

Pitkin County Clerk and Recorder  
 501 E Hyman Ave., STE 101  
 Aspen, Colorado 81611  
 Phone: (970) 429-2732  
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 Website: www.pitkinvotes.com  
 Kelly McNicholas Kury, Election Manager  
 kelly.mcnicholas@pitkincounty.com



space below for office use only

**RECEIVED**

JUL 25 2018

PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	JOSEPH D. SALVO
As Shown On Pitkin County Committee Registration	
Address of Committee/Candidate:	500 W Bleecker St Aspen
City, State & Zip Code:	81611
Committee Type:	
Name and Address of Financial Institution	ALPINE BANK 600 E HOPKINS ST ASPEN

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)	\$ 0
2 Total Monetary Contributions (line 11)	\$
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4 Total Monetary Expenditures (line 19)	\$
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 3300.00

**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: JOE D. SALVO

Registered Agent's Signature: [Signature] Date: 7-25-18

Print Candidate Name: JOE D. SALVO

Candidates Signature: [Signature] Date: 7-25-18

## DETAILED SUMMARY

**Full Name of Committee/Candidate:** \_\_\_\_\_

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

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$
6	<b>Itemized Contributions of \$20 or More</b> <small>(C.R.S. §1-45-108(1)(a); HRC §6.6.4) (Please list on Schedule "A")</small>	\$
7	<b>Total of Non-Itemized Contributions</b> <small>(Individual Contributions of \$19.99 and Less)</small>	\$
8	<b>Loans Received</b> <small>(Please list on Schedule "C")</small>	\$
9	<b>Total of Other Receipts</b> <small>(Interest, Dividends, etc.)</small>	\$
10	<b>Returned Expenditures (from recipient)</b> <small>(Please list on Schedule "D")</small>	\$
11	<b>Total Monetary Contributions</b> <small>(Total of Lines 6 through 10)</small>	\$ <b>3300.00</b>
12	<b>Total Non-Monetary Contributions</b> <small>(From Statement of Non-Monetary Contributions)</small>	\$
13	<b>Total Contributions</b> <small>(Line 11 + Line 12)</small>	\$
14	<b>Itemized Expenditures \$20 or More</b> <small>(C.R.S. §1-45-108(1)(a); HRC § 6.6.4)</small> <small>(Please list on Schedule "B")</small>	\$
15	<b>Total of Non-Itemized Expenditures</b> <small>(Expenditures of \$19.99 or Less)</small>	\$
16	<b>Loan Repayments Made</b> <small>(Please list on Schedule "C")</small>	\$
17	<b>Returned Contributions (to donor)</b> <small>(Please list on Schedule "D")</small>	\$
18	<b>Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party.</b> <small>(Statement of Non-Monetary Contribution form)</small>	\$
19	<b>Total Monetary Expenditures</b> <small>(Total of Lines 14 through 17)</small>	
20	<b>Total Spending</b> <small>(Line 18 + line 19)</small>	\$

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

FCRS 81-45-108(1)(a) HRC 6.6.41

Full Name of Committee/Person: COMMITTEE TO REELECT JOE DISALVO SHERIFF

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>4/6/18</u>	4. Name (Last, First): <u>LEWIS, THOMAS</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>4949 TAMiami TRAIL N SUITE 102</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>NAPLES, FL 34103</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>5/6/18</u>	4. Name (Last, First): <u>COHEN, JOEL</u>
2. <u>Contribution Amt.</u> \$ <u>400.00</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>MIAMI BEACH, FL 33140</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>7/17/18</u>	4. Name (Last, First): <u>LEWIS, ADAM</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>201 W. HALLAM ST</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: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>7/17/18</u>	4. Name (Last, First): <u>LEWIS, MELONY</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>201 W. HALLAM ST</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: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</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 A – Itemized Contributions Statement (\$20 or more)**

I.C.R.S. 81-45-108(1)(a) - HRC § 6.6.41

Full Name of Committee/Person: COMMITTEE TO REELECT JOE DISALVO SHERIFF

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>7/19/18</u>	4. Name (Last, First): <u>POBATH, ARNOLD</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>707 SPRUCE ST.</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: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>7/18/18</u>	4. Name (Last, First): <u>PODHURST, AARON</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: <u>10 EDGEWATER DR APT. T5-E</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>CORAL GABLES, FL 33133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>ATTORNEY</u>

1. <u>Date Accepted</u> <u>7/17/18</u>	4. Name (Last, First): <u>OREN, MARK</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>3526 BAYSHORE VILLAS DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>MIAMI, FL 33133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>7/17/18</u>	4. Name (Last, First): <u>KOCH, BRIDGET ROONEY</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>974 SOUTH OCEAN BLVD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>PALM BEACH, FL 33480</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

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

I.C.R.S. 81-45-108(1)(a) HRC 6.6.6.41

Full Name of Committee/Person: COMMITTEE TO REELECT JOE DISALVO SHERIFF

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>6/20/18</u>	4. Name (Last, First): <u>RAMEY, JAY KENT</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>1722 S CARSON AVE APT 1508</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>TULSA, OK 74119</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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