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DISCLOSURE BY PUBLIC OFFICEHOLDER REPORT OF GIFTS, HONORARIA, AND OTHER BENEFITS (Section 24-6-203, C.R.S.)

Filers should also review provisions of Section 3, Article XXIX of the Colorado Constitution

This form is for municipal / local officeholders and is filed with the municipal clerk and/or local designated official.

Contact the appropriate office for permissible methods of submission (e.g. fax, email, hand delivery, etc.).

State and County C	<u>Officeholders</u> who are required to file this report must	t submit it electronically O	nline usina the
	Secretary of State's TRACER websi	<u>ite</u> .	
Year:			
Filing Period:	Quarter 2 nd Quarter 3 rd	^d Quarter 4	th Quarter
Name of Officeholde	r: Path Kay- Clapper	_	The state of the s
Address (Work or Home):	218 Cottonwood Law		
City, State, Zip:	Aspen Co	81611	
Phone number:	970- 379-3702	<u> </u>	
Email address:	pati. Clapper e pitkin co	rusty com	
Entos the office way bald to			
enter the office you note in	cluding jurisdiction and district number, if applic	cable. E.g.: Mayor, City	Council, Judge, etc.
Office held (include District i	1) Pitkin County Commissi	oner Districe	1 /
			_111
Check one of the following:			
V thouse - Alice - A			
i have nothing to re	port. (Sign & date below)		
I received the follow	ing gifts, honoraria, or benefits during this perio	od (attach additional na	pes if needed):
Name of person giving		10 (0)	
Manie of person giving	Description	Date Received	Amount/Value
			\$
			\$
			\$
			\$
			\$ 5
			\$
^			\$
1 () 4	. 1/		
Signature: Patti	Kay-Clappo-	a. Otto	1 miles - 1
Signature: Patti	Kay-Clapper	Date: <u>04-0</u>	5-2021

Colorado Secretary of State Form CPF-15, Rev. 02/15/2019