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



space below for office use only





CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	CAMPAIGN TO ELECT MICHAEL BUG	LIVE for SHORAL
	own On Pitkin County Committee Registration	
Address of Committee/Candidate:	SO3 WREN CT	
City, State & Zip Code:	BASALT CO 8/621	
Committee Type:		
Name and Address of Financial Institution	BUTING BANG 600 E	HOPK INS
Type of Report		
Regularly Scheduled Filing.		
regularly scrieduled Filling.		
Amended Filing. This amends prev Submit changes or new information Of		
	··· Reports MUST Have a Monetary Balance of Ze	ero in Line 5)
Check this box if this Report Cor	ntains Electioneering Communications	Information
2	1 /7 7	12/3/22
Reporting Period Covered: 16/3	Date Through	Date
Declared Total Spending (if applicable)	\$ 4, 236, 19	
[Art. XXVIII, Sec. 4(1)]	19,036117	Totals Datailed Common Page
L Funds on Hand at the Beginning of Re	positing Pariod/manatamanulal	Totals Detailed Summary Page
2 Total Monetary Contributions (line 11)		\$ 3,224,37
		\$ 1,026,40
Total of Monetary Contributions & Beginning Amount (line 1 + line 2) Total Monetary Expenditures (line 19)		
		\$ 14.58
		8
Authorization (Must be completed by eith		
penalty of perjury, that to the best of my k		
including any contributions received in the	form of membership dues transferred by a	n membership organization, are from
permissible sources.		
Print Registered Agent's Name:	CLIAM T. VAN DOMIGLEN	
Registered Agent's Signature:		Date: 17/7/72
Print Candidate Name: MICHA	IR V BULLIONS	
Candidates Signature:	BO	Date: 12/7/22
ORM 11		Pitkin County Clerk & Recorder Rev. 1/20

DETAILED SUMMARY

Full Name	of Committee/	Candidate:

Current Reporting Period:

Through -

Funds	on hand at the beginning of reporting period (Monetary Only)	\$ 3,724.37
6	Itemized Contributions of \$20 or More (C.R.S. §1-45-108{1}(a); HRC §6.6.4 (Please list on Schedule "A")	\$ 1,026.40
7	Total of Non-Itemized Contributions (Individual Contributions of \$19.99 and Less)	\$ 0.0
8	Loans Received (Please list on Schedule "C")	\$ 0.0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.0
10	Returned Expenditures (from recipient) {Please list on Schedule "D"}	\$ 0.0
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 1,026.40
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0.0
13	Total Contributions (Line 11 + Line 12)	\$ 1,026.40
14	Itemized Expenditures \$20 or More (C.R.5. §1-45-108(1)(a); HRC § 6.6.4) (Please list on Schedule "B")	\$ 3,461,88
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 500.00
17	Returned Contributions (to donor) (Please list on Schedule "D")	\$ 274.31
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)	\$ 0.00
19	Total Monetary Expenditures (Total of Lines 14 through 17)	4, 236.19
20	Total Spending (Line 18 + line 19)	\$ 4,336,19

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, <u>FROM NATURAL PERSONS ONLY.</u> [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 contributer 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\otimes 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.

<u>Please refer to Article XXVIII, Section 3 of the Colorado Constitution and Section 6.6.2 of the Pitkin County</u> 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)

IC R S 81-45-108(1)(a): HRC 8 6 6 41

Full Name of Committee/Person: _

WARNIN	G: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/TYP	E
1. <u>Date Accepted</u> 10/31/22	4. Name (Last, First): THOMPSON, ANTIL
2. Contribution Amt.	5. Address: <u>Po Box 220</u>
\$ 100.00 3. Aggregate Amt. * \$ 105.48	6. City/State/Zip: Wardy CREEK, CO 81656 7. Description: PAY PAC
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): PGTIRED 9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Davis, Holly
2. Contribution Amt. \$ 196,10	5. Address: <u>503</u> WREN CT. 6. City/State/Zip: <u>BASACT</u> CO 81671
\$ 200.00	7. Description: PAY PAIC
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): で しい ACPCア 9. Occupation (if applicable, mandatory): の の の の の の の の の の の の の の の の の の の
1. Date Accepted	4. Name (Last, First): DAVIS, ILOCCY
2. Contribution Amt.	5. Address: <u>503</u> WLGP CT
\$ 200.00 3. Aggregate Amt. *	6. City/State/Zip: BASACT CO CIGUL
\$ 200.00	7. Description: CHCCU
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): CIV ASPC~ 9. Occupation (if applicable, mandatory): のレッピと
1. Date Accepted	4. Name (Last, First): 126CAND, MICH
2. Contribution Amt. \$ Zco	5. Address: <u>SIS INDEPCHDENCE PL</u> 6. City/State/Zip: <u>4SPCN</u> , CO 81611
3. Aggregate Amt. *	7. Description: (UCCL

9. Occupation (if applicable, mandatory): ___

70,00

☐ Check box if Electioneering

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.

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

1C.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/TYP	E
1. Date Accepted	4. Name (Last, First): BUGLIONE, LINDA
11/28/22	
2. <u>Contribution Amt.</u>	5. Address: SO3 WRGN CT
\$ 245.15	6. City/State/Zip: ВД5ДСТ СО 81621
3. Aggregate Amt. * \$ 250.00	7. Description: YES UCNMO
☐ Check box if	8. Employer (if applicable, <u>mandatory</u>): รูว บอดาวิ
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	
11/24/22	4. Name (Last, First): CUGLIONE, NICOLE
2. <u>Contribution Amt.</u>	5. Address: 503 WRCN CT
\$ 745.15	6. City/State/Zip: BASACT CO 81621
3. Aggregate Amt. *	7. Description: Usumo
250.00	8. Employer (if applicable, mandatory): SテルウェンT
Check box if Electioneering	
Communication	9. Occupation (if applicable, mandatory):
	!
Date Accepted	A Name that Early May 2 Conference Advantage
	4. Name (Last, First): VANDOMELEN, WILLIAM
1. Date Accepted 12/2/22 2. Contribution Amt.	4. Name (Last, First): VANDOMECON, WILLIAM 5. Address: 719 GUANS CT
1. Date Accepted 17/7/77 2. Contribution Amt. \$ 70.00	i i
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. *	5. Address: 719 60225 CT 6. City/State/Zip: 8252C7 CO \$1671
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. * \$ 70.00	5. Address: 719 60225 CT 6. City/State/Zip: 8252C7 CO \$1671 7. Description: CHECK
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. * \$ 20.00	5. Address: 719 60205 CT 6. City/State/Zip: 8454(7 CO \$1671 7. Description: CHECU 8. Employer (if applicable, mandatory): RYAN INVESTIMENTS
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. * \$ 70.00	5. Address: 719 60225 CT 6. City/State/Zip: 8252C7 CO \$1671 7. Description: CHECK
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. * \$ 20.00 Check box if Electioneering	5. Address: 719 60205 CT 6. City/State/Zip: 8454(7 CO \$1671 7. Description: CHECU 8. Employer (if applicable, mandatory): RYAN INVESTIMENTS 9. Occupation (if applicable, mandatory): PM
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. * \$ 20.00 Check box if Electioneering Communication	5. Address: 719 60205 CT 6. City/State/Zip: 8454(7 CO \$1671 7. Description: CHECU 8. Employer (if applicable, mandatory): RYAN INVESTIMENTS
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1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt.* \$ 20.00 Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$	5. Address: 719 60205 CT 6. City/State/Zip: BASACT CO \$1671 7. Description: CHECU 8. Employer (if applicable, mandatory): RYAN INVESTIMENTS 9. Occupation (if applicable, mandatory): PM 4. Name (Last, First):
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt. * \$ 20.00 Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt.	5. Address: 719 60425 CT 6. City/State/Zip: 8454C7 CO \$1671 7. Description: CH6C4 8. Employer (if applicable, mandatory): RYAN INVESTINCTS 9. Occupation (if applicable, mandatory): PM 4. Name (Last, First):
1. Date Accepted 12/2/22 2. Contribution Amt. \$ 20.00 3. Aggregate Amt.* \$ 20.00 Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt.* \$	5. Address: 719 60205 CT 6. City/State/Zip: 8454C7 CO \$1671 7. Description: Cucu 8. Employer (if applicable, mandatory): RYAN INVESTINGTS 9. Occupation (if applicable, mandatory): PM 4. Name (Last, First):
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Schedule B – Itemized Expenditures Statement (\$20 or more)

Full Name of Committee Date Expended 11/2 / 22	THE PUBLISH VICES		
1. Date Expended	Full Name of Committee	e/Person:	
1/7 / ZZ 2. Amount 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: ADUCRTISING Check box if Electioneering Communication 1. Date Expended 1/4 / ZZ 2. Amount S. Address: 6. City/State/Zip: 7. Purpose of Expenditure: ADUCRTISING Address: 8. City/State/Zip: 7. Purpose of Expenditure: ADUCRTISING Address: 8. City/State/Zip: 7. Purpose of Expenditure: ADUCRTISING Address: 6. City/State/Zip: 7. Purpose of Expenditure: ADUCRTISING Address: 7. Purpose of Expenditure: ADUCRTISING Aducrtising Aducrtising Aducrtising Aducrt			
5. Address: 5. 72_78 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 11/4/72 2. Amount S. Address: 6. City/State/Zip: 7. Purpose of Expenditure: ADALLY NOWS 3. Recipient is (optional): Check box if Electioneering Communication 1. Date Expended 11/7/72 4. Name: ASTEN DALLY NOWS 5. Address: Check box if Electioneering Communication 1. Date Expended 11/7/72 2. Amount S. Address: S. E. G. C. C. 3. Recipient is (optional): Check box if Electioneering Communication 1. Date Expended 11/6/72 2. Amount S. Address: S. E. G. C. C. 3. Recipient is (optional): Check box if Electioneering Communication 1. Date Expended 11/6/72 2. Amount S. Address: S. E. G. C. C. S. Address: Check box if Electioneering Communication 1. Date Expended 11/6/72 2. Amount S. Address: Check box if Electioneering Communication 1. Date Expended 11/6/72 2. Amount S. Address: Check box if Electioneering Communication 6. City/State/Zip: 7. Purpose of Expenditure: S. Address: S. E. G. C. C. Check box if Electioneering Communication 1. Date Expended 11/6/72 2. Amount S. Address: Check box if Electioneering Communication 1. Date Expended 11/6/72 2. Amount S. Address: S. E. G. C.	1. Date Expended	4 Name: C-C0(-1)	
S 72.78 3.Recipient is (optional): Committee	11/2/22	The Harries and the Harris and the H	
3. Recipient is (optional): Committee	2. Amount	5. Address:	
Shecipient is (optional): Committee	\$ 72.78	6 City/State/7in	
Non-Committee		o. City/State/2ip:	
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\$ & \(\lambda \left\) committee Committee Non-Committee Check box if Electioneering Communication 1. \(\text{Date Expended} \\ \lambda \lambda \cdot \cd		5. Address:	
3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended I / 2 / 2 Z 2. Amount Non-Committee Amount Committee Check box if Electioneering Communication 4. Name: Asran Dally policy 5. Address: \$ & 4 & . co 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended I / & / 2 Z 2. Amount \$ & Address: \$ & 4 & . co Check box if Electioneering Communication 4. Name: Asran Dally policy A Name: Asran Dally policy 6. City/State/Zip: 3.Recipient is (optional): Check box if Electioneering Communication 6. City/State/Zip: 7. Purpose of Expenditure: Asran Dally policy A Name: Asran Dally policy Asran Dally policy A Name: Asran D	2 846,00		
Committee	<u> </u>	6. City/State/Zip:	
Check box if Electioneering Communication		7. Purpose of Expenditure: ADS	
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3.Recipient is (optional): ☐ Committee ☐ Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended ☐ I / / / / Z Z 2. Amount ☐ Sequence	2. Amount	5. Address:	
S.Recipient is (optional): Committee	\$ 846.00	6 City/State/7in:	
Non-Committee			
1. Date Expended 1. Date Expended		7. Purpose of Expenditure: ADS	
4. Name: ASPCN DAILY NOWS 2. Amount \$ &46,00 3.Recipient is (optional): Committee Non-Committee 7. Purpose of Expenditure: Asc	☐ Non-Committee	☐ Check box if Electioneering Communication	
2. Amount \$ &46.00 3.Recipient is (optional): Committee Non-Committee 7. Purpose of Expenditure: 4x	1. Date Expended		
2. Amount \$ & 46.00 3. Recipient is (optional): Committee Non-Committee 7. Purpose of Expenditure: 46	11/6/22	4. Name: ASPCN DAILY NOWS	
\$ &46,00 3.Recipient is (optional): Committee Non-Committee 7. Purpose of Expenditure: 4x		5. Address:	
3.Recipient is (optional): Committee Non-Committee 7. Purpose of Expenditure: 4xx	& 846 GO		
Committee 7. Purpose of Expenditure:	<u> </u>	6. City/State/Zip:	
L Non-Committee L	Committee	7. Purpose of Expenditure: 4x	
Check box if Electioneering Communication	☐ Non-Committee	Check box if Electioneering Communication	
1. Date Expended	1. Date Expended		
11/21/22 4. Name: ASPEN DAILY NEWS		4. Name: ASPGN DAILY NOWS	
2. Amount 5. Address:	1	5. Address:	
\$ 751.00	\$ 7<1.00		
3.Recipient is (optional): 6. City/State/Zip:		6. City/State/Zip:	
Committee 7. Purpose of Expenditure: ADS	Committee	7. Purpose of Expenditure: 🙏 🔎 S	
Non-Committee	☐ Non-Committee	☐ Check box if Electioneering Communication	

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

Full Name of Committe	e/Person:
PLEASE PRINT/TYPE	
1. Date Expended	
12/2/22	4. Name:
2. Amount	5. Address:
\$ 100,16	6. City/State/Zip:
3.Recipient is (optional): Committee	7. Purpose of Expenditure: ADUGRAISING
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$	
3.Recipient is (optional):	6. City/State/Zip:
Committee Non-Committee	7. Purpose of Expenditure:
	Check box if Electioneering Communication
1. <u>Date Expended</u>	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional): Committee	7. Purpose of Expenditure:
☐ Non-Committee	Check how if Election earing Communication
	The check box is electronicering communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	Check box if Electioneering Communication

Schedule C - Loans

Full Name of Committee/Person:	· · · · · · · · · · · · · · · · · · ·	
(Use a separate schedule for eac [No information copied from such reports s purpose. [Art. XXVIII, Sec. 9(e)] Notwithstar loan from a financial institution organized un	hall be sold or used by any person for the pur iding any other section of this article to the co ider state or federal law if the loan bears the u	ommittee nd 16 of the Detailed Summary Report.) pose of soliciting contributions or for any commercial intrary, a candidate's candidate committee may receive a sual and customary interest rate, is made on a basis that or amortization schedule [Art. XXVIII, Sec. 3(8)]
LOAN SOURCE		
Name (Last, First or Institution):/M	ICHAEL BUGLIONS	
Address: SOS WREN C	т	
City/State/Zip: 3ASACT CO	81621	
Original Amount of Loan: \$Soc.	oo Interest	Rate: <u>0 //</u>
Loan Amount Received This Reportin	ng Period: \$	Total of All Loans This Reporting Period: \$ {Place on line 8 of Detailed Summary Report)
Principal Amount Paid This Reportir	ng Period: \$ \$60,00	
Interest Amount Paid This Reporting	g Period: \$_0.00	
Amount Repaid This Reporting Perio (Amount Repaid is sum of Principal & Interest en		Total Repayments Made: \$ 504.60 (Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding	g Balance: \$	
TERMS OF I	OAN: 7/1/77 Date Loan Received	///30/ Zて Due Date for Final Payment
LIST ALL	ENDORSERS OR GUARANTORS (OF THIS LOAN
Full Name	Address, City, State, Zip	Amount Guaranteed
		10

$Schedule \ D-Returned \ Contributions \ \& \ Expenditures$

Full Name of Commi	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> 10/24/22	4. Name (Last, First): STEPHENSON, AND		
2. Date Returned	5. Address: 1016 LAUREN CN		
3. Amount	6. City/State/Zip: BASALT CO GIGZI		
\$ 274.31	7. Purpose: MUN MADE MULTIPLE DANATIONS AND LOST TRACK OF HOW MUST		
1. Date Accepted	4. Name (Last, First):		
2. <u>Date Returned</u>	5. Address:		
3. Amount	6. City/State/Zip:		
\$	7. Purpose:		
1. <u>Date Accepted</u>	4. Name (Last, First):		
2. Date Returned	5. Address:		
3. Amount	6. City/State/Zip:		
\$	7. Comment (Optional):		
(<i>Previo</i> Please print/type	Returned Expenditures ously reported on Schedule B — Expenditures returned or refunded to the committee)		
Date Expended	4. Name (Last, First):		
2. <u>Date Returned</u>	5. Address:		
3. Amount	6. City/State/Zip:		
\$	7. Comment (Optional):		

Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(11)(111) & Sec. 5(3) & C.R.S. 1-45-108(1)]

	[Alt. XXVIII, Sec. 2(3)(a)(II)(III) & Sec. 3(3) & C.R.S. 143-106(1)]
Full Name of Comm	nittee/Person:
PLEASE PRINT/TYPE	
1. <u>Date Provided</u>	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. 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."