

Pitkin County Clerk and Recorder  
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 Aspen, Colorado 81611  
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 Website: www.pitkinvotes.com



space below for office use only

**RECEIVED**  
 JUL 28 2022  
 PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	CAMPAIGN TO ELECT MICHAEL BUGLIOMI For Sheriff <small>As Shown On Pitkin County Committee Registration</small>
Address of Committee/Candidate:	410 S WEST 6ND ST #105
City, State & Zip Code:	ASPCN CO 81611
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:  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)	\$ 2,147.74
2	Total Monetary Contributions (line 11)	\$ 4,103.96
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 6,291.74
4	Total Monetary Expenditures (line 19)	\$ 1,814.69
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4,477.05

**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 Demelen

Registered Agent's Signature: [Signature] Date: 7/28/22

Print Candidate Name: MICHAEL BUGLIOMI

Candidates Signature: [Signature] Date: 7/28/22

**DETAILED SUMMARY**

Full Name of Committee/Candidate: CAMPAIGN TO ELECT MICHAEL BURLINGHAM FOR SHERIFF

Current Reporting Period: \_\_\_\_\_ Through \_\_\_\_\_

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 2,187.78
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>	\$ 4,103.96
7	Total of Non-Itemized Contributions <small>(Individual Contributions of \$19.99 and Less)</small>	\$ 0
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>	\$ 4,103.96
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$ 0
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$ 6,291.7
14	Itemized Expenditures \$20 or More <small>[C.R.S. §1-45-108(1)(a); HRC § 6.6.4]</small> <small>(Please list on Schedule "B")</small>	\$ 1,787.15
15	Total of Non-Itemized Expenditures <small>(Expenditures of \$19.99 or Less)</small>	\$ 31.54
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>	1,818.69
20	Total Spending <small>(Line 18 + line 19)</small>	\$ 1,818.69

## 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> 7/18/22	4. Name (Last, First): <u>Peter Gujski</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>17 Russell St</u>
3. <u>Aggregate Amt. *</u> \$ 103.48	6. City/State/Zip: <u>Ansonia, CT 06401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PayPal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SELF - EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>DRIVER</u>

1. <u>Date Accepted</u> 6/24/22	4. Name (Last, First): <u>Peter Van Domelen</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>PO Box 1302</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> ): <u>Reese Henry and Co</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>CPA</u>

1. <u>Date Accepted</u> 6/24/22	4. Name (Last, First): <u>Marc &amp; Cathy Bern</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>635 CHATFIELD RD</u>
3. <u>Aggregate Amt. *</u> \$ 1000.00	6. City/State/Zip: <u>ASPEN, CO 81614</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>ATTORNEY</u>

1. <u>Date Accepted</u> 6/27/22	4. Name (Last, First): <u>Cindy &amp; Peter Fioroni</u>
2. <u>Contribution Amt.</u> \$ 30.00	5. Address: <u>10 Ajax</u>
3. <u>Aggregate Amt. *</u> \$ 30.00	6. City/State/Zip: <u>Aspen CO 81611</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> ): <u>RESTAURANT</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); 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 6/27/22	4. Name (Last, First): Robin Kelly
2. Contribution Amt. \$ 500.00	5. Address: 215 S Monarch St Ste 102
3. Aggregate Amt. * \$ 515.38	6. City/State/Zip: Aspen, CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): BECKER BUSINESS SERVICES
	9. Occupation (if applicable, mandatory): CPA

1. Date Accepted 6/27/22	4. Name (Last, First): Fred Lodge
2. Contribution Amt. \$ 242.28	5. Address: 286 Hooks Lane
3. Aggregate Amt. * \$ 250.00	6. City/State/Zip: Basalt, CO 81621
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): Retired
	9. Occupation (if applicable, mandatory): CPA

1. Date Accepted 6/27/22	4. Name (Last, First): Charles Kelly
2. Contribution Amt. \$ 500.00	5. Address: 103 William Way
3. Aggregate Amt. * \$ 515.38	6. City/State/Zip: Aspen, CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): BECKER BUSINESS SERVICES
	9. Occupation (if applicable, mandatory): CPA

1. Date Accepted 6/30/22	4. Name (Last, First): William Pollock
2. Contribution Amt. \$ 150.00	5. Address: PO Box 2108
3. Aggregate Amt. * \$ 154.97	6. City/State/Zip: Basalt, CO 81621
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): Zone 4 Architect
	9. Occupation (if applicable, mandatory): Architect

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

ICRS 81-45-108/11(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 6/23/22	Debra Moore
2. Contribution Amt. \$ 96.62	4. Name (Last, First): _____ 233 N. Spring St
3. Aggregate Amt. * \$ 100.00	5. Address: _____ Aspen CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	6. City/State/Zip: _____ PayPal
	7. Description: _____
	8. Employer (if applicable, mandatory): _____ Retired
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 6/23/22	Samantha Welgos
2. Contribution Amt. \$ 485.06	4. Name (Last, First): _____ 104 W Cooper Ave Apt
3. Aggregate Amt. * \$ 500.00	5. Address: _____ Aspen CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	6. City/State/Zip: _____ PayPal
	7. Description: _____
	8. Employer (if applicable, mandatory): _____ SOTHEBY'S
	9. Occupation (if applicable, mandatory): _____ REGULATOR

1. Date Accepted 6/24/22	Alexandra Halperin
2. Contribution Amt. \$ 100.00	4. Name (Last, First): _____ 52 Larkspur Drive
3. Aggregate Amt. * \$ 103.48	5. Address: _____ Carbondale, CO 81623
<input type="checkbox"/> Check box if Electioneering Communication	6. City/State/Zip: _____ PayPal
	7. Description: _____
	8. Employer (if applicable, mandatory): _____ Retired
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 6/25/22	Michael Maple
2. Contribution Amt. \$ 100.00	4. Name (Last, First): _____ 1250 Mountain View Dr
3. Aggregate Amt. * \$ 103.48	5. Address: _____ Aspen, CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	6. City/State/Zip: _____ PayPal
	7. Description: _____ Dunrene
	8. Employer (if applicable, mandatory): _____ Real Estate Developer
	9. Occupation (if applicable, mandatory): _____

\* 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. §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> 6/28/22	4. Name (Last, First): <b>Ba Campbell</b>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: 203 Cottonwood Lane
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: Aspen, CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <b>Check</b>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <b>RETIRO</b>

1. <u>Date Accepted</u> 7/14/22	4. Name (Last, First): <b>Michael T Giordano</b>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: 3 Dakota Ct
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: Carbondale, CO 81623
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <b>Check</b>
	8. Employer (if applicable, mandatory): <b>Tulios</b>
	9. Occupation (if applicable, mandatory): <b>Hair stylist</b>

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

\* 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> 6/22/22	4. Name: <u>Driu Printing</u>
2. <u>Amount</u> 10.00 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Palm Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/22/22	4. Name: <u>Paperless Post</u>
2. <u>Amount</u> 10.00 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>E-Invite</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/22/22	4. Name: <u>Driu Printing</u>
2. <u>Amount</u> 522.64 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Palm Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/23/22	4. Name: <u>City Market</u>
2. <u>Amount</u> 114.69 \$	5. Address: <u>711 E Cooper Ave</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>Fundraiser supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/23/22	4. Name: <u>Gran Farnum Printin</u>
2. <u>Amount</u> 258.47 \$	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>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> 6/24/22	4. Name: <u>City Market</u>
2. <u>Amount</u> \$ 53.37	5. Address: <u>711 E Cooper Ave</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>Fundraiser supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/24/22	4. Name: <u>Carls Pharmacy</u>
2. <u>Amount</u> \$ 768.95	5. Address: <u>306 E Main St</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>Fundraiser supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/27/22	4. Name: <u>Carls Pharmacy</u>
2. <u>Amount</u> \$ 11.54	5. Address: <u>306 E Main St</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>Fundraiser supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/5/22	4. Name: <u>Google</u>
2. <u>Amount</u> \$ 69.03	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>	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

Table with 3 columns: Full Name, Address, City, State, Zip, Amount Guaranteed. Contains 4 empty rows for data entry.

**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."