

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  
 Kelly McNicholas Kury, Election Manager  
 kelly.mcnicholas@pitkincounty.com



space below for office use only

**RECEIVED**

JUL 26 2018

PITKIN COUNTY CLERK

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

|  |   |
|--|---|
| Full Name of Committee/Candidate:                | KELLY KURY FOR PITKIN COUNTY COMMISSIONER |
| As Shown On Pitkin County Committee Registration |   |
| Address of Committee/Candidate:                  | 333 PAEPCKE DR. #102,                     |
| City, State & Zip Code:                          | ASPEN, CO 81611                           |
| Committee Type:                                  | CANDIDATE                                 |
| Name and Address of Financial Institution        | ALPINE BANK                               |

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: JUNE 18, 2018 Through JULY 21, 2018  
Date Date

Declared Total Spending (if applicable) \$ 613.14  
[Art. XXVIII, Sec. 4(1)]

|   |   | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only)        | \$ 5.00                      |
| 2 | Total Monetary Contributions (line 11)                                    | \$ 300.00                    |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$ 305.00                    |
| 4 | Total Monetary Expenditures (line 19)                                     | \$ 369.33                    |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 305.00                    |

**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: KELLY McNICHOLAS KURY  
 Registered Agent's Signature: [Signature] Date: 7/25/2018  
 Print Candidate Name: KELLY McNICHOLAS KURY  
 Candidate's Signature: [Signature] Date: 7/25/2018

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

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

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

PLEASE PRINT/TYPE

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>7/2/18   | 4. Name: <u>SHOWTIME SIGN &amp; SHIRT CO</u>   |
| 2. <u>Amount</u><br>\$ 153.48   | 5. Address: <u>221 WARREN AVE.</u>   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>SILVERTHORNE, CO 80498</u>   |
|   | 7. Purpose of Expenditure: <u>VINYL BANNER</u><br><input type="checkbox"/> Check box if Electioneering Communication |

|   |   |
|---|---|
| 1. <u>Date Expended</u><br>7/3/18   | 4. Name: <u>CARL'S PHARMACY</u>   |
| 2. <u>Amount</u><br>\$ 59.94  | 5. Address: <u>306 E. MAIN ST.</u>  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>ASPEN, CO 81611</u>   |
|   | 7. Purpose of Expenditure: <u>PARADE SUPPLIES - POSTER BOARD, PAINT</u><br><input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>7/12/18  | 4. Name: <u>AMAZON.COM</u>   |
| 2. <u>Amount</u><br>\$ 33.75  | 5. Address: <u>PO BOX 81226</u>  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>SEATTLE, WA 98108</u>  |
|   | 7. Purpose of Expenditure: <u>KICKOFF PARTY - SUPPLIES</u><br><input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>7/15/18  | 4. Name: <u>WALMART</u>  |
| 2. <u>Amount</u><br>\$ 32.51  | 5. Address: <u>3010 BLAKE AVE</u>  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>GLENWOOD SPRINGS, CO 81601</u>   |
|   | 7. Purpose of Expenditure: <u>KICKOFF PARTY SUPPLIES</u><br><input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>7/17/18  | 4. Name: <del>XXXXXXXXXXXX</del> <u>CITY MARKET</u>  |
| 2. <u>Amount</u><br>\$ 47.69  | 5. Address: <u>711 E. COOPER AVE</u>   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>ASPEN, CO 81611</u>  |
|   | 7. Purpose of Expenditure: <u>CAKE FOR KICKOFF PARTY</u><br><input type="checkbox"/> Check box if Electioneering Communication |

## DETAILED SUMMARY

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

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

|    |  |           |
|----|--|-----------|
|    | <b>Funds on hand at the beginning of reporting period (Monetary Only)</b>  | \$ 5.00   |
| 6  | <b>Itemized Contributions of \$20 or More</b><br><small>(C.R.S. §1-45-108(1)(a); HRC §6.6.4)<br/>(Please list on Schedule "A")</small>   | \$ 300.00 |
| 7  | <b>Total of Non-Itemized Contributions</b><br><small>(Individual Contributions of \$19.99 and Less)</small>  | \$ —      |
| 8  | <b>Loans Received</b><br><small>(Please list on Schedule "C")</small>  | \$ —      |
| 9  | <b>Total of Other Receipts</b><br><small>(Interest, Dividends, etc.)</small>   | \$        |
| 10 | <b>Returned Expenditures (from recipient)</b><br><small>(Please list on Schedule "D")</small>  | \$        |
| 11 | <b>Total Monetary Contributions</b><br><small>(Total of Lines 6 through 10)</small>  | \$ 305.00 |
| 12 | <b>Total Non-Monetary Contributions</b><br><small>(From Statement of Non-Monetary Contributions)</small>   | \$ 150.00 |
| 13 | <b>Total Contributions</b><br><small>(Line 11 + Line 12)</small>   | \$ 455.00 |
| 14 | <b>Itemized Expenditures \$20 or More</b> <small>(C.R.S. §1-45-108(1)(a); HRC § 6.6.4)</small><br><small>(Please list on Schedule "B")</small>   | \$ 327.37 |
| 15 | <b>Total of Non-Itemized Expenditures</b><br><small>(Expenditures of \$19.99 or Less)</small>  | \$ 41.96  |
| 16 | <b>Loan Repayments Made</b><br><small>(Please list on Schedule "C")</small>  | \$ —      |
| 17 | <b>Returned Contributions (to donor)</b><br><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><br><small>(Statement of Non-Monetary Contribution form)</small> | \$ —      |
| 19 | <b>Total Monetary Expenditures</b><br><small>(Total of Lines 14 through 17)</small>  | 369.33    |
| 20 | <b>Total Spending</b><br><small>(Line 18 + line 19)</small>  | \$ 369.33 |

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

I.C.R.S. 81-45-108(1)(a) HRC 86641

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

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

PLEASE PRINT/TYPE

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br>7/14/18                                       | 4. Name (Last, First): <u>ROBERT OXENBERG</u>                |
| 2. <u>Contribution Amt.</u><br>\$ 50 -                                   | 5. Address: <u>P.O. BOX 12381</u>                            |
| 3. <u>Aggregate Amt. *</u><br>\$ 50 -                                    | 6. City/State/Zip: <u>ASPEN, CO 81612</u>                    |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>CASH</u>                                  |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>N/A</u> |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br>7/17/18                                       | 4. Name (Last, First): <u>BLANCA O'LEARY</u>                      |
| 2. <u>Contribution Amt.</u><br>\$ 250.00                                 | 5. Address: <u>1500 SILVER KING DR.</u>                           |
| 3. <u>Aggregate Amt. *</u><br>\$ 250.00                                  | 6. City/State/Zip: <u>ASPEN, CO 81611</u>                         |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>CHECK</u>                                      |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>SELF</u>       |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>ATTORNEY</u> |

|  |   |
|--|---|
| 1. <u>Date Accepted</u>  | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$  | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$   | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>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><br>\$  | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$   | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>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.

**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><br>7/17/18                                       | 4. Name (Last, First): <u>MARILYN O'SULLIVAN</u>   |
| 2. <u>Fair Market Value</u><br>\$ <u>150.00</u>                          | 5. Address: <u>P.O. Box 4097</u>   |
| 3. <u>Aggregate Amt.</u><br>\$ <u>150.00</u>                             | 6. City/State/Zip: <u>ASPEN, CO 81612</u>  |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>WINE</u>  |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>GEORG SHOP</u>  |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>MANAGER</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><br>\$  | 5. Address: _____  |
| 3. <u>Aggregate Amt.</u><br>\$   | 6. City/State/Zip: _____   |
| <input type="checkbox"/> Check box if<br>Electioneering<br>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><br>\$  | 5. Address: _____  |
| 3. <u>Aggregate Amt.</u><br>\$   | 6. City/State/Zip: _____   |
| <input type="checkbox"/> Check box if<br>Electioneering<br>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."