

Colorado Secretary of State
Elections Division
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Space Below For Office Use Only

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): _____

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: 10/16/2025 Through: 11/29/2025
Begin Date End Date

Reporting Entity Information:

Full Name of Parent Corporation, if applicable: METRO HOUSING COALITION
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: MORGAN CULLEN

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: SUPPORTED - JACK JOHNSON, OBI EZEADI, SARAH NURMELA

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: Katie Kennedy Date: 12/4/2025

* 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:** _____
Monetary: 8,311.36 Non-Monetary: 0
Itemized: 8,311.36 Non-Itemized: 0
- 3 **Other Receipts (dividends, interest, etc.):** 0
- 4 **Total Independent Expenditures this Period:** 8,311.36
Monetary: 8,311.36 Non-Monetary: 0
Itemized: 8,311.36 Non-Itemized: 0
- 5 **Total Other Expenditures this Period:** 0
Monetary: 0 Non-Monetary: 0
Itemized: 0 Non-Itemized: 0
- 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

11 **Schedule A: Donations**

Itemized Donations

| | |
|---|--|
| 1. <u>Date Accepted</u> 10/20/2025 | 4. Name: <u>METRO HOUSING COALITION</u> |
| 2. <u>Donation Amt.</u> \$ 7,861.36 | 5. Address (Home Office): <u>[REDACTED]</u> |
| 3. <u>Aggregate Amt.</u> \$ 7,861.36 | 6. City/State/Zip: <u>CENTENNIAL, CO 80112</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): <u>MORGAN CULLEN</u> <u>[REDACTED] CENTENNIAL, CO 80112</u> |

| | |
|---|---|
| 1. <u>Date Accepted</u> 10/23/2025 | 4. Name: <u>METRON HOUSING COALITION</u> |
| 2. <u>Donation Amt.</u> \$ 450.00 | 5. Address (Home Office): <u>[REDACTED]</u> |
| 3. <u>Aggregate Amt.</u> \$ 450.00 | 6. City/State/Zip: <u>CENTENNIAL, CO 80112</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): <u>MORGAN CULLEN</u> <u>[REDACTED] CENTENNIAL CO 80112</u> |

| | |
|---|--|
| 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

| | |
|---|--|
| 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): _____ |

Non-Itemized Donations

| | |
|---|---|
| 1. Total number of non- itemized donations: 0 | 2. Total amount of non-itemized donations: \$ 0 |
|---|---|

Other Receipts (dividends, interest, etc.)

| | |
|--------------------------------------|---|
| 1. Total number of other receipts: 0 | 2. Total amount of other receipts: \$ 0 |
|--------------------------------------|---|

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

| | |
|--|---|
| 1. <u>Date Funds Obligated</u> 10/20/2025 | 3. Name of Recipient/Payee: <u>GC HARMONY</u> 4. Address: <u>[REDACTED]</u> |
| 2. <u>Expenditure Amt.</u> \$ 1,500.00 Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: <u>PONTE VEDRA BEACH, FL 32082</u> 6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: <u>DIGITAL ADVERTISING</u> |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 7. Name(s) of candidate(s) referenced: <u>SUPPORTING JACK HOHNSON</u> |
| | 8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>DIGITAL</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> 10/20/2025 | 3. Name of Recipient/Payee: <u>GC HARMONY</u> 4. Address: <u>[REDACTED]</u> |
| 2. <u>Expenditure Amt.</u> \$ 6,361.36 Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: <u>PONTE VEDRA BEACH, FL 32082</u> 6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: <u>DIRECT MAIL</u> |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 7. Name(s) of candidate(s) referenced: <u>SUPPORTING JACK JOHNSON, OBI EZEADI, SARAH NURMELA</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> 10/21/2025 | 3. Name of Recipient/Payee: <u>WESTMINSTER WINDOW</u> 4. Address: <u>[REDACTED]</u> |
| 2. <u>Expenditure Amt.</u> \$ 450.00 Check if amt. is an estimate: <input type="checkbox"/> | 5. City/State/Zip: <u>ENGLEWOOD, CO 80110</u> 6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: <u>DIGITAL ADVERTISING</u> |
| Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements. | 7. Name(s) of candidate(s) referenced: <u>SUPPORTING JACK JOHNSON, OBI EZEADI, SARAH NURMELA</u> |
| | 8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>DIGITAL</u> 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. |

Committee Name: HOUSING FOR COLORADO

| | |
|---|--|
| 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. |

| | |
|---|--|
| 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. |

Non-Itemized Independent Expenditures

| | |
|---|---|
| 1. Total number of non- itemized expenditures: 0 | 2. Total amount of non-itemized expenditures: \$ 0 |
|---|---|