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



INDEPENDENT EXPENDITURE REPORT

(1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

| Your Name/Entity Name: Housing for Colorado |
|---|
| Committee Name: Housing for Colorado |
| As shown on Committee Registration |
| SOS ID NUMBER (for committees that file with the Secretary of State): 20215040163 |
| 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 on page 2, line 10) |
| Reporting Period Covered: 10/6/2021 Through: 10/7/2021 End Date |
| Reporting Entity Information: |
| Full Name of Parent Corporation, if applicable: |
| All Doing-Business-As Names used in Colorado: |
| Address of Home Office: If reporting entity is a subsidiary entity, list the address of the parent corporation's home office. |
| Name of Colorado Registered Agent: Must be the same as listed on committee registration |
| Colorado Address for Registered Agent: |
| Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: Supporting Jessica Sandgren, Supporting Tony Unrein, Supporting Angie Bedolla |
| Authorization (Must be completed by the Registered Agent): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations 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 |

* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

| | Committee Name: Housing for Colorado |
|----|---|
| | Reporting Period Overview |
| 1 | Beginning Balance this Period (Committees): 0 |
| 2 | Total Donations this Period: 14000 |
| | Monetary: 14000 Non-Monetary: |
| | Monetary: 14000 Non-Monetary: |
| 3 | Other Receipts (dividends, interest, etc.): 0 |
| 4 | Total Independent Expenditures this Period: 14000 |
| | Monetary: 14000 Non-Monetary: |
| | Monetary: 14000 Non-Monetary: Itemized: 14000 Non-Itemized: |
| 5 | Total Other Expenditures this Period: 0 |
| | Monetary: Non-Monetary: |
| | Itemized: Non-Itemized: |
| 6 | Loans received this period: 0 |
| 7 | Loans paid this period: 0 |
| 8 | Returned Independent Expenditures this Period: 0 |
| 9 | Returned Donations this Period: 0 |
| 10 | Ending Balance (include monetary expenditures and donations only): 0 |

| Committee Name | : Housing for Colorado | |
|----------------|------------------------|--|
|----------------|------------------------|--|

11 Schedule A: Donations

| Itemized Donation | S |
|--|--|
| Date Accepted | 4. Name: Housing for Colorado State Registered Independent Expenditure Committee |
| 10/7/2021 | 5. Address (Home Office): 9033 E Easter Place, Suite 200 |
| 2. Donation Amt. | 6. City/State/Zip: Centennial, CO 80112 |
| \$ 14000.00 | 7. Monetary Non-Monetary, include Description: |
| 3. Aggregate Amt. | 8. Employer (required if applicable): |
| \$ 14000.00 | 9. Occupation (required if applicable): |
| 14000.00 | 10. Parent Corporation and acronyms used (required if applicable): |
| Please reference | |
| section 1-45-107.5 | 11. All DBA Names used in Colorado (required if applicable): |
| for donation reporting | |
| requirements. | 12. Donor's Colorado Agent Name & Address (required if applicable): |
| | |
| 1. Date Accepted | 4. Name: |
| | 5. Address (Home Office): |
| 2. Donation Amt. | 6. City/State/Zip: |
| \$ | 7. Monetary Non-Monetary, include Description: |
| 3. Aggregate Amt. | 8. Employer (required if applicable): |
| \$ | 9. Occupation (required if applicable): |
| | 10. Parent Corporation and acronyms used (required if applicable): |
| Please reference section 1-45-107.5 | 11. All DBA Names used in Colorado (required if applicable): |
| for donation | (equation of the control of the cont |
| reporting requirements. | 12. Donor's Colorado Agent Name & Address (required if applicable): |
| | |
| 1. Date Accepted | 4. Name: |
| | 5. Address (Home Office): |
| 2. Donation Amt. | 6. City/State/Zip: |
| \$ | 7. Monetary Non-Monetary, include Description: |
| 3. Aggregate Amt. | 8. Employer (required if applicable): |
| \$ | 9. Occupation (required if applicable): |
| | 10. Parent Corporation and acronyms used (required if applicable): |
| Please reference section 1-45-107.5 | 11. All DBA Names used in Colorado (required if applicable): |
| for donation | 11. All DDA Ivallies used in Colorado (required il applicable). |
| reporting requirements. | 12. Donor's Colorado Agent Name & Address (required if applicable): |

| ousing for Colorado | |
|--|--|
| 5. Address (Home Office): 6. City/State/Zip: 7. Monetary Non-Mone 8. Employer (required if applicab 9. Occupation (required if applicat 10. Parent Corporation and acrony 11. All DBA Names used in Colo | tary, include Description: |
| 4. Name: | etary, include Description: ble): cable): captured if applicable): corado (required if applicable): me & Address (required if applicable): |
| ividends, interest, etc.) | 2. Total amount of non-itemized donations: \$ 0 2. Total amount of other receipts: \$ 0 |
| | 4. Name: 5. Address (Home Office): 6. City/State/Zip: 7. Monetary Non-Mone 8. Employer (required if applicab 9. Occupation (required if applicat 10. Parent Corporation and acron 11. All DBA Names used in Colo 12. Donor's Colorado Agent Nam 4. Name: 5. Address (Home Office): 6. City/State/Zip: 7. Monetary Non-Mone 8. Employer (required if applicat 9. Occupation (required if applicat 10. Parent Corporation and acron 11. All DBA Names used in Colo 12. Donor's Colorado Agent Nam ations ations 1- itemized donations: 0 |

| 1. Date Funds Obligated 10/7/2021 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. 3. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 80220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: Angie Bedolla - Digital advertising 7. Name(s) of candidatere reporting requirements. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. 3. Name of Recipient/Payee: WR Communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 80220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: Jessica Sandgren-Digital advertising 7. Name(s) of candidate(s) referenced: Jessica Sandgren-Digital advertising 8. Communication is Denote Street 9. City/State/Zip: Denver, CO 80220 9. This is an electioneering communications 9. Communication is Denote Street 9. City/State/Zip: Denver, CO 80220 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communication report in TRACER. 1. Date Funds Obligated 10/7/2021 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. 8. G900.00 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communication: 9. Communication is Denote Street 9. City/State/Zip: Denver, CO 70220 9. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising 1. Name(s) of candidate(s) referenced: Tony | 1. Date Funds Obligated | 3. Name of Recipient/Payee: WR Communications |
|--|-------------------------|---|
| 2. Expenditure Amt. \$ 4900.00 Check if amt. is an estimate: □ Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 2200.00 Check if amt. is an estimate: □ Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 3. Name of Recipient/Payee: WR Communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 80220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: Angle Bedolla - Digital advertising 9. This is an electronic electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communications 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 200.00 Check if amt. is an estimate: □ 1. Date Funds Obligated 10/7/2021 3. Name of Recipient/Payee: WR Communication: □ 3. Name of Recipient/Payee: Denver, CO 80220 6. Monetary Non-Monetary, include Description: □ 7. Name(s) of candidate(s) referenced: Jessica Sandgren- Digital advertising 7. Name(s) of candidate(s) referenced: Jessica Sandgren- Digital advertising 7. Name(s) of candidate(s) referenced: Jessica Sandgren- Digital advertising 8. Communication is Denotated Non-broadcast. Medium: Digital on the communication report in TRACER. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. 3. Name of Recipient/Payee: WR Communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 70220 6. Monetary Non-Monetary, include Description: □ 7. Name(s) of candidate(s) referenced: □ 7. Name(s) of candidate | 10/7/2021 | 4. Address: 1782 Locust Street |
| Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$20.00 Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 3. Name of Recipient/Payee: WR Communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 80220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 80220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communication report in TRACER. 1. Date Funds Obligated 10/7/2021 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$3. Name of Recipient/Payee: WR Communication report in TRACER. 3. Name of Recipient/Payee: WR Communication report in TRACER. 4. Address: 1782 Locust Street 9. This is an electioneering communication report in TRACER. 5. City/State/Zip: Denver, CO 70220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: 8. Communication is of the province of the prov | • | |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 2200.00 Check if ant. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 3. Name of Recipient/Payee: WR Communications (see Art. XXVIII, Sec. 6) | | 6. Monetary Non-Monetary, include Description: |
| 1. Date Funds Obligated 10/7/2021 3. Name of Recipient/Payee: WR Communication separation of the first stance of the first separation is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communication report in TRACER. 1. Date Funds Obligated 10/7/2021 3. Name of Recipient/Payee: WR Communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 80220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: Jessica Sandgren Digital advertising 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communication report in TRACER. | | 7. Name(s) of candidate(s) referenced: Angie Bedolla - Digital advertising |
| 8. Communication is | | |
| 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 2200.00 Check if amt. is an estimate: | 1-45-107.5, C.R.S., for | |
| 10/7/2021 2. Expenditure Amt. \$ 2200.00 Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 6900.00 Check if amt. is an electioneering communication (see Art. XXVIII, Sec. 6) Address: 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 6900.00 Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. Date Funds Obligated September 1 | | |
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| Name(s) of candidate(s) referenced: Jessica Sandgren Jessica Sandgren Jessica Sandgren School Jessica Sandgren Jessica Sandg | | 6. Monetary Non-Monetary, include Description: |
| 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. \$ 6900.00 Check if amt. is an estimate: □ Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 8. Communication is obroadcast on non-broadcast. Medium: Digital 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) ✓ If box is checked you must also file an electronic electioneering communication report in TRACER. 1. Date Funds Obligated 10/7/2021 2. Expenditure Amt. 2. Expenditure Amt. 3. Name of Recipient/Payee: WR Communications 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 70220 6. Monetary Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising Vote for Tony Unrein 8. Communication is obroadcast on non-broadcast. Medium: Digital 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) If box is checked. | estimate: | 7. Name(s) of candidate(s) referenced: Jessica Sandgren- Digital advertising |
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| 10/7/2021 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 70220 6. Monetary Non-Monetary, include Description: | | |
| 10/7/2021 4. Address: 1782 Locust Street 5. City/State/Zip: Denver, CO 70220 6. Monetary Non-Monetary, include Description: | 1. Date Funds Obligated | 3. Name of Recipient/Payee: WR Communications |
| 2. Expenditure Amt. \$ 6900.00 Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 5. City/State/Zip: Denver, CO 70220 6. Monetary Non-Monetary, include Description: Tony Unrein - digital advertising Vote for Tony Unrein 8. Communication is broadcast non-broadcast. Medium: Digital 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) If box is checked | 10/7/2021 | 4. Address: 1782 Locust Street |
| Check if amt. is an estimate: O | | 5. City/State/Zip: Denver, CO 70220 |
| estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 7. Name(s) of candidate(s) referenced: Vote for Tony Unrein 8. Communication is broadcast non-broadcast. Medium: Digital 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) If box is checked | | 6. Monetary Non-Monetary, include Description: |
| 1-45-107.5, C.R.S., for independent expenditure reporting requirements. 8. Communication is broadcast non-broadcast. Medium: Digital 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) If box is checked | - Investment | 7. Name(s) of candidate(s) referenced: Tony Unrein - digital advertising |
| independent expenditure reporting requirements. 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) If box is checked | | |
| reporting requirements. 9. This is an electioneering communication (see Art. XXVIII, Sec. 6) 11 If box is checked | | |
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| Committee Name: House | g | |
|--|---|---|
| 2. Expenditure Amt. \$ Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure | 4. Address: 5. City/State/Zip: 6. Monetary Non-M 7. Name(s) of candidate(s) ref 8. Communication is bro 9. This is an electioneering co | Monetary, include Description: ferenced: madcast non-broadcast. Medium: mmunication (see Art. XXVIII, Sec. 6). If box is checked, c electioneering communication report in TRACER. |
| 2. Expenditure Amt. \$ Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 4. Address: | Monetary, include Description: ferenced: padcast non-broadcast. Medium: mmunication (see Art. XXVIII, Sec. 6). If box is checked, ic electioneering communication report in TRACER. |
| 2. Expenditure Amt. \$ Check if amt. is an estimate: Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 4. Address: 5. City/State/Zip: 6. Monetary Non-7. Name(s) of candidate(s) researched by the second | Monetary, include Description: eferenced: oadcast onon-broadcast. Medium: ommunication (see Art. XXVIII, Sec. 6). If box is checked, ic electioneering communication report in TRACER. |
| Non-Itemized Indepe | | 2. Total amount of non-itemized expenditures: \$ 0 |

| Date of Expenditure | Tables : Street and the street is a second to the street and the | |
|--|--|--|
| 2. Expenditure Amt. \$ Check if amt. is an estimate: | 5. City/State/Zip: 6. Monetary Non-N | Monetary, include Description: |
| Date of Expenditure | 3. Name of Recipient/Payee: | |
| 2. Expenditure Amt. | 5. City/State/Zip: | |
| Check if amt. is an estimate: | | Monetary, include Description: |
| Date of Expenditure Expenditure Amt. Check if amt. is an estimate: | 4. Address: 5. City/State/Zip: 6. Monetary Non-l | Monetary, include Description: |
| 1 Data of Evnenditure | A | |
| 1. Date of Expenditure | Name of Recipient/Payee: Address: | |
| 2. Expenditure Amt. \$ Check if amt. is an estimate: | | Monetary, include Description: |
| Non-Itemized Exp | enditures (other than ind | lependent expenditures) |
| | - itemized expenditures: () | 2. Total amount of non-itemized expenditures: \$ 0 |

| 1. Date of Loan | Schedule D: Loans | <u>s</u> |
|--|----------------------|--|
| 5. Address: 2. Loan Amount \$ 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate 1. Date of Loan 4. Loan Source Name: 5. Address: 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate Loan Payment 1. Date of Payment 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 7. Interest Rate: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 7. Interest Rate: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 6. City/State/Zip: 7. Interest Rate: 7. Interest Rate: 8. City/State/Zip: 8. Original Loan Amount: 9. Original Loan Amount: | Loans Received | |
| 5. Address: 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate 1. Date of Loan 4. Loan Source Name: 5. Address: 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate 1. Date of Payment 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 5. Original Loan Amount: 6. Balance: 7. Original Loan Amount: 7. Original Loan Amount: 8. Original Loan Amount: 9. Original Loan Amount: | 1. Date of Loan | 4. Loan Source Name: |
| 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 1. Date of Loan 4. Loan Source Name: 5. Address: 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate Loan Payments 1. Date of Payment 4. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: Principal: 6. Balance: 7. Interest Rate: 1. Date of Payment 5. Original Loan Amount: 7. Interest Rate: 1. Date of Payment 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 1. Date of Payment 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 1. Date of Payment 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 1. Date of Payment 5. Criginal Loan Amount: 7. Interest Rate: 7. Interest Rate: 7. Interest Rate: 8. City/State/Zip: 9. Capayment Amount 9. City/State/Zip: 9. Capayment Amount 9. City/State/Zip: 9. City/State/ | | 5. Address: |
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| 1. Date of Loan 4. Loan Source Name: 5. Address: 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 1. Date of Payment 4. Address, City/State/Zip: 2. Payment Amount Principal: Interest: 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: Fincipal: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: Fincipal: 6. Balance: 7. Interest Rate: 1. Date of Payment 7. Coriginal Loan Amount: 8. City/State/Zip: 9. Payment Amount 9. City/State/Zip: | 3. Interest Rate | |
| 5. Address: 2. Loan Amount 5. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate Loan Payments 1. Date of Payment 4. Address, City/State/Zip: 5. Original Loan Amount: Principal: Interest: 7. Interest Rate: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Original Loan Amount: 6. Balance: 7. Original Loan Amount: 6. Balance: 7. Original Loan Amount: 8. Original Loan Amount: 9. Original Loan Amount: | | |
| 5. Address: 2. Loan Amount \$ 6. City/State/Zip: 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate Loan Payments 1. Date of Payment 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: 7. Interest Rate: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 6. Balance: 7. Original Loan Amount: 8. Original Loan Amount: 9. Original Loan Amount: | 1. Date of Loan | 4. Loan Source Name: |
| City/State/Zip: | | |
| 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: 3. Interest Rate Loan Payments 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: Principal: Interest: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 2. Payment Amount 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 6. Balance: | | 6. City/State/Zip: |
| Loan Payments 1. Date of Payment 2. Payment Amount Principal: Interest: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 6. Balance: 6. Balance: | \$ | 7. Endorsers/Guarantors. List names, addresses, and amount guaranteed: |
| 1. Date of Payment 2. Payment Amount Principal: Interest: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: 6. Balance: 6. Balance: | 3. Interest Rate | |
| 1. Date of Payment 2. Payment Amount Principal: Interest: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: 6. Balance: 6. Balance: | | |
| 4. Address, City/State/Zip: 2. Payment Amount Principal: Interest: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 4. Address, City/State/Zip: 5. Original Loan Amount: Principal: 6. Balance: 6. Balance: | Loan Payments | |
| 4. Address, City/State/Zip: 2. Payment Amount Principal: Interest: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 4. Address, City/State/Zip: 5. Original Loan Amount: Principal: 6. Balance: 6. Balance: | 1. Date of Payment | 3. Loan Source Name: |
| 2. Payment Amount Principal: Interest: 5. Original Loan Amount: 6. Balance: 7. Interest Rate: 1. Date of Payment 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: 6. Balance: | | |
| Principal: Interest: 6. Balance: 7. Interest Rate: 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: 6. Balance: 6. Balance: | 2. Payment Amount | 5. Original Loan Amount: |
| 1. Date of Payment 3. Loan Source Name: 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: | Principal: | |
| 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: | Interest: | 7. Interest Rate: |
| 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: | | |
| 4. Address, City/State/Zip: 2. Payment Amount Principal: 6. Balance: | 1. Date of Payment | 3. Loan Source Name: |
| 2. Payment Amount 5. Original Loan Amount: | | |
| Principal: 6. Balance: | 2. Payment Amount | |
| Interest: 7. Interest Rate: | Principal: | 6. Balance: |
| | Interest: | 7. Interest Rate: |
| | | |
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| | | |

Committee Name: Housing for Colorado

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| Schedule F. Ret | Housing for Colorado |
|--|--|
| Schedule E. Rett | arned Donations and Expenditures |
| Returned Donati | ions (previously reported on Schedule A) |
| 1. Date Accepted | 4. Name: |
| The same of the sa | 5. Address: |
| 2. Date Returned | 6. City/State/Zip: |
| | 7. Comment: |
| 3. Amount \$ | |
| | |
| Date Accepted | 4 Name: |
| 5000 | 4. Name: |
| 2. Date Returned | 5. Address: |
| z. <u>zato retarnoa</u> | 6. City/State/Zip: |
| 2 | 7. Comment: |
| 3. <u>Amount</u> | |
| φ | |
| | ndent Expenditures (previously reported on Schedule B) |
| Date of Expenditur | e 4. Name: |
| | |
| D-4- D-1 | o. Address: |
| 2. Date Keturned | 5. Address: 6. City/State/Zip: |
| 2. Date Keturned | 5. Address: 6. City/State/Zip: 7. Comment: |
| 2. <u>Date Returned</u> 3. Amount | 6. City/State/Zip: |
| 3. Amount | 6. City/State/Zip: |
| 3. Amount | 6. City/State/Zip: |
| 3. Amount | 6. City/State/Zip: |
| 3. <u>Amount</u> | 6. City/State/Zip: 7. Comment: |
| 3. <u>Amount</u> | 6. City/State/Zip: 7. Comment: 4. Name: |
| 2. Date Returned 3. Amount 4. Date of Expenditure 2. Date Returned | 6. City/State/Zip: 7. Comment: 4. Name: 5. Address: |
| 3. Amount B 1. Date of Expenditure | 6. City/State/Zip: 7. Comment: 4. Name: 5. Address: 6. City/State/Zip: |
| 3. Amount 3. Date of Expenditur 4. Date Returned | 6. City/State/Zip: 7. Comment: 4. Name: 5. Address: |
| . Date of Expenditure | 6. City/State/Zip: 7. Comment: 4. Name: 5. Address: 6. City/State/Zip: |