

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

RECEIVED
 JAN 12 2023
 PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	Erin Smiddy for County Commissioner
As Shown On Pitkin County Committee Registration	
Address of Committee/Candidate:	410 Silverlode Dr
City, State & Zip Code:	Aspen, CO 81611
Committee Type:	
Name and Address of Financial Institution	Alpine Bank 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)	\$ 235. —
2 Total Monetary Contributions (line 11)	\$ —
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ —
4 Total Monetary Expenditures (line 19)	\$ (220 refund)
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 15. —

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Erin Smiddy

Candidates Signature: Erin Smiddy Date: 1/12/23

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

ICRS 51-45-108(1)(a); HRC § 6 6 41

Full Name of Committee/Person: Erin Smiddy

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: <u>n/a</u>
<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.

11/11/23 - Balance \$15.10

Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

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

n/a

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

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

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

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 D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/18/22	4. Name (Last, First): _____
2. <u>Date Returned</u> 11/28/22	5. Address: 7823 E Gainey Ranch #12
3. <u>Amount</u> \$ 220.00	6. City/State/Zip: Scottsdale, AZ 48328
	7. Purpose: did not use/need

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: n/a
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____