

Pitkin County Clerk and Recorder  
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 Aspen, Colorado 81611  
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space below for office use only

**RECEIVED**  
 DEC 08 2022  
 PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	<b>JOSEPH DISALVO</b>
<small>As Shown On Pitkin County Committee Registration</small>	
Address of Committee/Candidate:	<b>500 W. BLEEKER ST.</b>
City, State & Zip Code:	<b>ASPEN, CO 81611</b>
Committee Type:	
Name and Address of Financial Institution	<b>ALPINE BANK, 600 E HOPKINS ST, ASPEN</b>

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: **11/01/2022** | Through | **12/8/2022**  
Date Date

Declared Total Spending (if applicable)  \$   
[Art. XXVIII, Sec. 2(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ \$16,311.00
2	Total Monetary Contributions (line 11)	\$ \$250.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ \$16,561.00
4	Total Monetary Expenditures (line 19)	\$ \$16,546.80
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ \$14.20

**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: **VALERIE RYAN**  
 Registered Agent's Signature: *Valerie Ryan* Date: **12/8/2022**  
 Print Candidate Name: **JOSEPH DISALVO**  
 Candidates Signature: *Joseph Disalvo* Date: **12/8/22**

**DETAILED SUMMARY**

Full Name of Committee/Candidate: JOSEPH DISALVO

Current Reporting Period: **11/01/2022** Through **12/8/2022**

Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	Itemized Contributions of \$20 or More (C.R.S. §1-45-102(2)(c), HRS §55.04) (Please list on Schedule "A")	\$ 250.00
7	Total of Non-Itemized Contributions (Individual Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "U")	\$
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 250.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + Line 12)	\$ 250.00
14	Itemized Expenditures \$20 or More (C.R.S. §1-45-102(1)(a); HRS §55.04) (Please list on Schedule "B")	\$ 16,181.80
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 365.00
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (to donor) (Please list on Schedule "U")	\$
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)	\$
19	Total Monetary Expenditures (Total of Lines 14 through 17)	16,546.80
20	Total Spending (Line 18 + line 19)	\$ 16,546.80

Schedule B – Itemized Expenditures Statement (\$20 or more)  
11-45-108(1)(a) CRS I

Full Name of Committee/Person: JOSEPH DISALVO

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <b>10/28/2022</b>	4. Name: <b>VALERIE RYAN</b>
2. <u>Amount</u> <b>\$ 2600.00</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>OCTOBER CAMPAIGN SERVICES</b>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>11/8/2022</b>	4. Name: <b>KYRA RYAN</b>
2. <u>Amount</u> <b>\$ 400.00</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>EVENT MANAGEMENT</b>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>11/8/2022</b>	4. Name: <b>THE W HOTEL</b>
2. <u>Amount</u> <b>\$ 1,799.76</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>EVENT RENTAL</b>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>11/8/2022</b>	4. Name: <b>THE W HOTEL</b>
2. <u>Amount</u> <b>\$ 1,668.39</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>F&amp;B</b>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>10/25/2022</b>	4. Name: <b>ASPEN DAILY NEWS</b>
2. <u>Amount</u> <b>\$ 5,664.35</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>ADVERTISING</b>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)  
11-45-10R(1)(a) CRS I

Full Name of Committee/Person: JOSEPH DISALVO

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <b>10/28/22</b>	4. Name: <b>META</b>
2. <u>Amount</u> <b>\$ 56.00</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>ADVERTISING</b> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>10/25/22</b>	4. Name: <b>VALERIE RYAN</b>
2. <u>Amount</u> <b>\$ 2,800.00</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>CAMPAIGN SERVICES - NOV &amp; DEC</b> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>10/27/2022</b>	4. Name: <b>META BUSINESS SUITE</b>
2. <u>Amount</u> <b>\$ 2,060.46</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>ADVERTISING</b> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <b>11/8/2022</b>	4. Name: <b>SQUARE</b>
2. <u>Amount</u> <b>\$ 1,193.30</b>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <b>FEES</b> <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 A – Itemized Contributions Statement (\$20 or more)**

ICRS 81-45-108; 1005 IIRC 8166 J1

Full Name of Committee/Person: JOSEPH DISALVO

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <b>10/28/2022</b>	4. Name (Last, First): <b>JOHN COOLEY</b>
2. <u>Contribution Amt.</u> \$ <b>250.00</b>	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> ): _____	

1. <u>Date Accepted</u>	4. Name (Last, First):
\$ _____	5. Address: _____
<input type="checkbox"/> Check box if Electioneering Communication	6. City/State/Zip: _____
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.