

Campaign to Elect Michael Buglione for Sheriff

Reporting Period: 6/3/22 – 6/19/22

**Amendments**

Duplicated donation in the amount of \$200. This donation was recorded for the last reporting period. Error is marked with a blue highlighter on pg 7.

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**  
 NOV 29 2022  
 PITKIN COUNTY CLERK

**CLERK AND RECORDER**

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

<b>Full Name of Committee/Candidate:</b>	CAMPAIGN TO REELECT MICHAEL BUGLIONE for SACRIFIC
As Shown On Pitkin County Committee Registration	
<b>Address of Committee/Candidate:</b>	410 S WEST END ST #100
<b>City, State &amp; Zip Code:</b>	ASPEN CO 81611
<b>Committee Type:</b>	
<b>Name and Address of Financial Institution</b>	ALPINE BANK 600 E HOPKINS

**Type of Report**

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date) 6/3/22 - 6/19/22  
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:** 6/3/22 Date Through 6/19/22 Date

**Declared Total Spending (if applicable)** \$ 2,144.72  
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1,190.27
2	Total Monetary Contributions (line 11)	\$ 3,592.60
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4,782.87
4	Total Monetary Expenditures (line 19)	\$ 2,144.72
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 2,638.15

**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: WILLIAM TRAVIS VAN DENBROEK

Registered Agent's Signature: *WT* Date: 11/23/22

Print Candidate Name: MICHAEL V BUGLIONE 11/23/22

Candidate's Signature: *M. Buglione* Date: 11/23/22

## DETAILED SUMMARY

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

Current Reporting Period: 6/3/22

Through 6/19/22

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 1,190.27
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>	\$ 3,592.60
7	Total of Non-Itemized Contributions <small>(Individual Contributions of \$19.99 and Less)</small>	\$
8	Loans Received <small>(Please list on Schedule "C")</small>	\$
9	Total of Other Receipts <small>(Interest, Dividends, etc.)</small>	\$
10	Returned Expenditures (from recipient) <small>(Please list on Schedule "D")</small>	\$
11	Total Monetary Contributions <small>(Total of Lines 6 through 10)</small>	\$ 3,592.60
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$ 0.00
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$ 3,592.60
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>	\$ 2,144.72
15	Total of Non-Itemized Expenditures <small>(Expenditures of \$19.99 or Less)</small>	\$
16	Loan Repayments Made <small>(Please list on Schedule "C")</small>	\$
17	Returned Contributions (to donor) <small>(Please list on Schedule "D")</small>	\$
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>	\$
19	Total Monetary Expenditures <small>(Total of Lines 14 through 17)</small>	\$ 2,144.72
20	Total Spending <small>(Line 18 + line 19)</small>	\$ 2,144.72

## Schedule A – Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific committee types, as follows:

### Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation and employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7; HRC § 6.6.4)

### Small Donor Committee

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY. [Art. XXVIII, Sec. 2(14)(a); HRC § 6.6.4]

### Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation and employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6; HRC § 6.6.4)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6; HRC § 6.6.4)

### Contribution Limits – Pitkin County Candidates and Political Committees (HRC § 6.6.2)

- \$500/contributor for the full period of candidacy.

Note: The \$500 limit is for the full period of candidacy and is not based on election type. Regardless of whether or not the candidate appears on the primary ballot, candidates are not to exceed the \$500 limit per contributor during their tenure as a candidate.

### Political Committees Supporting or Opposing Pitkin County Candidates:

- \$500/contributor for the full period of candidacy.

### Political Party (From any person other than Small Donor) CPF Rule 10.17.1(d):

- \$4,025/contributor per year at the state, county, district and local level, of which no more than \$3,350<sup>◇</sup> may be contributed to the party at the state level.

### Political Party (From Small Donor Committee) CPF Rule 10.17.1(e):

- \$20,325/contributor per year at the state, county, district and local level, of which no more than \$16,925<sup>◇</sup> may be contributed to the party at the state level.

Please refer to Article XXVIII, Section 3 of the Colorado Constitution and Section 6.6.2 of the Pitkin County Home Rule Charter for complete contribution limits and prohibited contributions.

\* Primary Election

\*\* General Election

◇ Contribution Limits reflect adjustments made by CPF Rule 10 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

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

I.C.R.S. 61-45-108(1)(a); HRC 6.6.41

Full Name of Committee/Person: 6/3/22 → 6/19/22

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/13/22	4. Name (Last, First): <u>Heather Cramer</u>
2. <u>Contribution Amt.</u> \$242.28	5. Address: <u>1635 Silver King Dr</u>
3. <u>Aggregate Amt. *</u> \$250.00	6. City/State/Zip: <u>Aspen CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PayPal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>HRC Legal</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Attorney</u>

1. <u>Date Accepted</u> * 6/14/22	4. Name (Last, First): <u>Kenneth Citron</u>
2. <u>Contribution Amt.</u> \$250.00	5. Address: <u>PO Box 6655</u>
3. <u>Aggregate Amt. *</u> \$257.94	6. City/State/Zip: <u>Snowmass Village, CO 81615</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PayPal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>KCEC Law</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Attorney</u>

1. <u>Date Accepted</u> 6/15/22	4. Name (Last, First): <u>Richard Rosin</u>
2. <u>Contribution Amt.</u> \$ 48.06	5. Address: <u>980 Cemetery Lane</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Aspen, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PayPal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Compass</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Real Estate Agent</u>

1. <u>Date Accepted</u> 6/15/22	4. Name (Last, First): <u>Dave Starensier</u>
2. <u>Contribution Amt.</u> \$ 485.06	5. Address: <u>1355 Sage Ct.</u>
3. <u>Aggregate Amt. *</u> \$500.00	6. City/State/Zip: <u>Aspen, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PayPal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>All Star Media</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>President</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 5.6.2; Political Committee Supporting or Opposing Pitkin County Candidate(s) – HRC 5.6.2.

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

I.C.R.S. 81-45-108(1)(a); HRC 8 6 6 41

Full Name of Committee/Person: \_\_\_\_\_

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/3/22	4. Name (Last, First): Frank Matassa
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: 320 Old Hickory Blvd 701
3. <u>Aggregate Amt. *</u> \$ 515.38	6. City/State/Zip: Nashville, TN 37221
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, <u>mandatory</u> ): Business Owner
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 6/8/22	4. Name (Last, First): Tricia Louthis
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: 313 Oak Lane
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: Aspen, CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, <u>mandatory</u> ): Retired
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 6/8/22	4. Name (Last, First): John Scott
2. <u>Contribution Amt.</u> \$ 242.28	5. Address: 4412 Belclaire Ave
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: Dallas, TX 75205
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, <u>mandatory</u> ): Business Owner
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 6/10/22	4. Name (Last, First): George Kremer
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: PO Box 12171
3. <u>Aggregate Amt. *</u> \$ 103.48	6. City/State/Zip: Aspen, CO 81612
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, <u>mandatory</u> ): Clarks Market
	9. Occupation (if applicable, <u>mandatory</u> ): Store Manager

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**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: \_\_\_\_\_

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

PLEASE PRINT/TYPE

1. Date Accepted 6/15/22	4. Name (Last, First): Tessa Barranger 141 Majestic Ct
2. Contribution Amt. \$96.62	5. Address: _____
3. Aggregate Amt. * \$100.00	6. City/State/Zip: Palisade, CO 81526
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): Aspen Music Festival and School
	9. Occupation (if applicable, mandatory): Finance

1. Date Accepted 6/18/22	4. Name (Last, First): Katherine Sullivan 3700 Massachusetts Ave NW
2. Contribution Amt. \$96.62	5. Address: _____
3. Aggregate Amt. * \$ 100.00	6. City/State/Zip: Washington, DC 20016
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): Retired

1. Date Accepted 6/19/22	4. Name (Last, First): Yang Huang 949 Vine St
2. Contribution Amt. \$485.06	5. Address: _____
3. Aggregate Amt. * \$ 500.00	6. City/State/Zip: Aspen, CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PayPal
	8. Employer (if applicable, mandatory): Business Owner
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 6/9/22	4. Name (Last, First): Ellen Anderson PO Box 456
2. Contribution Amt. \$ 50.00	5. Address: _____
3. Aggregate Amt. * \$ 50.00	6. City/State/Zip: Woody Creek, CO 81656
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): Retired

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

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

Full Name of Committee/Person: \_\_\_\_\_

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/10/22	4. Name (Last, First): <u>Marc Zachary</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>PO Box 410</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Aspen CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Aspen Fire Department</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Volunteer firefighter</u>

1. <u>Date Accepted</u> 6/13/22	4. Name (Last, First): <u>Ellen Anderson</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>PO Box 456</u>
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: <u>Woody Creek CO 81656</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 6/15/22	4. Name (Last, First): <u>Jacqueline Long</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>PO Box 9977</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>Aspen, CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Callie's Backyard Foundation</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>President</u>

1. <u>Date Accepted</u> 6/13/22	4. Name (Last, First): <u>ANN STEPHENSON</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>1016 LAUREN LN</u>
3. <u>Aggregate Amt. *</u> \$ 206.46	6. City/State/Zip: <u>FRASACT CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PAK</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

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

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

Full Name of Committee/Person: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 6/7/22	4. Name: <u>Gran Farnum Printing</u>
2. <u>Amount</u> 548.44 \$	5. Address: <u>1526 Grand Ave, Glenwood Springs</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Glenwood Springs, CO 81601</u>
7. Purpose of Expenditure: <u>Signs</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 6/8/22	4. Name: <u>MakeStickers.com</u>
2. <u>Amount</u> 34.24 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
7. Purpose of Expenditure: <u>Stickers</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 6/8/22	4. Name: <u>MakeStickers.com</u>
2. <u>Amount</u> 249.21 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
7. Purpose of Expenditure: <u>Stickers</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 6/10/22	4. Name: <u>Arena Mail+Digital</u>
2. <u>Amount</u> 259.05 \$	5. Address: <u>1260 Stingham Ave # 350</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Salt Lake City, UT 84106</u>
7. Purpose of Expenditure: <u>Yard sign design</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 6/10/22	4. Name: <u>QR-CODE-GENERATOR.com</u>
2. <u>Amount</u> 119.88 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
7. Purpose of Expenditure: <u>QR codes</u> <input type="checkbox"/> Check box if Electioneering Communication	

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

11-45-108/17(a) C.R.S.

Full Name of Committee/Person: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 6/14/22	4. Name: <u>Paperless Post</u>
2. <u>Amount</u> 30 \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Invitations</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/15	4. Name: <u>Gran Farnum Printing</u>
2. <u>Amount</u> 362.73 \$	5. Address: <u>1526 Grand Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Glenwood Springs, CO 81601</u>
	7. Purpose of Expenditure: <u>Signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/13/22	4. Name: <u>DRIV PRINTING</u>
2. <u>Amount</u> \$ 541.17	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>PALM CARDS</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

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: \_\_\_\_\_

**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(c)] 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: \$ \_\_\_\_\_

Total Repayments Made: \$ \_\_\_\_\_  
 (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

(Amount Repaid is sum of Principal & Interest entered on Detail 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

**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

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

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

<u>1. Date Accepted</u>	4. Name (Last, First): _____
<u>2. Date Returned</u>	5. Address: _____
<u>3. 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

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

## 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: \_\_\_\_\_

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."