

Pitkin County Clerk and Recorder
530 E Main St., STE 104
Aspen, Colorado 81611
Phone: (970) 429-2732
Fax: (970) 445-3007
eFile address: elections@pitkincounty.com
Website: www.pitkinvotes.com



space below for office use only

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	Francie Jacobson Pitkin County Commissioner
As Shown On Pitkin County Committee Registration	
Address of Committee/Candidate:	303 Stark Mesa Rd.
City, State & Zip Code:	Carbondale CO 81623
Committee Type:	
Name and Address of Financial Institution	Alpine Bank, 0350 Hwy 133 Carbondale CO 81623

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: Through
Date Date

Declared Total Spending (if applicable)
(Art. XXVIII, Sec. 4(1))

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 99.69
2	Total Monetary Contributions (line 11)	\$ 5625.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 5724.69
4	Total Monetary Expenditures (line 19)	\$
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 5708.27

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: Francie Jacobson

Registered Agent's Signature: Date: 5/28/2024

Print Candidate Name: Francie Jacobson

Candidate's Signature: Date: 5/28/2024

- Line #2 – Enter the total amount from Line #11.
- Line #3 – Enter the sum of Lines #1 and #2.
- Line #4 – Enter the total amount from Line #19.
- Line #5 – Enter the difference of Line #3 minus Line #4.

STEP 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

REMINDER: PITKIN COUNTY HOME RULE CHARTER § 6.6.2 PROHIBITS CONTRIBUTIONS IN EXCESS OF \$500 TO ANY CANDIDATE FOR PITKIN COUNTY ELECTIVE OFFICE, HIS OR HER CANDIDATE COMMITTEE, AND ANY POLITICAL COMMITTEE MAKING COORDINATED EXPENDITURES FOR THE PURPOSES OF SUPPORTING OR OPPOSING ANY CANDIDATE FOR PITKIN COUNTY ELECTIVE OFFICE.

REMINDER: ORDINANCE NO. 013-2012, "COUNTY ISSUE COMMITTEE" MEANS ANY PERSON, OTHER THAN A NATURAL PERSON, AND ANY GROUP OF TWO OR MORE PERSONS, INCLUDING NATURAL PERSONS, THAT HAVE ACCEPTED OR MADE CONTRIBUTIONS OR EXPENDITURES OF ONE THOUSAND FIVE HUNDRED DOLLARS OR MORE TO SUPPORT OR OPPOSE ANY COUNTY BALLOT ISSUE OR COUNTY BALLOT QUESTION. A COUNTY ISSUE COMMITTEE SHALL BE CONSIDERED OPEN AND ACTIVE UNTIL AFFIRMATIVELY CLOSED BY SUCH COMMITTEE OR BY ACTION OF CLERK AND RECORDER.

DETAILED SUMMARY

Full Name of Committee/Candidate: Francie Jacober

Current Reporting Period: 01/01/2024 Through 05/31/2024

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 5625 ⁰⁰ —
6	Itemized Contributions of \$20 or More (C.R.S. §1-45-108(1)(a); HRC §6.6.4) (Please list on Schedule "A")	\$ —
7	Total of Non-Itemized Contributions (Individual Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$ —
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ —
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ —
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 5625 ⁰⁰ —
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + Line 12)	\$ 5625 ⁰⁰ —
14	Itemized Expenditures \$20 or More (C.R.S. §1-45-108(1)(a); HRC § 6.6.4) (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (to donor) (Please list on Schedule "D")	\$
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)	\$
19	Total Monetary Expenditures (Total of Lines 14 through 17)	
20	Total Spending (Line 18 + line 19)	\$ 0

Schedule A – Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific committee types, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation and employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7; HRC § 6.6.4)

Small Donor Committee

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY. [Art. XXVIII, Sec. 2(14)(a); HRC § 6.6.4]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation and employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6; HRC § 6.6.4)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6; HRC § 6.6.4)

Contribution Limits – Pitkin County Candidates and Political Committees (HRC § 6.6.2)

- **\$500/contributor for the full period of candidacy.**

Note: The \$500 limit is for the full period of candidacy and is not based on election type. Regardless of whether or not the candidate appears on the primary ballot, candidates are not to exceed the \$500 limit per contributor during their tenure as a candidate.

Political Committees Supporting or Opposing Pitkin County Candidates:

- **\$500/contributor for the full period of candidacy.**

Political Party (From any person other than Small Donor) CPF Rule 10.17.1(d):

- **\$4,025/contributor** per year at the state, county, district and local level, of which no more than \$3,350♦ may be contributed to the party at the state level.

Political Party (From Small Donor Committee) CPF Rule 10.17.1(e):

- **\$20,325/contributor** per year at the state, county, district and local level, of which no more than \$16,925♦ may be contributed to the party at the state level.

Please refer to Article XXVIII, Section 3 of the Colorado Constitution and Section 6.6.2 of the Pitkin County Home Rule Charter for complete contribution limits and prohibited contributions.

* Primary Election

** General Election

♦ Contribution Limits reflect adjustments made by CPF Rule 10 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

Schedule A – Itemized Contributions Statement (\$20 or more)

(C.R.S. 81-45-108(1)(a); HRC § 6.6.4)

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>5/9/2024</u>	4. Name (Last, First): <u>Lovram, Peter</u>
2. Contribution Amt. \$ <u>100⁰⁰</u>	5. Address: <u>0280 Glen Eagles Rd</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Aspen, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ActBlue</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>realtor</u>

1. Date Accepted <u>5/10/2024</u>	4. Name (Last, First): <u>Kenney, Diane</u>
2. Contribution Amt. \$ <u>75⁰⁰</u>	5. Address: <u>0172 Bill Creek Rd.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ActBlue</u>
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>artist</u>

1. Date Accepted <u>5/9/2024</u>	4. Name (Last, First): <u>Wade, Paul or Heidi</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: <u>0040 Brown Ct. Ranch at Rearing Fork</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Aspen Ski Co.</u>
	9. Occupation (if applicable, mandatory): <u>Instructor</u>

1. Date Accepted <u>5/9/2024</u>	4. Name (Last, First): <u>Scott, Fitzhugh (Tam)</u>
2. Contribution Amt. \$ <u>50⁰⁰</u>	5. Address: <u>393 County Road 2102</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>Pitkin County District Court judge</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following legal authorities: Political Party – Colo. Const. art. XXVIII, Sec. 3(3); Small Donor Committee – Colo. Const. art. XXVIII, Sec. 2(14); Pitkin County Candidate or Candidate Committee – HRC § 6.6.2; Political Committee Supporting or Opposing Pitkin County Candidate(s) – HRC § 6.6.2.

Schedule B – Itemized Expenditures Statement (\$20 or more)

11-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 5/9/2024	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule A – Itemized Contributions Statement (\$20 or more)

IC.R.S. §1-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>5/19/2024</u>	4. Name (Last, First): <u>Patricia Q Stranahan, Patricia Q</u>
2. Contribution Amt. \$ <u>300⁰⁰</u>	5. Address: <u>4006 Crystal Bridge Rd.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. Date Accepted <u>5/13/2024</u>	4. Name (Last, First): <u>Child, Steven & Child, Mary Grace</u>
2. Contribution Amt. \$ <u>25⁻</u>	5. Address: <u>5050 Capitol Creek Rd.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Snowmass, CO 81654</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Pitkin County</u>
	9. Occupation (if applicable, mandatory): <u>Commissioner</u>

1. Date Accepted <u>5/14/2024</u>	4. Name (Last, First): <u>Coerd, Clinton; Sartain, Katherine</u>
2. Contribution Amt. \$ <u>500⁻</u>	5. Address: <u>835 Hyman Ave Apt 113</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Aspen, CO 81611-2603</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5/14/2024</u>	4. Name (Last, First): <u>Schandler, Auden; Freedman, Ellen</u>
2. Contribution Amt. \$ <u>250⁻</u>	5. Address: <u>P.O. Box 3509</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Basalt, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Aspen Ski Co.</u>
	9. Occupation (if applicable, mandatory): <u>Vice President of Sustainability</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following legal authorities: Political Party – Colo. Const. art. XXVIII, Sec. 3(3); Small Donor Committee – Colo. Const. art. XXVIII, Sec. 2(14); Pitkin County Candidate or Candidate Committee – HRC § 6.6.2; Political Committee Supporting or Opposing Pitkin County Candidate(s) – HRC § 6.6.2.

Schedule B – Itemized Expenditures Statement (\$20 or more)

11-45-108(1)(a), C.R.S.

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

Schedule A – Itemized Contributions Statement (\$20 or more)

I.C.R.S. 81-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5/14/2024	4. Name (Last, First): <u>Goss, Janet Reed</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>337 Ponderosa Pines Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>none</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>none</u>

1. <u>Date Accepted</u> 5/14/2024	4. Name (Last, First): <u>Schlumberger, Stephanie aka Mimi</u>
2. <u>Contribution Amt.</u> \$ <u>200⁰⁰</u>	5. Address: <u>1066 Heritage Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>none</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>none</u>

1. <u>Date Accepted</u> 5/16/2024	4. Name (Last, First): <u>Marks, Evan</u>
2. <u>Contribution Amt.</u> \$ <u>500⁰⁰</u>	5. Address: <u>54 Exhibition Lane</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Investor</u>

1. <u>Date Accepted</u> 5/16/2024	4. Name (Last, First): <u>Weihls, Tyson Christopher</u>
2. <u>Contribution Amt.</u> \$ <u>250⁰⁰</u>	5. Address: <u>1265 Mountain View Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Aspen, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Corporate director</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following legal authorities: Political Party – Colo. Const. art. XXVIII, Sec. 3(3); Small Donor Committee – Colo. Const. art. XXVIII, Sec. 2(14); Pitkin County Candidate or Candidate Committee – HRC § 6.6.2; Political Committee Supporting or Opposing Pitkin County Candidate(s) – HRC § 6.6.2.

Schedule B – Itemized Expenditures Statement (\$20 or more)

F1-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

Schedule A – Itemized Contributions Statement (\$20 or more)

IC.R.S. 81-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>5/16/2024</u>	4. Name (Last, First): <u>Glorge, Alexandra</u>
2. Contribution Amt. \$ <u>500⁰⁰</u>	5. Address: <u>625 E. Main St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Aspen, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>real estate broker</u>

1. Date Accepted <u>5/16/24</u>	4. Name (Last, First): <u>Eulich, John</u>
2. Contribution Amt. \$ <u>500⁻</u>	5. Address: <u>302 Eagle Drive / 145 Meadow Lane</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Jupiter, FL 33477 / Snowmass Village, CO 81615</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. Date Accepted <u>5/21/2024</u>	4. Name (Last, First): <u>Reed, Dede</u>
2. Contribution Amt. \$ <u>500⁻</u>	5. Address: <u>314 Sepris Dr.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Basalt, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, mandatory): <u>none</u>
	9. Occupation (if applicable, mandatory): <u>none</u>

1. Date Accepted <u>5/21/2024</u>	4. Name (Last, First): <u>Hagist, Tim</u>
2. Contribution Amt. \$ <u>250⁰⁰</u>	5. Address: <u>P.O. Box 1472</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, mandatory): <u>Hagist Excavation Co</u>
	9. Occupation (if applicable, mandatory): <u>owner, excavation company</u>

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Schedule B – Itemized Expenditures Statement (\$20 or more)

11-45-108(1)(a), C.R.S.

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

Schedule A – Itemized Contributions Statement (\$20 or more)

IC.R.S. 81-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>5/24/2024</u>	4. Name (Last, First): <u>Hagist, Fiona</u>
2. Contribution Amt. \$ <u>250</u>	5. Address: <u>220 Riverside Dr.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Berthoud, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venue</u>
	8. Employer (if applicable, mandatory): <u>FR Hagist LLC</u>
	9. Occupation (if applicable, mandatory): <u>realtor</u>

1. Date Accepted <u>5/16/2024</u>	4. Name (Last, First): <u>Snyder, Bradley</u>
2. Contribution Amt. \$ <u>250</u>	5. Address: <u>1368 Rock Ct.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623-1892</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>ActBlue</u>
	8. Employer (if applicable, mandatory): <u>teacher</u>
	9. Occupation (if applicable, mandatory): <u>Carbondale Community School</u>

1. Date Accepted <u>5/20/2024</u>	4. Name (Last, First): <u>Berg, Summer Woodson & Erik Scott</u>
2. Contribution Amt. \$ <u>250</u>	5. Address: <u>720 E. Hyman Ave 102</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Aspen, CO 81611-1658</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5/20/2024</u>	4. Name (Last, First): <u>Bier, Jeffrey JMB, Inc.</u>
2. Contribution Amt. \$ <u>75</u>	5. Address: <u>P.O. Box 100</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Carbondale, CO 81623-0100</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>self JMB, Inc.</u>
	9. Occupation (if applicable, mandatory): <u>realtor</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following legal authorities: Political Party – Colo. Const. art. XXVIII, Sec. 3(3); Small Donor Committee – Colo. Const. art. XXVIII, Sec. 2(14); Pitkin County Candidate or Candidate Committee – HRC § 6.6.2; Political Committee Supporting or Opposing Pitkin County Candidate(s) – HRC § 6.6.2.

Schedule B – Itemized Expenditures Statement (\$20 or more)

11-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule A – Itemized Contributions Statement (\$20 or more)

IC.R.S. 81-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>5/25/2024</u>	4. Name (Last, First): <u>Brinkman, Deanna</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>P.O. Box 3839</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Aspen, CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>none</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. <u>Date Accepted</u> <u>5/25/2024</u>	4. Name (Last, First): <u>Haynes, Megan</u>
2. <u>Contribution Amt.</u> \$ <u>250.00</u>	5. Address: <u>39 Crescent Place</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Glenwood Springs, CO 81601</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>Corporate Consultant</u>

1. <u>Date Accepted</u> <u>5/27/2024</u>	4. Name (Last, First): <u>Jaynes, Jason</u>
2. <u>Contribution Amt.</u> \$ <u>150</u>	5. Address: <u>440 Redstone Blvd</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Venmo</u>
	8. Employer (if applicable, mandatory): <u>DHM Designs</u>
	9. Occupation (if applicable, mandatory): <u>Managing Principal</u>

1. <u>Date Accepted</u> <u>4/25/2024</u>	4. Name (Last, First): <u>Jacobson, Francie</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>303 Stark Mesa Rd</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Carbondale, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>transfer</u>
	8. Employer (if applicable, mandatory): <u>Fatberry Burgers / Pitkin County</u>
	9. Occupation (if applicable, mandatory): <u>manager / Commissioner</u>

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Schedule B – Itemized Expenditures Statement (\$20 or more)

11-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication