

Pitkin County Clerk and Recorder
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 Website: www.pitkinvotes.com

space below for office use only

PITKIN COUNTY

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Candidate:	Deborah J Barnesberger <small>As Shown On Pitkin County Committee Registration</small>
Address of Committee/Candidate:	16 Phillips Hillside
City, State & Zip Code:	Snowmass CO 81654
Committee Type:	N/A
Name and Address of Financial Institution	

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: Date Through 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 0
2	Total Monetary Contributions (line 11)	\$ 14902
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 14902
4	Total Monetary Expenditures (line 19)	\$ 14902
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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: **RECEIVED**

Print Candidate Name: Deborah J Barnesberger

OCT 18 2022

Candidates Signature: Deborah J Barnesberger

PITKIN COUNTY CLERK
 Date: 10/16/22

DETAILED SUMMARY

Full Name of Committee/Candidate: Deborah J Barnesberger

Current Reporting Period: _____ Through _____

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0
6	Itemized Contributions of \$20 or More <small>(C.R.S. §1-45-10B(1)(a); HRC §6.6.4) (Please list on Schedule "A")</small>	\$	14902
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>	\$	14902
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$	500 ⁰⁰
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$	64902
14	Itemized Expenditures \$20 or More <small>(C.R.S. §1-45-10B(1)(a); HRC § 6.6.4)</small> <small>(Please list on Schedule "B")</small>	\$	14902
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>		14902
20	Total Spending <small>(Line 18 + line 19)</small>	\$	14902

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

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

Full Name of Committee/Person: Deborah J Barnesperger

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/05/22</u>	4. Name: <u>Got Print</u>
2. <u>Amount</u> \$ <u>14902</u>	5. Address: <u>7651 Sunfernando Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Burbank CA 91505</u>
	7. Purpose of Expenditure: <u>pay for campaign posters</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

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: Deborah S Barnesberger

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(e)] 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): N/A

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: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

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

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received Date Due 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: Deborah T Bismarberger

Returned Contributions

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

PLEASE PRINT/TYPER

1. <u>Date Accepted</u>	4. Name (Last, First): <u>N/A</u>
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. 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/TYPER

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

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 9/28/2022	4. Name (Last, First): <u>Adkison Dan</u>
2. <u>Fair Market Value</u> \$ 500	5. Address: <u>285 Driggs Ave 7B</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Brooklyn NY 11222</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Poster Design</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>New York Times</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Editor</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."

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

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> 10/05/22	4. Name (Last, First): <u>Barnesberger Deborah</u>
2. <u>Contribution Amt.</u> \$ 149 ⁰²	5. Address: <u>16 Phillipes Hillside</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Snovermass CO 81654</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>money from my account to pay for posters</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Pitkin County</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Assessor</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.