

Pitkin County Clerk and Recorder
 501 E Hyman Ave., STE 101
 Aspen, Colorado 81611
 Phone: (970) 429-2732
 Fax: (970) 445-3007
 eFile address: elections@pitkincounty.com
 Website: www.pitkinvotes.com



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RECEIVED

OCT 18 2022

PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	CAMPAIGN TO ELECT MICHAEL BUGLIONE FOR SHERIFF <small>As Shown On Pitkin County Committee Registration</small>
Address of Committee/Candidate:	503 WREN CT, BASALT CO 81621
City, State & Zip Code:	BASALT CO 81621
Committee Type:	
Name and Address of Financial Institution	ALPINE BANK

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: 7/24/22 Through 10/13/22
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)	\$ 4,473.05
2 Total Monetary Contributions (line 11)	\$ 11,625.81
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 16,148.86
4 Total Monetary Expenditures (line 19)	\$ 11,105.08
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 5,043.78

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: William T Van Dornen

Registered Agent's Signature: [Signature] Date: 10/16/22

Print Candidate Name: MICHAEL BUGLIONE

Candidates Signature: [Signature] Date: 10/18/22

PITKIN COUNTY CLERK
 RECEIVED
 OCT 18 2022
 Pitkin County Clerk & Recorder Rev. 1/2022

DETAILED SUMMARY

Full Name of Committee/Candidate: _____

Current Reporting Period: _____ Through _____

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 4,473.05
6	Itemized Contributions of \$20 or More <small>[C.R.S. §1-45-108(1)(a); HRC §6.6.4] (Please list on Schedule "A")</small>	\$ 11,664.70
7	Total of Non-Itemized Contributions <small>(Individual Contributions of \$19.99 and Less)</small>	\$ 11.11
8	Loans Received <small>(Please list on Schedule "C")</small>	\$ 0
9	Total of Other Receipts <small>(Interest, Dividends, etc.)</small>	\$ 0
10	Returned Expenditures (from recipient) <small>(Please list on Schedule "D")</small>	\$ 0
11	Total Monetary Contributions <small>(Total of Lines 6 through 10)</small>	\$ 11,675.81
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$ 0
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$ 11,675.81
14	Itemized Expenditures \$20 or More <small>[C.R.S. §1-45-108(1)(a); HRC § 6.6.4] (Please list on Schedule "B")</small>	\$ 11,083.30
15	Total of Non-Itemized Expenditures <small>(Expenditures of \$19.99 or Less)</small>	\$ 21.78
16	Loan Repayments Made <small>(Please list on Schedule "C")</small>	\$ 0
17	Returned Contributions (to donor) <small>(Please list on Schedule "D")</small>	\$ 0
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. <small>(Statement of Non-Monetary Contribution form)</small>	\$ 0
19	Total Monetary Expenditures <small>(Total of Lines 14 through 17)</small>	\$ 11,105.08
20	Total Spending <small>(Line 18 + line 19)</small>	\$ 11,105.08

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)

I.C.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. <u>Date Accepted</u> 8/4/22	4. Name (Last, First): <u>ROBERT McLELLAN</u>
2. <u>Contribution Amt.</u> \$ <u>242.28</u> 250.00	5. Address: <u>1010 VALLEY RD.</u>
3. <u>Aggregate Amt. *</u> \$ <u>250.00</u> 250.00	6. City/State/Zip: <u>CARBONDALE, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>ASPGN INSULATION</u>
	9. Occupation (if applicable, mandatory): <u>OWNER</u>

1. <u>Date Accepted</u> 8/9/22	4. Name (Last, First): <u>PEUNY, LOUI</u>
2. <u>Contribution Amt.</u> \$ <u>485.00</u> 500.00	5. Address: <u>2651 JUNIPER HILL RD</u>
3. <u>Aggregate Amt. *</u> \$ <u>500.00</u> 450.00	6. City/State/Zip: <u>ASPGN, CO, 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> 8/9/22	4. Name (Last, First): <u>WERTHEIMER, JUDITH</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u> 500.00	5. Address: <u>400 PARK AVE</u>
3. <u>Aggregate Amt. *</u> \$ <u>515.38</u> 500.00	6. City/State/Zip: <u>NEW YORK, NY, 10022</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PAL</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/16/22	4. Name (Last, First): <u>KAPLAN, STUART</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u> 500.00	5. Address: <u>3399 PGL BOULEVARD</u>
3. <u>Aggregate Amt. *</u> \$ <u>515.38</u> 500.00	6. City/State/Zip: <u>PALM BEACH, FL, 33410</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>ATTORNEY</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 A – Itemized Contributions Statement (\$20 or more)

I.C.R.S. 81-45-108(1)(a); H.R.C. 6.6.6.1

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/20/22	4. Name (Last, First): <u>SHINDLERMAN, ALAN</u>
2. <u>Contribution Amt.</u> \$ 500.00 500.00	5. Address: <u>13155 NOEL RD</u>
3. <u>Aggregate Amt. *</u> \$ 500.00 515.38	6. City/State/Zip: <u>DALLAS, TX, 75240</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>ASPEN ASSET MANAGEMENT</u>
	9. Occupation (if applicable, mandatory): <u>OWNER</u>

1. <u>Date Accepted</u> 8/23/22	4. Name (Last, First): <u>CALOIA, SHERY</u>
2. <u>Contribution Amt.</u> \$ 145.17 145.17	5. Address: <u>PO BOX 443</u>
3. <u>Aggregate Amt. *</u> \$ 150.00 150.00	6. City/State/Zip: <u>GLENWOOD SPRINGS, CO, 81602</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>SEA</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> 8/24/22	4. Name (Last, First): <u>PEW, ROBERT</u>
2. <u>Contribution Amt.</u> \$ 500.00 500.00	5. Address: <u>PO BOX 219</u>
3. <u>Aggregate Amt. *</u> \$ 500.00 515.38	6. City/State/Zip: <u>WOODY CREEK, CO, 81650</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>STEEPCASE</u>
	9. Occupation (if applicable, mandatory): <u>BOARD CHAIR</u>

1. <u>Date Accepted</u> 8/26/22	4. Name (Last, First): <u>VENDRIEN, DEBORAH</u>
2. <u>Contribution Amt.</u> \$ 100.00 100.00	5. Address: <u>194 CHEYENNE AVE</u>
3. <u>Aggregate Amt. *</u> \$ 103.18 103.18	6. City/State/Zip: <u>CARBONDALE, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

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

I C 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. <u>Date Accepted</u> 8/30/22	4. Name (Last, First): <u>TSAMPARAS, SPYRIDON</u>
2. <u>Contribution Amt.</u> \$ 485.00 485.00	5. Address: <u>121 GALGUA ST</u>
3. <u>Aggregate Amt. *</u> \$ 485.00 500.00	6. City/State/Zip: <u>ASPEN CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>CENTAUR CONSTRUCTION</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CEO</u>

1. <u>Date Accepted</u> 8/31/22	4. Name (Last, First): <u>BUGLIONE, STEVEN</u>
2. <u>Contribution Amt.</u> \$ 250.00 250.00	5. Address: <u>116 CIRCLE DR N</u>
3. <u>Aggregate Amt. *</u> \$ 250.00 257.94	6. City/State/Zip: <u>CANASTOTA, NY, 13032</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PLL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 8/31/22	4. Name (Last, First): <u>ROTHENBERG, ROSALIS</u>
2. <u>Contribution Amt.</u> \$ 96.62 96.62	5. Address: <u>26 BUNKER HILL RUN</u>
3. <u>Aggregate Amt. *</u> \$ 100.00 100.00	6. City/State/Zip: <u>FAST BRUNSWICK, NJ 08816</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 8/31/22	4. Name (Last, First): <u>WINCHESTER, ROBERT</u>
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: <u>PO BOX 5000</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>SINCHMASS VILLAGE, CO 81615</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

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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> 6/31/22	4. Name (Last, First): <u>PETERSEN, CLAIRE</u>
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: <u>19 MARILANNA DR.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>MANALAPAN, NJ 07726</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/1/22	4. Name (Last, First): <u>CICCONI, FERNANDO</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>3 LEAZY LAKE</u>
3. <u>Aggregate Amt. *</u> \$ 51.99	6. City/State/Zip: <u>FOGGSBURG, NJ 07020</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>ASST MANAGER</u>

1. <u>Date Accepted</u> 9/5/22	4. Name (Last, First): <u>PANUS, GEORGE</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>12 WINDSWEST CIRCLA</u>
3. <u>Aggregate Amt. *</u> \$ 51.99	6. City/State/Zip: <u>BRIDGEVIEW, NY 10509</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/6/2022	4. Name (Last, First): <u>FERNANDES-ELY, ERIN</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>616 W. SOPRIS CREEK RD</u>
3. <u>Aggregate Amt. *</u> \$ 257.94	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED JUDGE</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

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

I.C.R.S. 81-45-108(1)(a); H.R.C. 8 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> 9/4/22	4. Name (Last, First): <u>BALLANTS, BARBARA</u>
2. <u>Contribution Amt.</u> \$ 485.06	5. Address: <u>19950 W COUNTRY CLUB DR.</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>AUCUTURA, FL 33180</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>TURNBERRY ASSOCIATES</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>EXECUTIVE ASSISTANT</u>

1. <u>Date Accepted</u> 9/10/22	4. Name (Last, First): <u>SONCAYLLO, DAVID</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>PO BOX 5353</u>
3. <u>Aggregate Amt. *</u> \$ 26.25	6. City/State/Zip: <u>ASPEN, CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>ATLANTIC AVIATION</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>LINE SERVICE</u>

1. <u>Date Accepted</u> 9/11/22	4. Name (Last, First): <u>FOERSTER, CHERYL</u>
2. <u>Contribution Amt.</u> \$ 193.73	5. Address: <u>PO BOX 6867</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>SNOWMASS VILLAGES, CO 81415</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>THE PURIST</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>NISSA CONSULTANT</u>

1. <u>Date Accepted</u> 9/12/22	4. Name (Last, First): <u>NELSON, R SCOTT</u>
2. <u>Contribution Amt.</u> \$ 28.64	5. Address: <u>176 NAUASO</u>
3. <u>Aggregate Amt. *</u> \$ 30.00	6. City/State/Zip: <u>CARBONDALE CO, 81423</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>WESTERN VEGETATION MANAGEMENT</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TECHNICIAN</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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/14/22	4. Name (Last, First): <u>POTAMKIN, ROBERT</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>130 SPRUCE ST.</u>
3. <u>Aggregate Amt. *</u> \$ 515.34	6. City/State/Zip: <u>PHILADELPHIA, PA 19106</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>RETIRED POTAMKIN AUTOMOTIVE GROUP</u>
	9. Occupation (if applicable, mandatory): <u>CO. CHAIRMAN</u>

1. <u>Date Accepted</u> 9/14/22	4. Name (Last, First): <u>POTAMKIN, LEXIS</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>130 SPRUCE ST</u>
3. <u>Aggregate Amt. *</u> \$ 515.34	6. City/State/Zip: <u>PHILADELPHIA, PA 19106</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/16/22	4. Name (Last, First): <u>IRGLAND, MOLLY</u>
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: <u>63 GREY TALON CT.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>ASPEN, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>ASPEN LIBRARY</u>
	9. Occupation (if applicable, mandatory): <u>LIBRARIAN</u>

1. <u>Date Accepted</u> 9/19/22	4. Name (Last, First): <u>WERTHEIMST, KATHRYN</u>
2. <u>Contribution Amt.</u> \$ 485.06	5. Address: <u>645 GRACE</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>CARBONDALE, CO 81623</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

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

I.C.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. <u>Date Accepted</u> 9/19/22	4. Name (Last, First): <u>STEPHENSON, ANN</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>1016 LAUREN LANE</u>
3. <u>Aggregate Amt. *</u> \$ 103.48	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/20/22	4. Name (Last, First): <u>ROBERTSON, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: <u>3355 TOWN CENTER DR. 2075</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>LAS VEGAS, NV 89135</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>PROTECTIVE SERVICES AT PRIVATE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>DRIVER</u>

1. <u>Date Accepted</u> 9/21/22	4. Name (Last, First): <u>BEHAVIA, HATGE</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>1993 FARAWAY RD</u>
3. <u>Aggregate Amt. *</u> \$ 515.38	6. City/State/Zip: <u>SNOWMASS VILLAGE, CO 81615</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/22/22	4. Name (Last, First): <u>HEARN, JAMES</u>
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: <u>PO BOX 9007</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>ASPEN, CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>ASPEN SKI CO</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SKI PATROL</u>

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

ICRS 81-45-108(1)(a) HRC 86641

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/22/22	4. Name (Last, First): <u>BROWN, MAYO</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>53 CHERRY LN</u>
3. <u>Aggregate Amt. *</u> \$ 26.25	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/30/22	4. Name (Last, First): <u>FERRARA, NICHOLAS</u>
2. <u>Contribution Amt.</u> \$ 125.00	5. Address: <u>225 COLUMBING CT.</u>
3. <u>Aggregate Amt. *</u> \$ 129.22	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>NICHOLLS LLC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>OWNER</u>

1. <u>Date Accepted</u> 10/2/22	4. Name (Last, First): <u>BRESNAN, GAIL</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>62 MAIN ST.</u>
3. <u>Aggregate Amt. *</u> \$ 257.94	6. City/State/Zip: <u>BLOOMSBURY, NJ 08804</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/5/22	4. Name (Last, First): <u>LOUTHIS, TRICIA</u>
2. <u>Contribution Amt.</u> \$ 48.50	5. Address: <u>313 CAL LN</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>ASPEN, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>NANNY</u>

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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> 10/15/22	4. Name (Last, First): <u>SKLAR, STEVEN</u>
2. <u>Contribution Amt.</u> \$ 242.24	5. Address: <u>220 STEVENS ST</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>ASPEN CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>DIG HOSS GRILL</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>OWNER</u>

1. <u>Date Accepted</u> 10/17/22	4. Name (Last, First): <u>WARREN, RYAN</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>PO BOX 12370</u>
3. <u>Aggregate Amt. *</u> \$ 103.48	6. City/State/Zip: <u>ASPEN CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>ATTORNEY</u>

1. <u>Date Accepted</u> 10/19/22	4. Name (Last, First): <u>CAVANAUGH O'LEARY, J</u>
2. <u>Contribution Amt.</u> \$ 485.00	5. Address: 1500 SILVER KING DR. <u>1500 SILVER KING DR.</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>ASPEN CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>ATTORNEY</u>

1. <u>Date Accepted</u> 10/19/22	4. Name (Last, First): <u>O'LEARY, BLANCA</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>1500 SILVER KING DR.</u>
3. <u>Aggregate Amt. *</u> \$ 515.38	6. City/State/Zip: <u>ASPEN CO, 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

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

I.C.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. <u>Date Accepted</u> 10/11/22	4. Name (Last, First): <u>FERNANDEZ-ELY, FRIN</u>
2. <u>Contribution Amt.</u> \$ 242.28	5. Address: <u>616 W. SOPRIS CREEK RD.</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED JUDGE</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/11/22	4. Name (Last, First): <u>STEPHANSON, ANN</u>
2. <u>Contribution Amt.</u> \$ 300.00	5. Address: <u>1016 LAUREN LANE</u>
3. <u>Aggregate Amt. *</u> \$ 309.43	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 10/12/22	4. Name (Last, First): <u>FERRARA, NICHOLAS</u>
2. <u>Contribution Amt.</u> \$ 170.90	5. Address: <u>225 COLUMBINE CT</u>
3. <u>Aggregate Amt. *</u> \$ 125.00	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>NICHOLAS LLC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>OWNER</u>

1. <u>Date Accepted</u> 10/13/22	4. Name (Last, First): <u>CHALLINOR, SARAH</u>
2. <u>Contribution Amt.</u> \$ 120.90	5. Address: <u>101 TABULA RASA</u>
3. <u>Aggregate Amt. *</u> \$ 125.00	6. City/State/Zip: <u>MILL VALLEY, CO 94941</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

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

I.C.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. <u>Date Accepted</u> 9/2/22	4. Name (Last, First): <u>HERNANDEZ, NOELLE</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>PO BOX 1045</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>ASPEN, 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>MATTER INTERIORS</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>DESIGN</u>

1. <u>Date Accepted</u> 9/19/22	4. Name (Last, First): <u>NICHOLS, GAIL</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>1220 SNOW BUNNY LN.</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>ASPEN CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/19/22	4. Name (Last, First): <u>THE PITKIN COUNTY DEMOCRATIC PARTY</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>PO BOX 8921</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/11/22	4. Name (Last, First): <u>JOHNSON, ELIZABETH</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>115 MAPLE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>ASPEN, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

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

I.C.R.S. 81-45-108/11(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. <u>Date Accepted</u> 10/11/22	4. Name (Last, First): <u>MANNING, LINDA</u>
2. <u>Contribution Amt.</u> \$ 300.00	5. Address: <u>46 CRESCENT AVE.</u>
3. <u>Aggregate Amt. *</u> \$ 300.00	6. City/State/Zip: <u>WALDWICH, NJ 07463</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</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>): _____

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>): _____

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>): _____

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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> 7/26/22	4. Name: <u>ACT BLUE</u>
2. <u>Amount</u> \$ 550.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>DEMOCRATIC SUPPORT GROUP</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/1/22	4. Name: <u>DRIU PRINTING</u>
2. <u>Amount</u> \$ 262.60	5. Address: <u>8000 HASWELL AVE, VAN NUYS</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAN NUYS, CA 91406</u>
	7. Purpose of Expenditure: <u>PALM CARDS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/1/22	4. Name: <u>DRIU PRINTING</u>
2. <u>Amount</u> \$ 1,096.43	5. Address: <u>8000 HASWELL AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAN NUYS, CA 91406</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/2/22	4. Name: <u>24 HOUR WRIST BANDS.COM</u>
2. <u>Amount</u> \$ 443.50	5. Address: <u>14550 BEECHNUT ST, #100</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>HOUSTON, TX 77063</u>
	7. Purpose of Expenditure: <u>WRIST BANDS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/6/22	4. Name: <u>DRIU PRINTING</u>
2. <u>Amount</u> \$ 585.15	5. Address: <u>8000 HASWELL AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAN NUYS, CA 91406</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</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: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/12/22	4. Name: <u>GRAN FARNUM PRINTING</u>
2. <u>Amount</u> \$ 258.80	5. Address: <u>1526 GRAND AVG</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>GLENWOOD SPRINGS, CO 81601</u>
	7. Purpose of Expenditure: <u>PALM CARDS</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> 9/19/22	4. Name: <u>GRAN FARNUM PRINTING</u>
2. <u>Amount</u> \$ 164.44	5. Address: <u>1526 GRAND AVG</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>GLENWOOD SPRINGS, CO 81601</u>
	7. Purpose of Expenditure: <u>PALM CARDS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/19/22	4. Name: <u>DPI UP PRINTING</u>
2. <u>Amount</u> \$ 546.51	5. Address: <u>8000 HASKELL AVG</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAN NUYS, CA 91406</u>
	7. Purpose of Expenditure: <u>T-SHIRTS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/20/22	4. Name: <u>ACT BLUE</u>
2. <u>Amount</u> \$ 110.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>DEMOCRATIC SUPPORT GROUP</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.)

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/26/22	4. Name: <u>GRAN FARNUM PRINTING</u>
2. <u>Amount</u> \$ 1,048.00	5. Address: <u>1526 GRAND AVE.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>GLENNWOOD SPRINGS, CO 81601</u>
	7. Purpose of Expenditure: <u>YARD SIGNS / T-SHIRTS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/27/22	4. Name: <u>TOWN OF CARBONDALE</u>
2. <u>Amount</u> \$ 40.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>POTATO DAYS PARADE LOGS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/3/22	4. Name: <u>GOOGLE ADS</u>
2. <u>Amount</u> \$ 40.41	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ADVERTISING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/3/22	4. Name: <u>GRAN FARNUM PRINTING</u>
2. <u>Amount</u> \$ 759.64	5. Address: <u>1526 GRAND AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>GLENNWOOD SPRINGS, CO 81601</u>
	7. Purpose of Expenditure: <u>YARD SIGNS / T-SHIRTS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/3/22	4. Name: <u>HIGHLANDS ALG HOUSE</u>
2. <u>Amount</u> \$ 401.38	5. Address: <u>133 PROSPECTOR RD</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>CAMPAIGN EVENT</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.

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/15/22	4. Name: <u>DRI PRINTING</u>
2. <u>Amount</u> \$ 501.22	5. Address: <u>5000 HASVALL AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAN NUYS, CA 91406</u>
7. Purpose of Expenditure: <u>PALM CARDS</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 10/16/22	4. Name: <u>ASPEN DAILY NEWS</u>
2. <u>Amount</u> \$ 432.28	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
7. Purpose of Expenditure: <u>ADVERTISING</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 10/16/22	4. Name: <u>SWIFT COMMUNICATIONS</u>
2. <u>Amount</u> \$ 636.72	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
7. Purpose of Expenditure: <u>ASPEN TIMES ADVERTISING</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 10/11/22	4. Name: <u>GRAN BARNUM PRINTING</u>
2. <u>Amount</u> \$ 2,390.09	5. Address: <u>1526 GRAND AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>GLENWOOD SPRINGS, CO 81601</u>
7. Purpose of Expenditure: <u>T-SHIRTS / YARD SIGNS</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 10/12/22	4. Name: <u>ASPEN DAILY NEWS</u>
2. <u>Amount</u> \$ 432.28	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
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)Ya, C.R.S.1

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/13/22	4. Name: <u>PEG ARONA</u>
2. <u>Amount</u> \$ <u>983.55</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: <u>POLITICAL STRATEGIST</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): _____

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."