

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



Space Below For Office Use Only

**CONDITIONALLY ACCEPTED**

DEC 12 2023

**THORNTON CITY CLERK**

**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:** 10/30/2023 **Through:** 12/7/2023  
Begin Date End Date

**Reporting Entity Information:**

Full Name of Parent Corporation, if applicable: NOT APPLICABLE  
Include any acronyms used.

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.

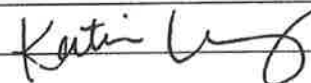
Name of Colorado Registered Agent: \_\_\_\_\_  
Must be the same as listed on committee registration

Colorado Address for Registered Agent: \_\_\_\_\_

**Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each:** SUPPORTING ERIC GARCIA AND 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: 12/12/2023

\* 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):** 3909.78
- 2 **Total Donations this Period:** 0  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 3 **Other Receipts (dividends, interest, etc.):** 0
- 4 **Total Independent Expenditures this Period:** 0  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 5 **Total Other Expenditures this Period:** 3909.78  
Monetary: 3909.78 Non-Monetary: \_\_\_\_\_  
Itemized: 3909.78 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

12 **Schedule B: Independent Expenditures**

**Itemized Independent Expenditures**

1. <u>Date Funds Obligated</u> 12/1/2023	3. Name of Recipient/Payee: <u>HOUSING FOR COLORADO</u>
2. <u>Expenditure Amt.</u> \$ <u>3909.78</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>9033 E Easter Place, Suite 200</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>Centennial, CO 80112</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: <u>Roll over to state committee</u>
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.