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

JAN 27 2023

PITKIN COUNTY CLERK



### CLERK AND RECORDER

As Shown On Pitkin County Committee Registration  ddress of Committee/Candidate: 218 Cotton wood Lave	CLLAR AND REC	OKDLK	
As Shown On Pitter County Committee Registration  As Shown On Pitter County Committee Registration  As Spen CO 816/1  Dommittee Type:  Ame and Address of Financial Institution  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:  [Art. XXVIII, Sec. 4(1)]  Total Spending (if applicable)  [Art. XXVIII, Sec. 4(1)]  Total Monetary Contributions & Beginning Amount (line 1+ line 2)  Total Monetary Expenditures (line 19)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Authorization (Must be completed by either the Registered Agent on the Candidate): I hereby certify and declore, under penalty of perjury, that to the best of my knowledge or belief oil 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 Signature:  Patti Clapper  Courty Contributions Profits  Patti Clapper  Candidates Signature:  Date: 61-23-23	REPORT OF CONTRIBUTIONS AND E	EXPENDITURES	
As Shown On Pittin Country Committee Registration  diverso of Committee/Candidate:  218 Cotton wood Lave  Aspen Co 8161  committee Type:  ame and Address of Financial Institution  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:  I 0 31 22  Date  Declared Total Spending (if applicable)  Funds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions & Beginning Amount (line 1 + line 2)  Total Of Monetary Contributions & Beginning Amount (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Total of Monetary Contributions Reports Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary)	Full Name of Committee/Candidate: Clapper & Comm	issioner/Patti Clapp	
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: 10/31/22 Through  Determination Reports MUST Have a Monetary Balance of Zero in Line 5)  Totals Detailed Summary Page  Funds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions (line 11)  Total Monetary Contributions & Beginning Amount (line 1 + line 2)  Total Monetary Expenditures (line 19)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Summary Page  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Summary Page  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Funds on Hand at the End of Reporting Period (monetary) (line 3 -	As Shown On Pitkin County Committee Registra	, , , , , , , , , , , , , , , , , , , ,	
ity, State & Zip Code:  Aspen Co 8161  Dommittee Type:  County Canadati Committee  ame and Address of Financial Institution  Community Banks of Col ando, Po Box 26368  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:  Declared Total Spending (if applicable)  [Art. XXVIII, Sec. 4(1)]  Total Monetary Contributions (line 11)  Total Monetary Contributions (line 11)  Total Monetary Contributions & Beginning Amount (line 1+ line 2)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Total Monetary Expenditures (line 19)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Authorization (Must be completed by either the Registered Agent on 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:  Path Clapper  Candidates Signature:  Path Clapper  Candidates Signature:  Date: 01-23-23		d Lare	
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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:   10/31   22	Regularly Scheduled Filing		
Check this box if this Report Contains Electioneering Communications Information  Reporting Period Covered: 1031 22 Through			
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Funds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions (line 11)  Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  Total Monetary Expenditures (line 19)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  S  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:  Path Clapper  Registered Agent's Signature:  Path Clapper  Date: 01-27-23  Date: 01-27-23		Totals Detailed Summar	v Page
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Registered Agent's Signature: Patti Clappe  Print Candidate Name: Patti Clappe  Candidates Signature: Potti Clappe  Date: 61-27-23	penalty of perjury, that to the best of my knowledge or belief all contribution including any contributions received in the form of membership dues transfe permissible sources.	s received during this reporting period	,
Print Candidate Name: Patti Clappa  Candidates Signature: Date: 61-27-23	Print Registered Agent's Name: Yath Clapper		
Candidates Signature: Potts Clayps Date: 61-27-23	Registered Agent's Signature: With Cluppe	Date: <u>0127-2</u> 3	<u>3</u>
	Print Candidate Name: Patti Clappa		_
Pitkin County Clerk & Recorder Rev.	Candidates Signature:	Date: <u>61-27-23</u>	-
	RM 11	Pitkin County Clerk & Rec	order Rev

# **DETAILED SUMMARY**

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

**Current Reporting Period:** 

# Through

Funds o	on hand at the beginning of reporting period (Monetary Only)	\$ 1620.28
6	Itemized Contributions of \$20 or More [CRS \$1-45-108(1)(#); HRC \$6 6 4] (Please list on Schedule "A")	\$ 0
7	Total of Non-Itemized Contributions (Individual Contributions of \$19.99 and Less)	\$ 6
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 6.1
10	Returned Expenditures (from recipient) {Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ -0-
13	Total Contributions (line 11 + line 12)	\$ 1620.28
14	Itemized Expenditures \$20 or More [C.R.S. §1-45-108(1)(a), HRC § 6 6.4] (Please list on Schedule "B")	\$ 1620.28
15	Total of Non-Itemized Expenditures (Expenditures of \$19 99 or Less)	\$ -0-
16	Loan Repayments Made (Please list on Schedule "C")	\$ \$
17	Returned Contributions (to donor) (Please list on Schedule "D")	\$
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
19	Total Monetary Expenditures (Total of Lines 14 through 17)	1620.28
20	Total Spending (Line 18+line 19)	\$ 1620.28

# 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: Clapper 4 Commissioner / Patti Clapper

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

PE
A Blamata and
4. Name (Last, First):
5. Address:
6. City/State/Zip:
7. Description:
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):
4. Name (Last, First):
5. Address:
1
6. City/State/Zip:
7. Description:
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):
4. Name (Last, First):
5. Address:
6. City/State/Zip:
7. Description:
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):
4. Name (Last, First):
5. Address:
6. City/State/Zip:
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) [1-45-108(1)(a), C.R.S.1

Full Name of Committe	re/Person: Clapper 4 Commissioner / Path Clapper		
PLEASE PRINT/TYPE			
1. Date Expended	4. Name: Patti Clapper		
01-09-23 2. Amount	5. Address: 218 Cottonwood Lane		
s 284.03			
3.Recipient is (optional):	6. City/State/Zip: Agen Co 81611		
Committee	7. Purpose of Expenditure: Nembursement on Thank you Dinner		
☐ Non-Committee	□ Check box if Electioneering Communication & B		
1. Date Expended			
01-09-23	4. Name: Aspen Daily News		
2. Amount	5. Address: Main St.		
\$ 375.90	6. City/State/Zip: Aspen W 8/6//		
3.Recipient is (optional):  Committee			
Non-Committee	7. Purpose of Expenditure: Thank you ad		
	LI Check box if Electioneering Communication		
1. <u>Date Expended</u> 91 = 24 - 23	4. Name: Colorado Wild Public Lands		
2. Amount	5. Address: 225 Cotton wood Law		
\$ 250 -	6. City/State/Zip: Azpen W 8161		
3.Recipient is (optional):  Committee			
Non-Committee	7. Purpose of Expenditure:		
	Li Check box if Electioneering Communication To Closs ac of		
1. Date Expended 01-24-23	4. Name: Seed Place		
2. Amount	5. Address: Hww 133		
s 710.35			
3.Recipient is (optional):	6. City/State/Zip: Carbon dale, 60		
Committee  7. Purpose of Expenditure:  Non-Committee  7. Purpose of Expenditure:  Check box if Electioneering Communication  To class accident acci			
23 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	Committee 7. Purpose of Expenditure:		
Non-Committee	☐ Check box if Electioneering Communication		

Pitkin County Clerk & Recorder Rev 01/2022

FORM 11

#### 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: \$		
Loan Amount Received This Reportin	ng Period: \$	Total of All Loans This Reporting  Period: \$
Principal Amount Paid This Reporting	g Period: \$	
Interest Amount Paid This Reporting	g Period: \$	
Amount Repaid This Reporting Perio (Amount Repaid is sum of Principal & Interest en	od: \$ tered on Detail Summary)	Total Repayments Made: \$(Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstandin	g Balance: \$	
TERMS OF L	OAN:Date Loan Received	Due Date for Final Payment
LIST ALL	ENDORSERS OR GUARANTORS	OF THIS LOAN
Full Name	Address, City, State, Zip	Amount Guaranteed
	<u>.</u>	

### **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 /Path Clapper

PLEASE PRINT/TYPE	
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:  6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$ Dreck box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):  10.
1. <u>Date Provided</u>	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$ 3. Aggregate Amt.	6. City/State/Zip:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Data Barridad	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
Aggregate Amt.	6. City/State/Zip:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

<sup>•</sup> Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detalled 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."