

Colorado Secretary of State
 Elections Division
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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	Citywide Banks, 6500 E Hampden Ave, #203, Denver, CO 80224

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: 10/8/2021 Date **Through** 10/24/2021 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$0

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$0
4	Total Monetary Expenditures (line 19)	\$0
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
 Registered Agent's Signature: [Signature] Date: 10/29/2021
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____