

Pitkin County Clerk and Recorder
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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:	OUR AIRPORT OUR VOTE
As Shown On Pitkin County Committee Registration	
Address of Committee/Candidate:	35 Lower Woodbridge Rd A102
City, State & Zip Code:	Snowmass Village, CO 81615
Committee Type:	Issue Committee
Name and Address of Financial Institution	Kt Bank PO Box 150397 Lakewood, CO 80215

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)	\$ 5,957.81
2 Total Monetary Contributions (line 11)	\$ 16,191.69
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 22,149.50
4 Total Monetary Expenditures (line 19)	\$ 22,149.50
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ -0-

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: Ashley Stevens

Registered Agent's Signature: Date: 11/26/24

Print Candidate Name: N/A

Candidate's Signature: Date:

DETAILED SUMMARY

Full Name of Committee/Candidate: Our Airport Our Vote

Current Reporting Period: 10/28/24 Through 11/30/24

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 5,957.81
6	Itemized Contributions of \$20 or More [C.R.S. §1-45-108(1)(a); HRC §6.6.4] (Please list on Schedule "A")	\$ 16,191.69
7	Total of Non-Itemized Contributions (Individual Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 16,191.69
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + Line 12)	\$ 16,191.69
14	Itemized Expenditures \$20 or More [C.R.S. §1-45-108(1)(a); HRC § 6.6.4] (Please list on Schedule "B")	\$ 22,149.50
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (to donor) (Please list on Schedule "D")	\$ 0
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)	\$ 0
19	Total Monetary Expenditures (Total of Lines 14 through 17)	22,149.50
20	Total Spending (Line 18 + line 19)	\$ 22,149.50

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

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

Full Name of Committee/Person: OADV

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/31/24</u>	4. Name (Last, First): <u>Robert Pew</u>
2. Contribution Amt. \$ <u>10,000</u>	5. Address: <u>105 River Rock Ln</u>
3. Aggregate Amt. * \$ <u>20,000</u>	6. City/State/Zip: <u>Woody Creek CO 81656</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Steekase</u>
	9. Occupation (if applicable, mandatory): <u>general business</u>
1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>Francesca Bell</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: <u>520 Cowenhoven Ct</u>
3. Aggregate Amt. * \$ <u>20.00</u>	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Kemo Sabe</u>
	9. Occupation (if applicable, mandatory): <u>Sales</u>
1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>Charles Butler</u>
2. Contribution Amt. \$ <u>35.00</u>	5. Address: <u>35 Lower Woodbridge Rd A102</u>
3. Aggregate Amt. * \$ <u>135.00</u>	6. City/State/Zip: <u>Snowmass Village CO 81615</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Priscilla + Edward</u>
	9. Occupation (if applicable, mandatory): <u>Partner</u>
1. Date Accepted <u>11-4-24</u>	4. Name (Last, First): <u>Alex Brough</u>
2. Contribution Amt. \$ <u>35.00</u>	5. Address: <u>6 Aspen Village</u>
3. Aggregate Amt. * \$ <u>35.00</u>	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>DJ</u>

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

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: OADV

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

PLEASE PRINT/TYPE

1. Date Accepted <u>11-4-24</u>	4. Name (Last, First): <u>Lawrence Butler</u>
2. Contribution Amt. \$ <u>35.00</u>	5. Address: <u>8 Nuthatch Dr.</u>
3. Aggregate Amt. * \$ <u>35.00</u>	6. City/State/Zip: <u>Topsham ME 04086</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. Date Accepted <u>11-4-24</u>	4. Name (Last, First): <u>Kate Spencer</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>110 Aspen Village</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Ajax Physical Therapy</u>
	9. Occupation (if applicable, mandatory): <u>Physical Therapist</u>

1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>Buzz Patten</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>810 midland Park Pl</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>Pharmacist</u>

1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>Thomas Mooney</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>635 Vine St</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

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

Schedule A – Itemized Contributions Statement (\$20 or more)
I.C.R.S. §1-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: OAOV

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

PLEASE PRINT/TYPE

1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>Edward Zasacky</u>
2. Contribution Amt. \$ <u>75.00</u>	5. Address: <u>315 South 7th St</u>
3. Aggregate Amt. * \$ <u>175.00</u>	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>broker</u>

1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>William Smith</u>
2. Contribution Amt. \$ <u>35.00</u>	5. Address: <u>1313 Rio Grande Ave</u>
3. Aggregate Amt. * \$ <u>35.00</u>	6. City/State/Zip: <u>Creede CO 81130</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>landscaping</u>

1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>David Ashley</u>
2. Contribution Amt. \$ <u>5.00</u>	5. Address: <u>247 N. Broadway Apt 2</u>
3. Aggregate Amt. * \$ <u>5.00</u>	6. City/State/Zip: <u>Lexington KY 40507</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>U of Kentucky</u>
	9. Occupation (if applicable, mandatory): <u>Professor</u>

1. Date Accepted <u>11/4/24</u>	4. Name (Last, First): <u>Michael Peterson</u>
2. Contribution Amt. \$ <u>35.00</u>	5. Address: <u>826 Lytle Ave</u>
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Elsmere KY 41018</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>self</u>
	9. Occupation (if applicable, mandatory): <u>martial arts instructor</u>

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Schedule A – Itemized Contributions Statement (\$20 or more)
I.C.R.S. §1-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: DAOV

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>11/5/24</u>	4. Name (Last, First): <u>Ryan Cullings</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>2104 Federal Blvd</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.00</u>	6. City/State/Zip: <u>Denver CO 80211</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Housecall Pro</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>manager</u>

1. <u>Date Accepted</u> <u>11-5-24</u>	4. Name (Last, First): <u>Veronica Clayton</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>108161 Gulch View Dr.</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>mendocino CA 95460</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>The Stanford</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>manager</u>

1. <u>Date Accepted</u> <u>11/13/24</u>	4. Name (Last, First): <u>Citizens Against Bigger Plane</u>
2. <u>Contribution Amt.</u> \$ <u>5,616.69</u>	5. Address: <u>PO Box 5592</u>
3. <u>Aggregate Amt. *</u> \$ <u>179,616.69</u>	6. City/State/Zip: <u>Snowmass Village, CO 81616</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$ _____	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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

Schedule B – Itemized Expenditures Statement (\$20 or more)
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: DAOV

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/29/24</u>	4. Name: <u>Aspen Times</u>
2. <u>Amount</u> \$ <u>253.00</u>	5. Address: <u>314 E Hyman #101</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen CO 81611</u>
	7. Purpose of Expenditure: <u>Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/29/24</u>	4. Name: <u>Meta (Facebook)</u>
2. <u>Amount</u> \$ <u>800.00</u>	5. Address: <u>1 Hacker Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Menlo Park CA 94025</u>
	7. Purpose of Expenditure: <u>Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/24</u>	4. Name: <u>Aspen Times</u>
2. <u>Amount</u> \$ <u>2,486.00</u>	5. Address: <u>314 E. Hyman #101</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen, CO 81611</u>
	7. Purpose of Expenditure: <u>advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/24</u>	4. Name: <u>Later.com (Instagram)</u>
2. <u>Amount</u> \$ <u>45.00</u>	5. Address: <u>53 State St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Boston MA 02109</u>
	7. Purpose of Expenditure: <u>Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/24</u>	4. Name: <u>1st Bank</u>
2. <u>Amount</u> \$ <u>107.70</u>	5. Address: <u>PO Box 150097</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lakewood, CO 80215</u>
	7. Purpose of Expenditure: <u>Bank Fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: OAOV

PLEASE PRINT/TYPE

1. Date Expended <u>11/1/24</u>	4. Name: <u>Aspen Daily News</u>
2. Amount \$ <u>645.00</u>	5. Address: <u>625 E. Main St. Ste. 204</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen CO 81611</u>
	7. Purpose of Expenditure: <u>advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/1/24</u>	4. Name: <u>Scarlett Greene</u>
2. Amount \$ <u>2,500.00</u>	5. Address: <u>191 University Blvd, Ste. 118</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80206</u>
	7. Purpose of Expenditure: <u>consulting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/4/24</u>	4. Name: <u>KRS Strategy Group</u>
2. Amount \$ <u>2,000.00</u>	5. Address: <u>1552 Jesse Ln</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Golden CO 80403</u>
	7. Purpose of Expenditure: <u>Consulting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/4/24</u>	4. Name: <u>HVZ Design</u>
2. Amount \$ <u>203.75</u>	5. Address: <u>PO Box 86</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Basalt, CO 81621</u>
	7. Purpose of Expenditure: <u>Consulting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/4/24</u>	4. Name: <u>Fund Hero</u>
2. Amount \$ <u>18.05</u>	5. Address: <u>243 E 400 S. Ste. B</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Salt Lake City UT 84101</u>
	7. Purpose of Expenditure: <u>Bank Fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B - Itemized Expenditures Statement (\$20 or more)
FI-45-108/1(a), C.R.S.I

Full Name of Committee/Person: DAOV

PLEASE PRINT/TYPE

1. Date Expended <u>11/5/24</u>	4. Name: <u>Aspen Times</u>
2. Amount \$ <u>2,966.00</u>	5. Address: <u>314 E. Hyman #101</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen CO 81611</u>
	7. Purpose of Expenditure: <u>advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/7/24</u>	4. Name: <u>Allyn Harvey Communications</u>
2. Amount \$ <u>1,900.00</u>	5. Address: <u>957 Buckingham Pr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Carbondale CO 81623</u>
	7. Purpose of Expenditure: <u>phones</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/12/24</u>	4. Name: <u>Mailchimp</u>
2. Amount \$ <u>100.00</u>	5. Address: <u>405 N. Angier Ave NE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Atlanta GA 30308</u>
	7. Purpose of Expenditure: <u>email service</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/14/24</u>	4. Name: <u>Rita K Gilbert, PC</u>
2. Amount \$ <u>800.00</u>	5. Address: <u>2004 S. Owens Ct</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lakewood, CO 80227</u>
	7. Purpose of Expenditure: <u>Accounting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/15/24</u>	4. Name: <u>Aspen Daily News</u>
2. Amount \$ <u>3,225.00</u>	5. Address: <u>625 E. Main St Ste 204</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen CO 81611</u>
	7. Purpose of Expenditure: <u>advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)
11-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: DAOV

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>11/19/24</u>	4. Name: <u>Scarlett Greene</u>
2. <u>Amount</u> \$ <u>4,100.00</u>	5. Address: <u>191 University Blvd Ste 118</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80206</u>
	7. Purpose of Expenditure: <u>Consulting</u>
	<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 C - Loans

Full Name of Committee/Person: _____

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)

[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): N/A

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting

Period: \$ _____

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____

(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN:

_____ Date Loan Received

_____ Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."