

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us



Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

| | |
|---|--------------------------------------|
| Full Name of Committee/Person: | Metro Housing Coalition |
| As Shown On Registration | |
| Address of Committee/Person: | 9300 E Easter Place, Suite 200 |
| City, State & Zip Code: | Centennial, Co 80012 |
| Committee Type: | State registered political committee |
| Name and Address of Financial Institution | |

SOS ID NUMBER (state and county committees): 1999140059

Type of Report

- ☒ Regularly Scheduled Filing.
- ☐ 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)
- ☐ Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: 7/1/2021 Through 10/7/2021
Date Date

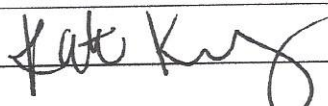
Declared Total Spending (if applicable) \$ 8500
[Art. XXVIII, Sec. 4(1)]

| | | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 0 |
| 2 | Total Monetary Contributions (line 11) | \$ 8500 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 8500 |
| 4 | Total Monetary Expenditures (line 19) | \$ 8500 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 0 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 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 Name: Katie Kennedy- Designated Filing Agent

Registered Agent's Signature:  Date: 10/12/2021

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARYFull Name of Committee/Person: Metro Housing CoalitionCurrent Reporting Period: 7/1/2021Through 10/7/2021

| | | | |
|--|---|----|-------|
| Funds on hand at the beginning of reporting period (Monetary Only) | | \$ | 0 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 0 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ | 8,500 |
| 8 | Loans Received (Please list on Schedule "C") | \$ | 0 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ | 0 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ | 0 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ | 8,500 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | 0 |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 8,500 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 8,500 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ | 0 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ | 0 |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ | 0 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ | 0 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 8,500 |
| 20 | Total Spending (Line 18 + line 19) | \$ | 8,500 |

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

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

Full Name of Committee/Person: Metro Housing Coalition**WARNING: Please read the instruction page for Schedule “A” before completing!****PLEASE PRINT/TYPE**

| | |
|--|---|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Contribution Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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 Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 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)

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

Full Name of Committee/Person: Metro Housing Coalition**PLEASE PRINT/TYPE**

| | |
|--|--|
| 1. <u>Date Expended</u> 8/20/2021 | 4. Name: <u>Committee to Reelect Jessica Sandgren</u> |
| 2. <u>Amount</u> \$ 2500.00 | 5. Address: <u>10533 Garfield Street</u> |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Thornton, CO 80233</u> |
| | 7. Purpose of Expenditure: <u>Contribution</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> 8/20/2021 | 4. Name: <u>Friends of Angie Bedolla</u> |
| 2. <u>Amount</u> \$ 2500.00 | 5. Address: <u>11659 Columbine Place</u> |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Thornton, CO 80233</u> |
| | 7. Purpose of Expenditure: <u>Contribution</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> 9/16/2021 | 4. Name: <u>Henson for Thornton</u> |
| 2. <u>Amount</u> \$ 1000.00 | 5. Address: <u>871 Thornton Parkway</u> |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Thornton, CO 80229</u> |
| | 7. Purpose of Expenditure: <u>Contribution</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> 9/16/2021 | 4. Name: <u>Friends of Tony Unrein</u> |
| 2. <u>Amount</u> \$ 2500.00 | 5. Address: <u>8011 E. 148th Drive</u> |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Thornton, CO 80602</u> |
| | 7. Purpose of Expenditure: <u>Contribution</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |