Colorado Secretary of State Elections Division, Campaign Finance 1700 Broadway, Ste. 200

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Below Space is for Office Use Only. Form Contains Fillable Fields, Type in Fields, Print, Submit

## DISCLOSURE BY PUBLIC OFFICEHOLDER REPORT OF GIFTS, HONORARIA, AND OTHER BENEFITS (Section 24-6-203, C.R.S.)

Filers should also review provisions of Section 3, Article XXIX of the Colorado Constitution

This form is for municipal / local officeholders and is filed with the municipal clerk and/or local designated official. Contact the appropriate office for permissible methods of submission (e.g. fax, email, hand delivery, etc.).

Year:  Filing Period:	e. E.g.: Mayor, City er, District		
Name of Officeholder:  Address (Work or Home):  City, State, Zip:  Phone number:  Email address:  Parti: Kay - Clapper  Aspen CO BIGIL  Phone number:  970 - 379 - 3702  Email address:  Parti: Clapper c pitkin court  Enter the office you hold including jurisdiction and district number, if applicable  Office held (include District #)  Phylin County Commission  Check one of the following:  I have nothing to report. (Sign & date below)	e. E.g.: Mayor, City er, District	Council, Judge,	
Address (Work or Home):  City, State, Zip:  Phone number:  Email address:  Posti. Clapper c pitkin course.  Enter the office you hold including jurisdiction and district number, if applicable.  Office held (include District #)  Potkin County Commission  Check one of the following:  I have nothing to report. (Sign & date below)	e. E.g.: Mayor, City er, District		
Address (Work or Home):  City, State, Zip:  Phone number:  Email address:  Aspen Co Blull  Phone number:  970 - 379 - 3702  Email address:  Parti. Clapper c pitkin court  Enter the office you hold including jurisdiction and district number, if applicable  Office held (include District #)  Pitkin Courty Commission  Check one of the following:  I have nothing to report. (Sign & date below)	e. E.g.: Mayor, City er, District		
City, State, Zip:  Phone number:  970 - 379 - 3702  Email address:  Posti: Clapper c pitkin court  Enter the office you hold including jurisdiction and district number, if applicable  Office held (include District #)  Potkin Courty Commission  Check one of the following:  I have nothing to report. (Sign & date below)	e. E.g.: Mayor, City er, District		
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Office held (include District #)  Polkin County Commission  Check one of the following:  I have nothing to report. (Sign & date below)	er, district		
Check one of the following:  I have nothing to report. (Sign & date below)	RE	CEIVE	9
I received the following gifts, honoraria, or benefits during this period (	PITKIN attach additional pa	COUNTY CLERI ages if needed):	ĸ
Name of person giving Description	Date Received	Amount/	Value
		\$ 5	)
		\$	
		\$	
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signature:	Date: <u>03 - 26</u>	-2025	

Colorado Secretary of State Form CPF-15, Rev. 02/15/2019