribution Amount</u>	6 City/State/Zip:	3				
\$	7 Description	-				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applie	cable, <u>mandatory</u>):	:			
1 Date Accepted	4 Name (Last, First):					
	5 Address:					
2 Contribution Amount	6 City/State/Zip:					,
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	8			
\$	9 Occupation (if applied	cable, mandatory):	7			

^{*} 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)

Page 2

Full Name of Committee	/Person: Friends of Angie Bedolla
	Reporting Period Covered: 10/30/23 Through 12/7/23 date
PLEASE PRINT/TYPE	
1 <u>Date Expended</u> 11/24/23	4 Name (Last, First): Underwood LLC
2 Amount	5 Address: 1500 W Thornton Pkw 228
\$ 1722.37	6 City/State/Zip: Thornton CO 80260
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Consulting services
Non-Committee	
1 <u>Date Expended</u> 11/27/23	4 Name (Last, First): Kulmann, Dave
2 Amount	5 Address: 14824 Fillmore Way
\$ 1297.90	6 City/State/Zip: Thornton CO 80602
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Consulting services
Non-Committee	
1 Date Expended	4 Name (Last, First):
2 Amount	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	
Tron committee	
<u></u>	
1 Date Expended	4 Name (Last, First):
2 Amount	5 Address:
\$	6 City/State/Zip:
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure:
Non-Committee	

Schedule C - Loans

Full Name of Committee/Person: Friends	s of Angie Bedolla				
Reporting Period			12/7/23 date		
(Use a separate schedule for each loan, This form is for line item 8 and 16 of the Detailed Summary Report.) [No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]					
Name (Last, First or Institution):					
Address:					
City/State/Zip:					
Original Amount of Loan: \$		Interest Rate:	%		
		Total of All Loans This Rep			
		Period: (Place on line 8 of De	\$0.00 tailed Summary Report)		
Loan Amount Received This Reporting Period:					
Principal Amount Paid This Reporting Period:					
Interest Amount Paid This Reporting Period:					
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Detail	\$0.00 Summary)	Total Repayments Made: (Sum of Schedule C pages, Plac	\$0.00 e on line 16 of Detailed Summary)		
Outstanding Balance:	,				
TERMS OF LOAN:					
TERMO OF EOTHV.	Date Loan Received		Due Date for Final Payment		
LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN					
Full Name	Address,	City, St., Zip	Amount Guaranteed		

$Schedule \ D-Returned \ Expenditures \ \& \ Contributions$

Friends of Angie Bedolla Friends of Angie Bedolla				
	Reporting Period Covered: 10/30/23 Through 12/7/23 date			
	Total Returned Contributions: \$ -			
¥)	Total Returned Expenditures: \$ -			
	Returned Contributions			
(Pre	viously reported on Schedule A – Contributions accepted and then returned to donors)			
PLEASE PRINT/TYPE				
1 Date Accepted				
	4 Name (Last, First):			
2 <u>Date Returned</u>	5 Address:			
	6 City/State/Zip:			
3 Amount	7 Purpose:			
\$				
1 Date Accepted	4 Name (Last, First):			
2 Date Returned	5 Address:			
	6 City/State/Zip:			
3 Amount	7 Purpose:			
\$				
	Test in the second			
(Prev.	Returned Expenditures iously reported on Schedule B – Expenditures returned or refunded to the committee)			
PLEASE PRINT/TYPE				
1 Date Expended				
	4 Name (Last, First):			
2 Date Returned	5 Address:			
	6 City/State/Zip:			
3 Amount	7 Comment (optional):			
\$				
1 Date Expended	4 Name (Last, First):			
2. Data Ratuum ad	4 Name (Last, First): 5 Address:			
2 <u>Date Returned</u>				
2. A	6 City/State/Zip:			
3 Amount	7 Comment (optional):			
Ψ	**************************************			

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	
Repoi	rting Period Covered: 10/30/23 Through 12/7/23	
	date	
	Total Itemized Expenditures:	\$0.00
PLEASE PRINT/TYP		
1 <u>Date Provided</u>	4 Name (Last, First):	
	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
	7 Description:	
52	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory);	
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
1. Data Buardard	A Nama (Last First):	
1 Date Provided	4 Name (Last, First): 5 Address:	
2. Foir Morlest Volvo		
2 <u>Fair Market Value</u>	6 City/State/Zip: 7 Description:	
	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
3 Aggregate Amount	Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
	Chock box ii coordinated with a candidate candidate communication	
1 Date Provided	4 Name (Last, First):	
	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
	7 Description:	
	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
1 <u>Date Provided</u>	4 Name (Last, First):	
	5 Address:	
2 Fair Market Value	6 City/State/Zip:	
	7 Description:	
	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	
1 Data Day 13-3	A Nama (Last Eight)	
1 Date Provided	4 Name (Last, First): 5 Address:	
2 Fair Market Value	5 Address:	
2 Tan Market Value	7 Description:	
	8 Employer (if applicable, mandatory):	
3 Aggregate Amount	9 Occupation (if applicable, mandatory):	
- I BE VEHICLE THOUSE	10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*	

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