

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                |                    |                                 |                                                             |                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br><b>AADLAND FOR COLORADO</b>                                                                                                             |                    |                                 |                                                             |                                                                                                                                                                |
| <b>ADDRESS</b> (number and street) PO BOX 630552                                                                                                                               |                    |                                 |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>LITTLETON                                                                                                                                                       |                    | <b>STATE</b><br>CO              |                                                             | <b>ZIP CODE</b><br>80163                                                                                                                                       |
| <b>2. NAME OF CANDIDATE</b><br>AADLAND, ERIK, , ,                                                                                                                              |                    |                                 | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CO 07 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00781492                                                                                                                               |                    |                                 |                                                             |                                                                                                                                                                |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |                    |                                 |                                                             |                                                                                                                                                                |
| <b>A. FULL NAME</b><br>Loew, Robert, , ,                                                                                                                                       |                    | Name of Employer<br>Retired     |                                                             | Date (month, day, year)<br>06/22/2022                                                                                                                          |
| <b>MAILING ADDRESS</b><br>7205 Poudre River Rd #5                                                                                                                              |                    | <b>Transaction ID : F6.9935</b> |                                                             | Amount<br>1000.00                                                                                                                                              |
| <b>CITY</b><br>Greeley                                                                                                                                                         | <b>STATE</b><br>CO | <b>ZIP CODE</b><br>80634        | Occupation<br>Retired                                       |                                                                                                                                                                |
| <b>B. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                |                                                             | Date (month, day, year)                                                                                                                                        |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Occupation                      |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                 | Occupation                                                  |                                                                                                                                                                |
| <b>C. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                |                                                             | Date (month, day, year)                                                                                                                                        |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Occupation                      |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                 | Occupation                                                  |                                                                                                                                                                |
| <b>D. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                |                                                             | Date (month, day, year)                                                                                                                                        |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Occupation                      |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                 | Occupation                                                  |                                                                                                                                                                |
| <b>E. FULL NAME</b>                                                                                                                                                            |                    | Name of Employer                |                                                             | Date (month, day, year)                                                                                                                                        |
| <b>MAILING ADDRESS</b>                                                                                                                                                         |                    | Occupation                      |                                                             | Amount                                                                                                                                                         |
| <b>CITY</b>                                                                                                                                                                    | <b>STATE</b>       | <b>ZIP CODE</b>                 | Occupation                                                  |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Bjorklund, Tom, , ,                                                                                                                             |                    |                                 | <b>DATE</b><br>06/22/2022                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| <b>[Electronically Filed]</b>                                                                                                                                                  |                    |                                 |                                                             |                                                                                                                                                                |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)