Pitkin County Clerk and Recorder

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space below for office use only



## **CLERK AND RECORDER**

#### **REPORT OF CONTRIBUTIONS AND EXPENDITURES**

As Shown On Pitkin County Committee Registration  Address of Committee/Candidate:  City, State & Zip Code:  Committee Type:  Name and Address of Financial Institution  Type of Report  As Shown On Pitkin County Committee Registration  Carbandale Co 8/623  Carbandale Co 8/623  Carbandale Co 8/623	la Co			
Address of Committee/Candidate:  City, State & Zip Code:  Carbandale, Co 8/623  Committee Type:  Name and Address of Financial Institution  Aprile Lauk, 0350 Hoy 133, Carbanda  Type of Report	6.00			
Committee Type:  Name and Address of Financial Institution  Aprine Lauk, 0350 How 133, Carbonda  Type of Report	6.00			
Committee Type:  Name and Address of Financial Institution  Aprine Lauk, 0350 Hwy 133, Carbondo  Type of Report	60			
Type of Report  South 133, Carbonda 8	60			
	1623			
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: 7/2 / Date Through 10/0/2024  Declared Total Spending (If applicable) 5 400.55				
Totals Detailed Summary	Page			
1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 5968, 34				
2 Total Monetary Contributions (line 11) \$ 13.50 .66				
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 7 3 18 34				
4 Total Monetary Expenditures (line 19) \$ 4700.55				
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) \$ 3 6 18 79				
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:				
	ARREST CONTRACTOR OF THE PARTY			
Registered Agent's Signature: Date:	_			
Print Candidate Name: Francie Jacober	-			
Candidate's Signature: Date:	_ ·			
FORM 11 Pitkin County Clerk & Record	der Rev. 12/2023			

# Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 81-45-108(1)(a): HRC 8 6.6.4]

Full Name of	Committee/Person:
WARNI	NG: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/TY  1. Date Accepted	
7/29/2024	4. Name (Last, First): (ohen , )ack
2. Contribution Amt.	5. Address: 1260 Snowburns Jane
\$ 250	6. City/State/Zip: Anoly Ch 8/16 []
3. Aggregate Amt. *	
\$	7. Description: Venno
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): In vestmant
1. Date Accepted	A Name West First M. R
8/28/2024	4. Name (Last, First): Mana towl C3
2. Contribution Amt.	5. Address: 189 Capital Louis
\$ 100	6. City/State/Zip: Carbordale Ce 8/623
3. Aggregate Amt. *	7. Description: Act Blue
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	
Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	A Name ( ) St. M. D.
9/17/2024	4. Name (Last, First):
2. Contribution Amt.	5. Address: 133 tospector town Ste 42101
500	6. City/State/Zip: ASpen Co 8/6/1
3. Aggregate Amt. *	7. Description: Check
☐ Check box if	8. Employer (if applicable, mandatory): All Star Mesle
Electioneering	9. Occupation (if applicable, mandatory): Media preductions
Communication	
1. Date Accepted	4. Name (Last, First). The Pitkin Charles marratic Parts
9/23/2024	O 1
2. Contribution Amt.	5. Address: P. D. X. 092
200	6. City/State/Zip: 1623
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory): Don-profit Democratic Tarky
Electioneering Communication	9. Occupation (if applicable, mandatory):
* For contribution limit	s within a committee's election cycle or contribution cycle, please refer to the following legal authorities: Political Party – Colo.
Colist. art. AAVIII, 3ec.	3(3); Small Donor Committee – Colo. Const. art. XXVIII, Sec. 2(14); Pitkin County Candidate or Candidate Committee – HRC § see Supporting or Opposing Pitkin County Candidate(s) – HRC § 6.6.2.

	Schedule B – Itemized Expenditures Statement (\$20 or more)				
Full Name of Committee/Person:					
PLEASE PRINT/TYPE					
1. Date Expended	4. Name: Colora do Mourtain News				
2. Amount	5. Address: <u>Po Box 1500</u>				
\$ 8/5 3.Recipient is (optio	6. City/State/Zip:				
☐ Committee ☐ Non-Commit	7. Purpose of Expenditure rewspaper as				
The state of the s	Check box if Electioneering Communication				
1. Date Expended 8/28/202 2. Amount	4. Name: Gran Farnum Pointing  5. Address: 1526 Grand Ave				
\$ 251 95 3. Recipient is (option	6 City/State/Zip: Elegwood Apring Co				
☐ Committee	7. Purpose of Expenditure: ward Digns				
☐ Non-Commit	Check box if Electioneering Communication				
1. Date Expended  2. Amount	4. Name: Swift Communications Co Min News 5. Address: PO Box 1500				
\$ 1/30 3.Recipient is (option	6. City/State/Zip: Cypsum CO 8/637				
☐ Committee	7. Purpose of Expenditure: New Spaper als				
☐ Non-Commi	ttee Check box if Electioneering Communication				
1. Date Expended  ** War ABCs  2. Amount	4. Name: Aspen Daily News 5. Address: 625 & Many St Saite 204				
\$ 1503-1	6. City/State/Zip: Aspen Co 8/6/1				
3.Recipient is (opti	7. Purpose of Expenditure: hews paper and				
Non-Comm	Check box if Electioneering Communication				
1. Date Expended	4 4. Name: Aspen Valley Land Trust				
2. Amount	5. Address: 320 Jan St St 204				
\$ 500 3.Recipient is (opt	ional): 6. City/State/Zip: arbondale Co 8/623				
☐ Committee					
☐ Non-Comm	ittee				
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#### Schedule A – Itemized Contributions Statement (\$20 or more)

IC.R.S. 81-45-108(1)(a): HRC 8 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  9/29/2034  2. Contribution Amt.  \$ 38/19  3. Aggregate Amt. *	4. Name (Last, First):				
\$ Check box if Electioneering	8. Employer (if applicable, mandatory): Albelly Burgers  9. Occupation (if applicable, mandatory): Lestaur gut				
Communication					
1. Date Accepted  9 18/2024 2. Contribution Amt. \$ 350 3. Aggregate Amt. * \$	4. Name (Last, First): Gold Farb, Greg  5. Address: L88 Spruce St.  6. City/State/Zip: St. Wass, Co As pen (08/61)  7. Description: Act Blue  8. Employer (if applicable, mandatory): Sum mit Partners  9. Occupation (if applicable, mandatory): New Co Citolist				
Communication	9. Occupation (if applicable, mandatory): Vertuse Capitalist				
Date Accepted	4. Name (Last, First):				
2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address:  6. City/State/Zip:  7. Description:				
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):				
1. Date Accepted	4. Name (Last, First):				
2. Contribution Amt.  \$ 3. Aggregate Amt. *	5. Address:  6. City/State/Zip:				
\$	7. Description:				
Check box if	8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):				
Communication					

\* 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.

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### **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. Date Expended 4. Name: Patricia Q 5. Address: 4006 Cresta Bridge i 2. Amount 6. City/State/Zip: <u>Carbondale</u> CO 3.Recipient is (optional): Committee 7. Purpose of Expenditure: \_ ☐ Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended 4. Name: \_\_\_\_\_\_ 2. Amount 5. Address: \_\_\_\_\_ 6. City/State/Zip: \_\_\_\_ 3.Recipient is (optional): ☐ Committee 7. Purpose of Expenditure: \_\_\_\_\_ ☐ Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended 4. Name: \_\_\_\_\_ 2. Amount 5. Address: 6. City/State/Zip: \_\_\_\_\_ 3. Recipient is (optional): ☐ Committee 7. Purpose of Expenditure: ☐ Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended 4. Name: 2. Amount 5. Address: \_\_\_\_\_ 6. City/State/Zip: \_\_\_\_ 3.Recipient is (optional): Committee 7. Purpose of Expenditure: \_\_\_ ☐ Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended 4. Name: \_\_\_\_\_ 2. Amount 5. Address: 6. City/State/Zip: \_\_\_\_\_ 3. Recipient is (optional): ☐ Committee 7. Purpose of Expenditure: \_\_\_\_\_

☐ Check box if Electioneering Communication

FORM 11

☐ Non-Committee

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### **DETAILED SUMMARY**

Full Name of Committee/Candidate:

Curren	at Reporting Period: $\frac{7}{2}\frac{1}{2}4$ Through	10/16/24
Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	Itemized Contributions of \$20 or More (C.R.S. \$1.45-108(1)(a); HRC \$6.6.4) (Please list on Schedule "A")	\$ 2081.19
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)	\$ 2081.19
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + Line 12)	\$ 2081,19
14	Itemized Expenditures \$20 or More [CR.5. §1-45-108(1)(a); HRC § 6.6.4] (Please list on Schedule "B")	\$ 2081,19 \$ 4700,55
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)	4700 55 \$ 4700 55
20	Total Spending . (Line 18 + line 19)	\$ 470055