

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

RECEIVED
 NOV 04 2022
 PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	Erin Smiddy for County Commissioner
<small>As Shown On Pitkin County Committee Registration</small>	
Address of Committee/Candidate:	410 Silverlode Dr.
City, State & Zip Code:	Aspen, CO 81611
Committee Type:	
Name and Address of Financial Institution	Alpine Bank 600 E. Hopkins

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)	\$ 473.33
2 Total Monetary Contributions (line 11)	\$ 150.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 623.33
4 Total Monetary Expenditures (line 19)	\$ 376.23
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 247.10

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Erin Smiddy

Candidates Signature: Erin Smiddy Date: 11/4/22

DETAILED SUMMARY

Full Name of Committee/Candidate: Erin Smiddy for County Commissioner

Current Reporting Period: _____ Through _____

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	473.33
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>	\$	150.00
7	Total of Non-Itemized Contributions <small>(Individual Contributions of \$19.99 and Less)</small>	\$	
8	Loans Received <small>(Please list on Schedule "C")</small>	\$	
9	Total of Other Receipts <small>(Interest, Dividends, etc.)</small>	\$	
10	Returned Expenditures (from recipient) <small>(Please list on Schedule "D")</small>	\$	
11	Total Monetary Contributions <small>(Total of Lines 6 through 10)</small>	\$	623.33
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$	
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$	623.33
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>	\$	126.33
15	Total of Non-Itemized Expenditures <small>(Expenditures of \$19.99 or Less)</small>	\$	
16	Loan Repayments Made <small>(Please list on Schedule "C")</small>	\$	
17	Returned Contributions (to donor) <small>(Please list on Schedule "D")</small>	\$	250.00
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>	\$	
19	Total Monetary Expenditures <small>(Total of Lines 14 through 17)</small>		376.33
20	Total Spending <small>(Line 18 + line 19)</small>	\$	376.33

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)

ICRS §1-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: Erin Smiddy for County Commissioner

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/27/22</u>	4. Name (Last, First): <u>Jeffrey Bestic</u>
2. <u>Contribution Amt.</u> \$ <u>150.00</u>	5. Address: <u>301 Midland Park Pl</u>
3. <u>Aggregate Amt. *</u> \$ _____	6. City/State/Zip: <u>Aspen, CO. 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>friend</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Frias</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>accountant</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>): _____

* 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)

11-15-108(1)(a) CRS

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/3/22	4. Name: <u>Uberprints, Inc.</u>
2. <u>Amount</u> \$ 126.23	5. Address: <u>115 Ruth Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Athens, GA. 30601</u>
	7. Purpose of Expenditure: <u>sweatshirts/shirts</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 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> 9/25/22	4. Name (Last, First): <u>Margellen Schembri</u>
2. <u>Date Returned</u> 11/4/22	5. Address: <u>7828 E. Gainey Ranch # 12</u>
3. <u>Amount</u> \$ 250. ⁰⁰	6. City/State/Zip: <u>Scottsdale, AZ. 48328</u>
	7. Purpose: <u>donated twice to help / did not need</u>

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."