

Pitkin County Clerk and Recorder  
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 Aspen, Colorado 81611  
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 Fax: (970) 445-3007  
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space below for office use only

**RECEIVED**  
 JAN 27 2023  
 PITKIN COUNTY CLERK

### CLERK AND RECORDER

### REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	Clapper & Commissioner / Patti Clapper
<small>As Shown On Pitkin County Committee Registration</small>	
Address of Committee/Candidate:	218 Cottonwood Lane
City, State & Zip Code:	Aspen CO 81611
Committee Type:	County candidate committee
Name and Address of Financial Institution	Community Banks of Colorado, PO Box 26368 Kansas City MO 64196

#### 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)	\$ 1620.28
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1620.28
4	Total Monetary Expenditures (line 19)	\$ 1620.28
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

**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: Patti Clapper  
 Registered Agent's Signature: Patti Clapper Date: 01-27-23  
 Print Candidate Name: Patti Clapper  
 Candidates Signature: Patti Clapper Date: 01-27-23

**DETAILED SUMMARY**

Full Name of Committee/Candidate: Clapper 4 Commissioner /Patti Clapper

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

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 1620.28
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>	\$ 0
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>	\$ 0
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$ 0
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$ 1620.28
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>	\$ 1620.28
15	Total of Non-Itemized Expenditures <small>(Expenditures of \$19.99 or Less)</small>	\$ 0
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>	1620.28
20	Total Spending <small>(Line 18 + line 19)</small>	\$ 1620.28

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

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

Full Name of Committee/Person: Clapper 4 Commissioner / Patti Clapper

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

PLEASE PRINT/TYPE

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> ): _____

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)**

11-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: Clapper 4 Commissioner / Patti Clapper

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 01-09-23	4. Name: <u>Patti Clapper</u>
2. <u>Amount</u> \$ 284.03	5. Address: <u>218 Cottonwood Lane</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>reimbursement for Thank you Dinner</u>
	<input type="checkbox"/> Check box if Electioneering Communication <u>ck # B</u>

1. <u>Date Expended</u> 01-09-23	4. Name: <u>Aspen Daily News</u>
2. <u>Amount</u> \$ 375.90	5. Address: <u>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>Thank you ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 01-24-23	4. Name: <u>Colorado Wild Public Lands</u>
2. <u>Amount</u> \$ 250-	5. Address: <u>225 Cottonwood Lane</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>non-profit contribute to close acct</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 01-24-23	4. Name: <u>Seed Peace</u>
2. <u>Amount</u> \$ 710.35	5. Address: <u>Hwy 133</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Carbondale, CO</u>
	7. Purpose of Expenditure: <u>non-profit contribute to close acct</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: Clapper 4 Commissioner / Patti Clapper

**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

**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: Clapper 4 Commissioner / Patti Clapper

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."