

Colorado Secretary of State
Elections Division
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By kbehan at 4:46 pm, Dec 12, 2023

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.

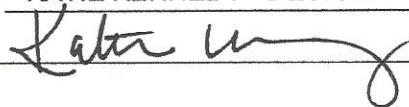
Name of Colorado Registered Agent: _____
Must be the same as listed on committee registration

Colorado Address for Registered Agent: _____

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: RICH SEYMOUR AND JEFF JONES

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):** 0
- 2 **Total Donations this Period:** 7334.87
Monetary: 7334.87 Non-Monetary: _____
Itemized: 7334.87 Non-Itemized: _____
- 3 **Other Receipts (dividends, interest, etc.):** 0
- 4 **Total Independent Expenditures this Period:** 7334.87
Monetary: 7334.87 Non-Monetary: _____
Itemized: 7334.87 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 Donations

1. <u>Date Accepted</u> 11/1/2023	4. Name: <u>METRO HOUSING COALITION</u>
2. <u>Donation Amt.</u> \$ 7334.87	5. Address (Home Office): <u>9033 E EASTER PLACE, SUITE 200</u>
3. <u>Aggregate Amt.</u> \$ 7334.87	6. City/State/Zip: <u>CENTENNIAL, CO 80012</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: HOUSING FOR COLORADO

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

1. <u>Date Funds Obligated</u> 11/1/2023	3. Name of Recipient/Payee: <u>HANSEN COMMUNICATIONS INC</u>
2. <u>Expenditure Amt.</u> \$ 7339.87 Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>1275 CORONA STREET</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>DENVER, CO 80210</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: <u>DIRECT MAIL SUPPORTING RICH SEYMOUR AND JEFF JONES</u>
	8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>DIRECT MAIL</u>
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input checked="" 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.