

Campaign to Elect Michael Buglione for Sheriff

Reporting Period: 10/14/22 – 10/30/22

Amendments

Missed donation in the amount of \$196.10. Donation is marked with a blue highlighter on pg 9.

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

Full Name of Committee/Candidate:	CAMPAIGN TO ELECT MICHAEL BUGLIONE for Sheriff <small>As Shown On Pitkin County Committee Registration</small>
Address of Committee/Candidate:	503 WREN CT.
City, State & Zip Code:	BASALT CO 81621
Committee Type:	
Name and Address of Financial Institution	ALPINE BANK 600 E HOPKINS

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date) 10/14/22 - 10/30/22
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: 10/14/22 Through 10/30/22
Date Date

Declared Total Spending (if applicable) \$ 8,457.78
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 7,621.59
2	Total Monetary Contributions (line 11)	\$ 4,060.56
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 11,682.15
4	Total Monetary Expenditures (line 19)	\$ 8,457.78
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 3,224.37

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 DOMSELLEN

Registered Agent's Signature: [Signature] Date: 11/23/22

Print Candidate Name: MICHAEL V BUGLIONE

Candidates Signature: [Signature] Date: 11/23/22

DETAILED SUMMARY

Full Name of Committee/Candidate: _____

Current Reporting Period: 10/14/22

Through 10/30/22

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 7,621.59
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>	\$ 4,060.56
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>	\$ 11,682.15
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$ 11,682.15
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>	\$ 8,457.78
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>	8,457.78
20	Total Spending <small>(Line 18 + line 19)</small>	\$ 8,457.78

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 \diamond 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 \diamond 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

\diamond 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)

ICRS 51-45-108(1)(a) HRC 5.6.6.41

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/14/22	4. Name (Last, First): <u>CHALLINOR, SARAH</u>
2. <u>Contribution Amt.</u> \$ 363.67	5. Address: <u>101 TABULA ROSA</u>
3. <u>Aggregate Amt. *</u> \$ 375.00	6. City/State/Zip: <u>MILL VALLEY, CO 94941</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10/15/22	4. Name (Last, First): <u>RUSSE, NICH</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>PO BOX 4743</u>
3. <u>Aggregate Amt. *</u> \$ 103.48	6. City/State/Zip: <u>ASPEN, CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>BOOK KEEPER</u>

1. <u>Date Accepted</u> 10/15/22	4. Name (Last, First): <u>BALENTINE, BRIDGET</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>PO BOX 11650</u>
3. <u>Aggregate Amt. *</u> \$ 515.38	6. City/State/Zip: <u>ASPEN, CO 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>SELF EMPLOYED</u>

1. <u>Date Accepted</u> 10/15/22	4. Name (Last, First): <u>FIGHTLIN, VATHLSEN</u>
2. <u>Contribution Amt.</u> \$ 48.00	5. Address: <u>715 E HIMALA AVE</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, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>HEALTH INSURANCE CONSULTANT</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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/16/22	4. Name (Last, First): BAUER, JOE
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: 302 DEWON COURT
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: BASALT, CO 81621
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PAY PAL
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): RETIRED DEPUTY

1. <u>Date Accepted</u> 10/17/22	4. Name (Last, First): COTTRELL, CHARLES
2. <u>Contribution Amt.</u> \$ 49.06	5. Address: 4132 CRYSTAL BRIDGE DR.
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: CARBONDALE, CO 81623
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PAY PAL
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): RETIRED FIRE FIGHTER

1. <u>Date Accepted</u> 10/19/22	4. Name (Last, First): BAAR, RON
2. <u>Contribution Amt.</u> \$ 49.06	5. Address: 508 MESA VERDE AVE
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: CARBONDALE, CO 81623
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PAY PAL
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): RETIRED FIRE FIGHTER

1. <u>Date Accepted</u> 10/19/22	4. Name (Last, First): VUELTA, CRISTINA
2. <u>Contribution Amt.</u> \$ 485.06	5. Address: 7907 UPPER BLUER RD
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: WOODY CREEK, CO 81656
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: PAY PAL
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): RANCH HAND

* 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. 61-45-108(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> 16/19/22	4. Name (Last, First): <u>PEARLSTONE, ESTHER</u>
2. <u>Contribution Amt.</u> \$ 96.62	5. Address: <u>323 W. FRANCIS ST.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	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>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 10/19/22	4. Name (Last, First): <u>BOWSON, HOLLY</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>PO BOX 425</u>
3. <u>Aggregate Amt. *</u> \$ 51.99	6. City/State/Zip: <u>SNOWMASS, CO 81654</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 10/24/22	4. Name (Last, First): <u>GUNTHER, JOHN</u>
2. <u>Contribution Amt.</u> \$ 35.00	5. Address: <u>135 PICKET PIN LN</u>
3. <u>Aggregate Amt. *</u> \$ 36.55	6. City/State/Zip: <u>SNOWMASS, CO 81654</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 10/20/22	4. Name (Last, First): <u>DeNee, Lewis</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>32 DEVEN DR.</u>
3. <u>Aggregate Amt. *</u> \$ 103.48	6. City/State/Zip: <u>MANALAPAN, NJ 07726</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

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

I.C.R.S. 61-45-108(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> 6/24/22	4. Name (Last, First): <u>STEPHENSON, ANN</u>
2. <u>Contribution Amt.</u> \$ 174.31	5. Address: <u>1016 LAUREN LN</u>
3. <u>Aggregate Amt. *</u> \$ 180.00	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> 10/25/22	4. Name (Last, First): <u>BERNARD, SALLIE</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>281 NORTHSTAR DR</u>
3. <u>Aggregate Amt. *</u> \$ 51.99	6. City/State/Zip: <u>ASPEN, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PHYPAL</u>
	8. Employer (if applicable, mandatory): <u>ASPEN HORSE CENTER</u>
	9. Occupation (if applicable, mandatory): <u>BOARD MEMBER</u>

1. <u>Date Accepted</u> 10/24/22	4. Name (Last, First): <u>LAQUIN, RUTH</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>2229 BRENTWOOD ST</u>
3. <u>Aggregate Amt. *</u> \$ 51.99	6. City/State/Zip: <u>LAKEWOOD, CO 80214</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> 10/14/22	4. Name (Last, First): <u>LYNN RUSSELL, LYNN</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>PO BOX 8901</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	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, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

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Schedule A – Itemized Contributions Statement (\$20 or more)
ICRS 61-45-108(C)(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> 10/25/22	4. Name (Last, First): <u>BUGLIONE, LINDA</u>
2. <u>Contribution Amt.</u> \$ 250.-0	5. Address: <u>503 WREN CT</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>BASALT CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CC AD PAYMENT</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>STUDENT</u>

1. <u>Date Accepted</u> 10/25/22	4. Name (Last, First): <u>BUGLIONE, NICOLE</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>503 WREN CT</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>BASALT CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CC AD PAYMENT</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>STUDENT</u>

1. <u>Date Accepted</u> 10/25/22	4. Name (Last, First): <u>VANDONGEN, OLIVIA</u>
2. <u>Contribution Amt.</u> \$ 284.50	5. Address: <u>719 GUANS CT</u>
3. <u>Aggregate Amt. *</u> \$ 284.50	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CC AD PAYMENT</u>
	8. Employer (if applicable, mandatory): <u>SOULBYS</u>
	9. Occupation (if applicable, mandatory): <u>REALTOR</u>

1. <u>Date Accepted</u> 10/25/22	4. Name (Last, First): <u>VANDONGEN, TRAVIS</u>
2. <u>Contribution Amt.</u> \$ 284.50	5. Address: <u>719 GUANS CT</u>
3. <u>Aggregate Amt. *</u> \$ 284.50	6. City/State/Zip: <u>BASALT, CO 81621</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CC AD PAYMENT</u>
	8. Employer (if applicable, mandatory): <u>TEXAN INVESTMENTS</u>
	9. Occupation (if applicable, mandatory): <u>PM</u>

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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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/27/22	4. Name (Last, First): SCHULTZ, MARJORIS
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: PO BOX 47004
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: BASALT, CO 81621
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): RETIRED

1. <u>Date Accepted</u> 10/29/22	4. Name (Last, First): HANSEN, RUTH
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: PO BOX 7704
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: ASPEN, CO 81612
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): RETIRED

1. <u>Date Accepted</u> 10/29/22	4. Name (Last, First): DENVER, ANN
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: PO BOX 75
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: ASPEN CO 81612
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): RETIRED

1. <u>Date Accepted</u> 10/18/22	4. Name (Last, First): OSWALT, STEVEN
2. <u>Contribution Amt.</u> \$ 196.10	5. Address: 1355 SAGE CT
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: ASPEN CO 81611
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: UGMMO
	8. Employer (if applicable, mandatory): ARCA COMMUNICATIONS
	9. Occupation (if applicable, mandatory): VP.

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

11-45-108/17th C.R.S.1

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/17/22	4. Name: <u>SWIFT COMMUNICATIONS</u>
2. <u>Amount</u> \$ 636.72	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ASPEN TIMES ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/14/22	4. Name: <u>ASPEN DAILY NEWS</u>
2. <u>Amount</u> \$ 1,693.20	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/19/22	4. Name: <u>ASPEN REPROGRAPHIC INC</u>
2. <u>Amount</u> \$ 42.20	5. Address: <u>120 E MAIN ST #300</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ASPEN, CO 81611</u>
	7. Purpose of Expenditure: <u>PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/20/22	4. Name: <u>SWIFT COMMUNICATIONS</u>
2. <u>Amount</u> \$ 1,655.47	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ASPEN TIMES AD.</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/20/22	4. Name: <u>SWIFT COMMUNICATIONS</u>
2. <u>Amount</u> \$ 2,292.19	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ASPEN TIMES AD</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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> 10/25/22	4. Name: <u>SWIFT COMMUNICATIONS</u>
2. <u>Amount</u> \$ 636 636.72	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ASPEN TIMES Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/25/22	4. Name: <u>SWIFT COMMUNICATIONS</u>
2. <u>Amount</u> \$ 636.72	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ASPEN TIMES Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/25/22	4. Name: <u>ASPEN DAILY NEWS</u>
2. <u>Amount</u> \$ 432.24	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/27/22	4. Name: <u>ASPEN DAILY NEWS</u>
2. <u>Amount</u> \$ 432.24	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Ad</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

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(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): _____

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: _____

Returned Contributions

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

PLEASE PRINT/TYPED

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

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

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

Returned Expenditures

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

PLEASE PRINT/TYPED

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

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."