Campaign to Elect Michael Buglione for Sheriff

Reporting Period: 10/14/22 - 10/30/22

<u>Amendments</u>

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 (970) 445-3007

eFile address: elections@pitkincounty.com

Website: www.pitkinvotes.com



space below for office use only

RECEIVED

NOV 29 2322 PITKIN COUNTY CLERK



CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES				
Full Name of Committee/Candidate:	CAMPAIGN TO FLACT MICHAGO	RUGHIANC SON SHERIES		
As Sh	nown On Pitkin County Committee Registration	1300 21016 -05 2491612		
Address of Committee/Candidate:	SO3 WRGIS CT.			
City, State & Zip Code:	BASACT CO 81621			
Committee Type:				
Name and Address of Financial Institution	ALPING BANG GOC F	HOPKINS		
Type of Report				
Regularly Scheduled Filing.				
Amended Filing. This amends prev	101	- 10/30/22		
Termination Report. (Termination	n Reports MUST Have a Monetary Balance of Z	ero in Line 5)		
Check this box if this Report Co	ntains Electioneering Communications	Information		
·				
Reporting Period Covered: 10 /	14 / 2こ Through	10/30/22		
	Date	Date		
Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]	\$ 8,457.78			
		Totals Detailed Summary Page		
1 Funds on Hand at the Beginning of Re	eporting Period (monetary only)	\$ 7,621.59		
2 Total Monetary Contributions (line 11		\$ 4,060.56		
3 Total of Monetary Contributions & B				
	eginning Amount (line 1 + line 2)			
4 Total Monetary Expenditures (line 19)	eginning Amount (line 1 + line 2)	\$ 11,682.15		
4 Total Monetary Expenditures (line 19)	ng Period (monetary) (line 3 – line 4) ner the Registered Agent OR the Candidate): I is a converse or belief all contributions receive form of membership dues transferred by the contribution of the c	\$ 11,6%2.15 \$ 8,457.78 \$ 3,724.37 hereby certify and declare, under ed during this reporting period, a membership organization, are from		
4 Total Monetary Expenditures (line 19) 5 Funds on Hand at the End of Reporting Authorization (Must be completed by eith penalty of perjury, that to the best of my kincluding any contributions received in the permissible sources.	ng Period (monetary) (line 3 – line 4) ner the Registered Agent OR the Candidate): I in the contributions receive form of membership dues transferred by the contributions of the contributions receive form of membership dues transferred by the contribution of the contributions receive form of membership dues transferred by the contribution of t	\$ 11,6%2.15 \$ 8,457.78 \$ 3,724.37 hereby certify and declare, under ed during this reporting period, a membership organization, are from		
4 Total Monetary Expenditures (line 19) 5 Funds on Hand at the End of Reporting Authorization (Must be completed by eith penalty of perjury, that to the best of my kincluding any contributions received in the permissible sources. Print Registered Agent's Name: (2) Registered Agent's Signature: (3)	ng Period (monetary) (line 3 – line 4) mer the Registered Agent OR the Candidate): I in the control of the con	\$ 11,682.15 \$ 8,457.78 \$ 3,224.37 hereby certify and declare, under ed during this reporting period, a membership organization, are from		
4 Total Monetary Expenditures (line 19) 5 Funds on Hand at the End of Reporting Authorization (Must be completed by eith penalty of perjury, that to the best of my keep including any contributions received in the permissible sources. Print Registered Agent's Name:	ng Period (monetary) (line 3 – line 4) mer the Registered Agent OR the Candidate): I in the control of the con	\$ 11,682.15 \$ 8,457.78 \$ 3,224.37 hereby certify and declare, under ed during this reporting period, a membership organization, are from		

DETAILED SUMMARY

Full Name of Committee/Candidate:	

Current Reporting Period: 10/14/22

Through 10/30/22

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 7,621,59
6	Itemized Contributions of \$20 or More [C.R.S. §1-45-108(1)(a); HRC §6.6.4] (Please list on Schedule "A")	\$ 7,621,59 \$ 4,060,56
7	Total of Non-Itemized Contributions (Individual Contributions of \$19.99 and Loss)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 11,682.15
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + Line 12)	\$ 11,682.15
14	Itemized Expenditures \$20 or More [C.R.S. §1-45-108(1)(a); HRC § 6.6.4] (Please list on Schedule "8")	\$ 8,457,78
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (to donor) (Please list on Schedule "D")	\$
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)	\$
19	Total Monetary Expenditures (Total of Lines 14 through 17)	8,457.78
20	Total Spending (Line 18 + line 19)	\$ 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, <u>FROM NATURAL PERSONS ONLY.</u> [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 contributer 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 \$3,3500 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♦ 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

Ocntribution 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 81-45-108(1)(a): HRC 6 6 6 41

Full	Name	of	Committee/Person:	

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

PLEASE PRINT/TY	PE
1. Date Accepted	4. Name (Last, First): CHALLINGE, SARAH
10/14/22	
2. Contribution Amt. \$ 7/3 67	
3. Aggregate Amt. *	6. City/State/Zip: MICC Valley, Co 94941
\$ 375.00	7. Description: PAVPAC
☐ Check box if	8. Employer (if applicable, mandatory): 25-1525
Electioneering	
Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	A Name to the second se
10/15/22	4. Name (Last, First): Russa, Nich
2. <u>Contribution Amt.</u>	5. Address: PG BOL 4743
\$ 100.00	6. City/State/Zip: ASECN CO 81617
3. Aggregate Amt. *	
103.98	11
Check box if Electioneering	8. Employer (if applicable, mandatory):
Communication	9. Occupation (if applicable, mandatory): Trou KCCPCR
1. Date Accepted	
1. Date Accepted	4. Name (Last, First): BALCATINE, BRIDGET
10/15/ZZ 2. Contribution Amt.	
10/15/ZZ 2. Contribution Amt. \$ 500.00	5. Address: PG BGK 1165C
2. Contribution Amt. \$ 500.00	5. Address: PG BGK 11656 6. City/State/Zip: ASPCN CO VIGIZ
10/15/27 2. Contribution Amt. \$ \$00.000 3. Aggregate Amt. * \$ \$15.3♥	5. Address: PG BGK 1165 C 6. City/State/Zip: ASPCN, CO FIGIZ 7. Description: PAYPAC
10/15/ZZ 2. Contribution Amt. \$ \$ \$ \$ \$ \$ \$ \$ \$	5. Address: PG BOK 1165 C 6. City/State/Zip: ASPCN, CO VIGIZ 7. Description: PAYPAC 8. Employer (if applicable, mandatory):
10/15/27 2. Contribution Amt. \$ \$00.000 3. Aggregate Amt. * \$ \$15.3♥	5. Address: PG BGK 1165 C 6. City/State/Zip: ASPCN, CO FIGIZ 7. Description: PAYPAC
2. Contribution Amt. \$ \$00.00 3. Aggregate Amt. * \$ \$15.30 Check box if Electioneering	5. Address: PG BOK 1165 C 6. City/State/Zip: ASPCN, CO VIGIZ 7. Description: PAYPAC 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * \$ 515.30 Check box if Electioneering Communication 1. Date Accepted	5. Address: PG BOK 1165 C 6. City/State/Zip: ASPCN, CO VIGIZ 7. Description: PAYPAC 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * \$ 515.30 Check box if Electioneering Communication	5. Address: PG BGK 1165C 6. City/State/Zip: ASPGN, CO VIGIZ 7. Description: PAYPAL 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): SGC(CAPPLOYED 4. Name (Last, First): FIGHTLIN, WATHLECN
2. Contribution Amt. \$ \$00.00 3. Aggregate Amt. * \$ \$15.30 Check box if Electioneering Communication 1. Date Accepted	5. Address: PG BOK 11656 6. City/State/Zip: ASPCN. CO \$1617 7. Description: PAYPAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): SECS (Angloyes) 4. Name (Last, First): FIGHTLIN, UNTILLECN 5. Address: 715 & HYMAN AUE
2. Contribution Amt. \$ \$00.00 3. Aggregate Amt. * \$ \$15.30 Check box if Electioneering Communication 1. Date Accepted (0/10/27 2. Contribution Amt. \$ \$48,00 3. Aggregate Amt. *	5. Address: PG BGK 11656 6. City/State/Zip: ASPCN, Co & 1617 7. Description: PAYPAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): SECS (P1910468) 4. Name (Last, First): FIGHTLIN, WATHLECH 5. Address: 715 & Hyman AUE 6. City/State/Zip: ASPEN, Co & 1611
2. Contribution Amt. \$ \$00.00 3. Aggregate Amt. * \$ \$15.30 Check box if Electioneering Communication 1. Date Accepted 10/16/27 2. Contribution Amt. \$ 48,06	5. Address: PG BOK 1165 C 6. City/State/Zip: ASPEN CO \$1617 7. Description: PAYPAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): SECS (A1910468 4. Name (Last, First): FIG 47LIN, UMTHCECN 5. Address: 715 G HYMAN AUG 6. City/State/Zip: ASPEN, CO \$1611 7. Description: PAYPAC
2. Contribution Amt. \$ \$00.00 3. Aggregate Amt.* \$ \$15.30 Check box if Electioneering Communication 1. Date Accepted 10/16/27 2. Contribution Amt. \$ 48,06 3. Aggregate Amt.* \$ \$0.00 Check box if	5. Address: PG BOK 1165 C 6. City/State/Zip: ASYCN, CO SIGIZ 7. Description: PAYPAL 8. Employer (If applicable, mandatory): 9. Occupation (if applicable, mandatory): SCLE (APPLOYED 4. Name (Last, First): FIGHTLIN, WATHLEON 5. Address: 715 G HYMAN AUF 6. City/State/Zip: ASYCN, CO SIGII 7. Description: PAYPAL 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ \$00.00 3. Aggregate Amt. * \$ \$15.30 Check box if Electioneering Communication 1. Date Accepted (0115127 2. Contribution Amt. \$ 48,06 3. Aggregate Amt. * \$ \$0.00	5. Address: PG BOK 1165 C 6. City/State/Zip: ASPEN CO \$1617 7. Description: PAYPAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): SECS (A1910468 4. Name (Last, First): FIG 47LIN, UMTHCECN 5. Address: 715 G HYMAN AUG 6. City/State/Zip: ASPEN, CO \$1611 7. Description: PAYPAC

• 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) ICRS 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/TY	'PE
1. Date Accepted	
10116122	4. Name (Last, First): BAUCE, Joc
2. Contribution Amt.	5. Address: 302 Davas Court
\$ 96.62	
3. Aggregate Amt. *	6. City/State/Zip: BASACT, Co SICZI
\$ 100.00	7. Description: PAY PAC
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	_
Communication	9. Occupation (if applicable, mandatory): PGTIRGO OCPUTY
1. Date Accepted	
10/17/22	4. Name (Last, First): COTTRELL, CHARLES
2. Contribution Amt.	5. Address: 4132 CIZYSTAL BRIDGE DR.
\$ 49,06	
3. Aggregate Amt. *	6. City/State/Zip: CARDGLAMU, CC 81623
\$ 50,00	7. Description: Pay PAC
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory): 1267/1860 fixed fixed fixed
I Communication	
Communication	
Date Accepted	
	4. Name (Last, First): BADE, RON
1. Date Accepted 10/19/27 2. Contribution Amt.	
1. Date Accepted	4. Name (Last, First): BADE, RON 5. Address: 508 M654 UCED6 AUG
1. Date Accepted ///// 77 2. Contribution Amt. \$ 44,66 3. Aggregate Amt. *	4. Name (Last, First): BADE, RON 5. Address: 508 M65A UCED6 AUG 6. City/State/Zip: CARDONACE, Co 81623
1. Date Accepted 10/19/27 2. Contribution Amt. \$ 49.00	4. Name (Last, First): BADE, RON 5. Address: 508 M654 UCED6 AUG
1. Date Accepted 10/19/27 2. Contribution Amt. \$ 49.00 3. Aggregate Amt. * \$ 50.00	4. Name (Last, First): BADE, RON 5. Address: 508 M65A UCED6 AUG 6. City/State/Zip: CARDONACE, Co 81623
1. Date Accepted /o//4/77 2. Contribution Amt. \$ 44.00 3. Aggregate Amt. * \$ 50.00 Check box if Electioneering	4. Name (Last, First): BAAR, RON 5. Address: 508 M65k Uceo6 AUC 6. City/State/Zip: CARRONDACC, Co 81623 7. Description: PAY PAC 8. Employer (if applicable, mandatory):
1. Date Accepted ///// 77 2. Contribution Amt. \$ 49.00 3. Aggregate Amt. * \$ 50.00 Check box if Electioneering Communication	4. Name (Last, First): BADE, RON 5. Address: 508 M65k UCED6 KU6 6. City/State/Zip: CARROLDACC, Co 81623 7. Description: PAY PAC
1. Date Accepted /o//4/77 2. Contribution Amt. \$ 44.00 3. Aggregate Amt. * \$ 50.00 Check box if Electioneering	4. Name (Last, First): BADE, ROW 5. Address: 508 M654 UCED6 AUG 6. City/State/Zip: CARBOLDACC, CO 81623 7. Description: PAY PAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETIRED SIRE SIGNIFE
1. Date Accepted //// 77 2. Contribution Amt. \$ 49.00 3. Aggregate Amt. * \$ 50.00 Check box if Electioneering Communication	4. Name (Last, First): BAAR, RON 5. Address: 508 M65k Uceo6 AUC 6. City/State/Zip: CARRONDACC, Co 81623 7. Description: PAY PAC 8. Employer (if applicable, mandatory):
1. Date Accepted ///// 27 2. Contribution Amt. \$ 44.66 3. Aggregate Amt. * \$ 50.60 Check box If Electioneering Communication 1. Date Accepted /////// /27 2. Contribution Amt.	4. Name (Last, First): BADE, ROW 5. Address: 508 M654 UCED6 AUG 6. City/State/Zip: CARBODACC, Co 81623 7. Description: PAY PAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETIRED SIRE SIGNIFE
1. Date Accepted ///// 27 2. Contribution Amt. \$ \(QQ', \(OC \) 3. Aggregate Amt. * \$ \(SC', \(OC \) Check box if Electioneering Communication 1. Date Accepted ///// /27 2. Contribution Amt. \$ \(QQS', \(OC \) \$ \(QQS', \(OC \)	4. Name (Last, First): BADE, ROW 5. Address: 508 MESA UCEDE AUE 6. City/State/Zip: CARBODALC, CO 81623 7. Description: PAY PAL 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): PETIRED SIRE SIGNIFE 4. Name (Last, First): VULCTA, CRISTIANA 5. Address: 7707 UPPER RUGE RD
1. Date Accepted /o//4/27 2. Contribution Amt. \$ 44.06 3. Aggregate Amt.* \$ 50.00 Check box if Electioneering Communication 1. Date Accepted /o//4/27 2. Contribution Amt. \$ 485.66 3. Aggregate Amt.*	4. Name (Last, First): BADE, ROW 5. Address: SOR MESA VERDE AUE 6. City/State/Zip: CARRENDALE, CO 81623 7. Description: PAY PAL 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETIRED SIRE SIGNIFE 4. Name (Last, First): VUFLTA CRISTINA 5. Address: 7707 IMPER RUGE RD 6. City/State/Zip: WOCDY CRECK, CO 81656
1. Date Accepted //// / 7 7 2. Contribution Amt. \$ \(QQ', oC \) 3. Aggregate Amt. * \$ \(SO', oO' \) Check box if Electioneering Communication 1. Date Accepted /// / 7 7 2. Contribution Amt. \$ \(QQS', oG' \)	4. Name (Last, First): BAAR, RON 5. Address: 508 M65k VCED6 AU6 6. City/State/Zip: CARRONDALC, CO 81623 7. Description: PAY PUC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETITION SIRE SIGNTER 4. Name (Last, First): VULLTA, CRISTINA 5. Address: 7707 UPPGE BLUGE BD 6. City/State/Zip: WCCDY CRECK, CO 81656 7. Description: PAYPEL
1. Date Accepted //// 77 2. Contribution Amt. \$ 44.00 3. Aggregate Amt.* \$ 50.00 Check box if Electioneering Communication 1. Date Accepted //// /27 2. Contribution Amt. \$ 485.06 3. Aggregate Amt.* \$ 500.00 Check box if	4. Name (Last, First): BADE, ROW 5. Address: SOR MESA VERDE AUE 6. City/State/Zip: CARRENDALE, CO 81623 7. Description: PAY PAL 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETIRED SIRE SIGNIFE 4. Name (Last, First): VUFLTA CRISTINA 5. Address: 7707 IMPER RUGE RD 6. City/State/Zip: WOCDY CRECK, CO 81656
1. Date Accepted //// 77 2. Contribution Amt. \$ 44.00 3. Aggregate Amt. * \$ 50.00 Check box if Electioneering Communication 1. Date Accepted //// /77 2. Contribution Amt. \$ 485.06 3. Aggregate Amt. * \$ 500.00	4. Name (Last, First): BAAR, RON 5. Address: 508 M65k VCED6 AU6 6. City/State/Zip: CARRONDALC, CO 81623 7. Description: PAY PAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): RETITION SIRG SIGNIFE 4. Name (Last, First): VULLTA, CRISTINA 5. Address: 7707 UPPGE BLUGE BD 6. City/State/Zip: WCCDY CRCCA, CO 81656 7. Description: PAYPEL

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

Full Name of Committee/Person:

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

PLEASE PRINT/TY	PE
1. Date Accepted	
16/19/22	4. Name (Last, First): PEARL STONE, ESTHER
2. Contribution Amt.	5. Address: 323 W. FRANCIS ST.
\$ 96.62	6. City/State/Zip: ASPEN CO SICIL
3. Aggregate Amt. *	
\$ 100.00	7. Description: PAYPAC
Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory): RGT+RGO
Communication	3. Occupation (if applicable, mandatory): [EGT13265]
1. Date Accepted	
10/19/22	4. Name (Last, First): BENSON HOLLY
2. Contribution Amt.	5. Address: PO 302 475
\$ 50.00	6. City/State/Zip: Swammass, CO 81654
3. Aggregate Amt. *	7 Descriptions in the second s
ς 1. 77	
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory): 7571860
1. Date Accepted	4 Name (Last Siret): Carrattice Tollar
10124122	4. Name (Last, First): GUCNTHER, JOHN
2. Contribution Amt.	4. Name (Last, First): GUCNTREE, JOHN 5. Address: 135 PICKET PIN CN
10/24/22 2. Contribution Amt. \$ 35,00	5. Address: 135 PICKET PIN CN
10/24/22 2. Contribution Amt. \$ 35.00 3. Aggregate Amt. *	5. Address: 135 PICUST PIN LN 6. City/State/Zip: Snowmass, Co FIGSU
10/24/22 2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$	5. Address: 135 PICUET PIN CN 6. City/State/Zip: SNOWMASS, CO FIESU 7. Description: PAY PAC
10 /24 /22 2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 34,55 ☐ Check box if	5. Address: 135 PICUGT PIN CN 6. City/State/Zip: Snowmass, Co (1654) 7. Description: PAV PAC 8. Employer (if applicable, mandatory):
10/24/22 2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55	5. Address: 135 PICUET PIN CN 6. City/State/Zip: SNOWMASS, CO FIESU 7. Description: PAY PAC
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering Communication	5. Address: 135 PICUGT PIN CN 6. City/State/Zip: Snowmass, Co (1654) 7. Description: PAV PAC 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering	5. Address: 135 PICUGT PIN CN 6. City/State/Zip: Swawmass, Co Y165U 7. Description: PAY PAC 8. Employer (If applicable, mandatory): 72671260
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10.720.722	5. Address: 135 PICUGT PIN LN 6. City/State/Zip: Snowmass, Co F165U 7. Description: PAV PAC 8. Employer (If applicable, mandatory): 9. Occupation (if applicable, mandatory): RETIRED 4. Name (Last, First): De Noze, Cours
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10/20/22 2. Contribution Amt.	5. Address: 135 PICUGT PIN CN 6. City/State/Zip: Swawmass, Co Y165U 7. Description: PAY PAC 8. Employer (If applicable, mandatory): 72671260
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10 12 0 722 2. Contribution Amt. \$ 100,00	5. Address: 135 PICUGT PIN LN 6. City/State/Zip: Snowmass, Co FI65U 7. Description: PAV PAC 8. Employer (if applicable, mandatory): PETIRED 9. Occupation (if applicable, mandatory): PETIRED 4. Name (Last, First): DeMaze, Cowis 5. Address: 37 Devan SR
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10 12 0 722 2. Contribution Amt. \$ 100.co 3. Aggregate Amt. *	5. Address: 135 PICLET PIN LN 6. City/State/Zip: Snowmass, Co & 1654 7. Description: PAY PAC 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): ICGTIRGO 4. Name (Last, First): Deflore Cowis 5. Address: 37 Deven SR 6. City/State/Zip: Managan, NJ 07776
2. Contribution Amt. \$ 35.co 3. Aggregate Amt.* \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10 /2 o /22 2. Contribution Amt. \$ 100,00 3. Aggregate Amt.* \$ 103,49	5. Address: 135 PICUGT PIN CN 6. City/State/Zip: Snowmass, Co FISSU 7. Description: PAY PAC 8. Employer (If applicable, mandatory): 9. Occupation (If applicable, mandatory): IETIRED 4. Name (Last, First): Deflect, Cours 5. Address: 37 Deven SR 6. City/State/Zip: Manacasa, NJ 07776 7. Description: Payrol
2. Contribution Amt. \$ 35.co 3. Aggregate Amt. * \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10 12 0 122 2. Contribution Amt. \$ 100,00 3. Aggregate Amt. * \$ 103,49 Check box if	5. Address: 135 PICUGT PIN LN 6. City/State/Zip: Snowmass, Co 91654 7. Description: PAY PAC 8. Employer (If applicable, mandatory): 9. Occupation (if applicable, mandatory): ICGTIRED 4. Name (Last, First): Dellez, Cowis 5. Address: 37 Deven SR 6. City/State/Zip: Manager, NT 07776 7. Description: Payrol 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ 35.co 3. Aggregate Amt.* \$ 36,55 Check box if Electioneering Communication 1. Date Accepted 10 /2 o /22 2. Contribution Amt. \$ 100,00 3. Aggregate Amt.* \$ 103,49	5. Address: 135 PICUGT PIN CN 6. City/State/Zip: Snowmass, Co FISSU 7. Description: PAY PAC 8. Employer (If applicable, mandatory): 9. Occupation (If applicable, mandatory): IETIRED 4. Name (Last, First): Deflect, Cours 5. Address: 37 Deven SR 6. City/State/Zip: Manacasa, NJ 07776 7. Description: Payrol

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FORM 11

Schedule A – Itemized Contributions Statement (\$20 or more) IC.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/T	YPE
1. Date Accepted	
K124/22	4. Name (Last, First): STEPHCLSON, ANN
2. Contribution Amt.	5. Address: 1016 CAUREN LIU
\$ 174.31	6. City/State/Zip: BASALT CO 8/621
3. Aggregate Amt. *	
\$ 180.00	7. Description: PAYPAC
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory): R6T1RCO
Communication	5. Occupation (ii applicable, <u>inandatory</u>): <u>K517/CO</u>
1. Date Accepted	
	4. Name (Last, First): BERNARD, SALLIC
10 125 122	
2. Contribution Amt.	5. Address: ZEI NORTHSTAR DR.
\$ 50.00	6. City/State/Zip: ASPCN CO 8/6/11
3. Aggregate Amt. *	7. Description: PHYPAL
\$ 51.99	
☐ Check box if	8. Employer (If applicable, mandatory): ASPEN HORE CENTRE
Electioneering	9. Occupation (if applicable, mandatory): BOARD MUNBEL
Communication	
1. Date Accepted	,
1. Date Accepted	4. Name (Last, First): LAZUM, RUTH
10/24/22 2. Contribution Amt.	
0/24/22 2. Contribution Amt. \$ 50,00	5. Address: 2229 Re6~1 W000 ST
2. Contribution Amt. \$ So, co 3. Aggregate Amt. *	5. Address: 2229 BRENTWOOD ST 6. City/State/Zip: LANGWOOD, Co 80214
0/24/77 2. Contribution Amt. \$ So, co	5. Address: 2229 Re6~1 W000 ST
2. Contribution Amt. \$ So, co 3. Aggregate Amt. *	5. Address: 2229 BRENTWOOD ST 6. City/State/Zip: LANGWOOD, Co 80214
2. Contribution Amt. \$ So, co 3. Aggregate Amt. * \$ \$1.99 Check box if Electioneering	5. Address: 2729 Recarmoso ST 6. City/State/Zip: Lancmoso, Co &CZIU 7. Description: PAPUL 8. Employer (if applicable, mandatory):
	5. Address: 2729 BRENTWESS ST 6. City/State/Zip: LANGWESS, CO &CZILI 7. Description: PAPAL
2. Contribution Amt. \$ So, co 3. Aggregate Amt. * \$ \$1.99 Check box if Electioneering	5. Address: 2729 Recarmoso ST 6. City/State/Zip: Lancmoso, Co &CZIU 7. Description: PAPUL 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ So, co 3. Aggregate Amt. * \$ \$1.99 Check box if Electioneering Communication	5. Address: 2729 Recarmoso ST 6. City/State/Zip: Lancmoso, Co &CZIU 7. Description: PAPUL 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ 50,00 3. Aggregate Amt. * \$ 51.99 Check box if Electioneering Communication 1. Date Accepted 16/14/22 2. Contribution Amt.	5. Address: 2729 Recarmoso ST 6. City/State/Zip: Lancewood, Co &CZIU 7. Description: PAPAL 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): Ref 1760
2. Contribution Amt. \$ 50,00 3. Aggregate Amt.* \$ 51.99 Check box if Electioneering Communication 1. Date Accepted 16/14/27 2. Contribution Amt. \$ 200,00	5. Address: 2229 Recatived ST 6. City/State/Zip: Laucwed, Co Sc214 7. Description: Payral 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Type Russell, Lynn 5. Address: Po Box Gyoli
2. Contribution Amt. \$ 50,00 3. Aggregate Amt.* \$ 51.99 Check box if Electioneering Communication 1. Date Accepted 16/14/27 2. Contribution Amt. \$ 200,00 3. Aggregate Amt.*	5. Address: 2229 Record wood ST 6. City/State/Zip: Laucwood, Co Sc214 7. Description: Papel 8. Employer (if applicable, mandatory): 9. Occupation (If applicable, mandatory): Retrized 4. Name (Last, First): Transport Russell, Lynn 5. Address: Po Box Rycli 6. City/State/Zip: Aspen Co Siciz
2. Contribution Amt. \$ 50,00 3. Aggregate Amt.* \$ 51.99 Check box if Electioneering Communication 1. Date Accepted 16/14/27 2. Contribution Amt. \$ 200,00	5. Address: 2229 Recatived ST 6. City/State/Zip: Laucwed, Co Sc214 7. Description: Payral 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Type Russell, Lynn 5. Address: Po Box Gyoli
2. Contribution Amt. \$ So, co 3. Aggregate Amt. * \$ \$1.99 Check box if Electioneering Communication 1. Date Accepted 16/14/22 2. Contribution Amt. \$ 200, cc 3. Aggregate Amt. * \$ 200, cc	5. Address: 2229 Reanwood ST 6. City/State/Zip: Laucwood, Co &CZILI 7. Description: PAPAL 8. Employer (if applicable, mandatory): 9. Occupation (If applicable, mandatory): Retireo 4. Name (Last, First): Transparance Russell, Lynn 5. Address: Po Box & 90LI 6. City/State/Zip: ASPEN Co &ICIZ 7. Description: Checu
2. Contribution Amt. \$ 50,00 3. Aggregate Amt.* \$ 51.99 Check box if Electioneering Communication 1. Date Accepted 16/14/27 2. Contribution Amt. \$ 200,00 3. Aggregate Amt. *	5. Address: 2229 Record ST 6. City/State/Zip: Laugue GD, Co SCZIU 7. Description: PAPAL 8. Employer (if applicable, mandatory): 9. Occupation (If applicable, mandatory): PGT IZED 4. Name (Last, First): TTELLES RUSSELL, LYNN 5. Address: Po Box Soul 6. City/State/Zip: ASPEN CO SIGIZ 7. Description: CHECU 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$ \$50,00 3. Aggregate Amt.* \$ \$1.99 Check box if Electioneering Communication 1. Date Accepted 16/14/22 2. Contribution Amt. \$ \$200,00 3. Aggregate Amt.* \$ \$200,00 Check box if Electioneering Communication	5. Address: 2229 Reanwood ST 6. City/State/Zip: Laucwood, Co &CZILI 7. Description: PAPAL 8. Employer (if applicable, mandatory): 9. Occupation (If applicable, mandatory): Retireo 4. Name (Last, First): Transparance Russell, Lynn 5. Address: Po Box & 90LI 6. City/State/Zip: ASPEN Co &ICIZ 7. Description: Checu

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FORM 11

Schedule A – Itemized Contributions Statement (\$20 or more) ICRS 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/T	ver
1. Date Accepted	
10/25/22	4. Name (Last, First): BUGLIONE, LINDA
2. Contribution Amt	5. Address: SO3 WRGN CT
\$ 250,00	6. City/State/Zip: BASALT CO QICTI
3. Aggregate Amt. *	
\$ 250.00	7. Description: CC AD PAYINGET
☐ Check box if Electioneering	8. Employer (if applicable, mandatory):
Communication	9. Occupation (if applicable, mandatory): 574,06~1
1. Date Accepted	
10/25/22	4. Name (Last, First): BUGLIONE, NICCLE
2. Contribution Amt.	5. Address: Soz URCU CI
\$ 250.00	6. City/State/Zip: BASALT CO GIGZI
3. Aggregate Amt. * \$ Zsc.co	7. Description: CC AD PAYINGNT
Check box if	8. Employer (if applicable, mandatory):
Electioneering	
Communication	9. Occupation (if applicable, mandatory): STUDGOT
1. Date Accepted	4. Name (Last, First): VANDONGLEN, CLIVIA
b/25/22	
2. Contribution Amt. \$ ZGCI, So	5. Address: 719 6VALS CT
3. Aggregate Amt. *	6. City/State/Zip: Basact, Co 81621
\$ 284.50	7. Description: CC AD PAYRICAT
☐ Check box if	8. Employer (if applicable, mandatory): Sotu6375
Electioneering	9. Occupation (if applicable, mandatory): 」パらんとつこと
Communication	
1. Date Accepted	4. Name (Last, First): Van Domecon TRANS
とノフςノスフ 2. Contribution Amt.	5. Address: 719 600~5 CT
\$ 284.50	
3. Aggregate Amt. *	6. City/State/Zip: BASALT, CO 81621
\$ 284.50	7. Description: CC 140 FAYIMENT
☐ Check box if	8. Employer (if applicable, mandatory): TKKAN IN UCSTMONTS
Electioneering Communication	9. Occupation (if applicable, mandatory): PM
	s within a committee's election cycle or contribution cycle, please refer to the following feed and

* 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) ICRS 81-45-108(1)(n): HRC 8 6 6 41

Full Name of Committee/Person:

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

PLEASE PRINT/TY	/PE
1. Date Accepted	A Name (Inch Start) College 77 C MA
10/29/22	4. Name (Last, First): SCHUCTZE, MARJORIE
2. Contribution Amt.	
	6. City/State/Zip: BASALT, Co 81621
3. Aggregate Amt. *	7. Description: (HGCH
Check box if	8. Employer (if applicable, mandatory):
Electioneering	9 Occupation (to - Post)
Communication	3. Occupation (if applicable, mandatory): [/4.7 / 2.12]
1. Date Accepted	4 Name that First 11
10/29/22	4. Name (Last, First): Haren Ser, 120-W
2. Contribution Amt.	5. Address: Pc 301 7704
\$ 150,00	6. City/State/Zip: Asrew Co 81612
3. Aggregate Amt. * \$ 150,00	7. Description: (HSCH
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	
Communication	9. Occupation (if applicable, mandatory): TGT/RGD
1. Date Accepted	A Name Hart Firstly (Plantice) 1
10/29/22	4. Name (Last, First): DENUCE, ANN
2. Contribution Amt.	5. Address: Po Box 75
\$ 150, 66 3. Aggregate Amt. *	6. City/State/Zip: 1576N CO 8/6/2
¢	7. Description: CHeck
Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory): [267186]
Communication	The state of the s
1. Date Accepted	A Name that First OSHALT STROLL
10/19/24	4. Name (Last, First): OSWALT, STRCGY
2. Contribution Amt.	5. Address: 1355 SAGG CT
\$ 100	
\$ 196,10	6. City/State/Zip: 15PC~ CO 81611
3. Aggregate Amt. *	
3. Aggregate Amt. * \$ 200.00	6. City/State/Zip: ASPGN CO 81611 7. Description: Vonno
3. Aggregate Amt. *	6. City/State/Zip: ASPEN CO 81611 7. Description: Venno 8. Employer (if applicable, mandatory): ARENA COMMUNICATIONS
3. Aggregate Amt. * \$ 200.00 Check box if Electioneering Communication	6. City/State/Zip: ASPGN CO 81611 7. Description: Vonno

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

PLEASE PRINT/TYPE	Full Name of Commit	tee/Person:
A. Name: Suit Communities		
2. Amount \$ 636. 7Z 3. Recipient is (optional): Committee	1. Date Expended	
2. Amount \$ 636. 7Z 3. Recipient is (optional): Committee	10 /17 177	4. Name: SWIRT CCAINLUNICATIONS
S. 636.72 S. Recipient is (optional): Check box if Electioneering Communication		
3.Recipient is (optional): Committee		5. Address:
Committee	\$636.72	5 51h /54-1-17
Non-Committee Check box if Electioneering Communication	3.Recipient is (optional):	6. City/State/Zip:
Date Expended 10 / 19 / 22 A. Name: ASPGN DALLY NOW	Committee	7. Purpose of Expenditure: 45 m., Tim65 Ap5
1. Date Expended 10 / 14 / 2 4. Name: ASP6 DALY Now 5. Address: 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: APS Communication	☐ Non-Committee	
10 / 14 / 7 4. Name: A ≤ P ≤ DALC No. LA		LI Check box if Electioneering Communication
2. Amount \$ 1,693.29 3. Recipient is (optional): Committee	1. Date Expended	
2. Amount 5. Address: 5. 1, 6.93.76 3. Recipient is (optional): Committee Non-Committee	10/14/76	4. Name: ASPEN DAILY NEW
S. // 6 9 3 . 70 3. Recipient is (optional): Committee		
3. Recipient is (optional): □ committee □ Non-Committee □ No	Z. Allioune	5. Address:
Committee	\$ 1,693.00	C. Challena Ja
Non-Committee Check box if Electioneering Communication	3.Recipient is (optional):	6. City/State/Zip:
Check box if Electioneering Communication	Committee	7. Purpose of Expenditure: A p.
1. Date Expended 10/19/22 2. Amount 5. Address: 120 f Main 57 FT 300 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended K/20/22 2. Amount 5. Address: 5. Address: 5. Address: Check box if Electioneering Communication 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Asyan rims AD. Check box if Electioneering Communication 1. Date Expended (0/20/72) 4. Name: Swift Communication 1. Date Expended (0/20/72) 4. Name: Swift Communication 1. Date Expended (0/20/72) 4. Name: Swift Communication 1. Date Expended (0/20/72) 5. Address: 5. Address: 7. Purpose of Expenditure: Asyan rims AD. Check box if Electioneering Communication 1. Date Expended (0/20/72) 7. Purpose of Expenditure: Asyan rims AD. Check box if Electioneering Communication 1. Date Expended (0/20/72) 7. Purpose of Expenditure: Asyan rims AD. Check box if Electioneering Communication 1. Date Expended (0/20/72) 7. Purpose of Expenditure: Asyan rims AD. Check box if Electioneering Communication	Non-Committee	
4. Name: ASTEN REPROCRAPHIC INC 2. Amount 5. Address: 120 f kill 57 ff 3co 3. Recipient is (optional):		LJ Check box if Electioneering Communication
2. Amount 5. Address: 120 f km, m 57 ff 3co 3. Recipient is (optional):	1. Date Expended	
2. Amount 5. Address: 120 f km, p 57 ff 300 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended K / 20 / 22 2. Amount 5. Address: 5	10 /19 /	4. Name: ASPEN REPROGRAPHIC INC
S. Address: 728		
3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended K/ZC/ZZ 2. Amount 5. Address: 5. LGSS, L17 3.Recipient is (optional): Non-Committee Non-Committee Check box if Electioneering Communication 4. Name: Swift Communication 7. Purpose of Expenditure: As real Places 6. City/State/Zip: 7. Purpose of Expenditure: As real Places 7. Purpose of Expenditure: As real Places 8. City/State/Zip: 9. Amount 1. Date Expended 10/ZV/ZZ 1. Amount 5. Address: 5. Address: 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: As real Places 9. Address: 1. Date Expended 1. Name: Swift Communication 2. Amount 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Aspenditure: As		5. Address: 120 F MILIN 57 # 300
Committee	\$ 47.20	
Non-Committee	3.Recipient is (optional):	6. City/State/Zip: ASKN, CO KIGII
Check box if Electioneering Communication	☐ Committee	7. Purpose of Evnenditure.
1. Date Expended K/ZC/ZZ 2. Amount 5. Address: \$ 1,655,C[7] 3. Recipient is (optional): Committee Non-Committee 1. Date Expended IC/ZC/ZZ 4. Name: Swift Communication 1. Date Expended IC/ZC/ZZ 4. Name: Swift Communication 1. Date Expended IC/ZC/ZZ 5. Address: \$ 2,292./9 3. Recipient is (optional): Committee Non-Committee Committee Check box if Electioneering Communication	Non-Committee	
4. Name: Swift Communication 5. Address: \$ 1,655,47 3. Recipient is (optional): Check box if Electioneering Communication 1. Date Expended 10/20/72 2. Amount \$ 2,292./9 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 6. City/State/Zip: 7. Purpose of Expenditure: ASPEN TIMES AD Check box if Electioneering Communication		LI Check box if Electioneering Communication
2. Amount \$ 1,655.47 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 10/20/72 2. Amount \$ 7, Purpose of Expenditure: Asrea Times AD. Check box if Electioneering Communication 4. Name: Suft Communication 5. Address: \$ 7, 297.79 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 7. Purpose of Expenditure: Asrea Times AD Check box if Electioneering Communication	1. Date Expended	
2. Amount \$ 1,655.47 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 10/20/72 2. Amount \$ 7, Purpose of Expenditure: Asrea Times AD. Check box if Electioneering Communication 4. Name: Suft Communication 5. Address: \$ 7, 297.79 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 7. Purpose of Expenditure: Asrea Times AD Check box if Electioneering Communication	K 176 127	4. Name: SWICT COMMONICATIONS
\$ 1,655.47 3.Recipient is (optional): Committee Non-Committee 1. Date Expended 10/20/72 4. Name: Switt Communication 4. Name: Switt Communication 5. Address: \$ 2,292.19 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 6. City/State/Zip: 7. Purpose of Expenditure: Aspenditure: Aspenditure: Aspenditure: Aspenditure: Aspenditure: Aspenditure: Check box if Electioneering Communication		
\$ 1,655.47 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 10/20/72 4. Name: Swkt Communication 5. Address: \$ 2,292.79 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 6. City/State/Zip: 7. Purpose of Expenditure: Aspenditure: Aspenditu	2. Amount	5. Address:
3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 10/20/72 4. Name: Swft Communication 5. Address: \$ 7, 297.19 3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 7. Purpose of Expenditure: ASPEN TIMES AD Check box if Electioneering Communication	\$ 1,655,47	
Committee		6. City/State/Zip:
Check box if Electioneering Communication		
Check box if Electioneering Communication	☐ Non-Committee	
4. Name: Swrt Communication 4. Name: Swrt Communication 4. Name: Swrt Communication 5. Address: 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Aspenditure: A		Check box if Electioneering Communication
4. Name: SWAT Communication 4. Name: SWAT Communication 4. Name: SWAT Communication 5. Address:	1. Date Expended	
2. Amount 5. Address: \$ \(\frac{2}{9} \cdot \cdot / 9 \) 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: \(\frac{4}{9} \) Check box if Electioneering Communication		4. Name: SWAT Communications
5. Address: 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 3. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Aspenditure: Asp		
S. 297.79 3. Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication Communication	2. Amount	5. Address:
3.Recipient is (optional): Committee Non-Committee Check box if Electioneering Communication 6. City/State/Zip: 7. Purpose of Expenditure: Aspenditure: Aspe	5 2,292.19	
Committee 7. Purpose of Expenditure: ASPEN TIMES AD Check box if Electioneering Communication		6. City/State/Zip:
Non-Committee Non-Committee ASPED 111165 ASPED 111165 ASPED 111165		
Check box if Electioneering Communication		
ORM 11		☐ Check box if Electioneering Communication
Pitkin County Clerk & Recorder Rev. 01/2022	001144	
	JUNI 11	Pitkin County Clerk & Recorder Rev. 01/2022

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

L	11-45-108(1)(a) CR S1
Full Name of Commit	tee/Person:
PLEASE PRINT/TYPE	
1. Date Expended	
10/25/22	4. Name: SWICT CUMMUNICATIONS
2. Amount	5. Address:
\$ 636.72	
3.Recipient is (optional)	6. City/State/Zip:
Committee	7. Purpose of Expenditure: ASYCA TIMES AD
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	- Silver Box in election eeting communication
	4. Name: Swift Complurications
10/25/22	
2. Amount	5. Address:
\$ 636.72	
3.Recipient is (optional):	
Committee Non-Committee	7. Purpose of Expenditure: Asren Times Un
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
10/25/22	4. Name: ASPEN DAILY NEWS
2. Amount	5 Address
5 432.28	5. Address:
3.Recipient is (optional):	6. City/State/Zip:
Committee	
☐ Non-Committee	7. Purpose of Expenditure: An
	Check box if Electioneering Communication
1. Date Expended	4. Name: ASPEN DAILY NEWS
10/27/22	The Marie Astron Dates 1060s
2. Amount	5. Address:
\$ 432.26	
3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure: 40
☐ Non-Committee	Chark hav if Elastian assistances in a contract of the contrac
1. Date Expended	Check box in Electronicering Communication
	4. Name:
2. Amount	
	5. Address:
\$	
3.Recipient is (optional): Committee	6. City/State/Zip:
Non-Committee	7. Purpose of Expenditure:
	Check box if Electioneering Communication
ORM 11	
	Pitkin County Clerk & Recorder Rev. 01/2022

	Schedule C - Loans	
5 HAL 6 5		
Full Name of Committee/Person:	K	
	-	
purpose. [Art. XXVIII, Sec. 9(e)] Notwiths loan from a financial institution organized	LOANS - Loans Owed by the Committee each loan. This form is for line item 8 and 16 of the Detailed sts shall be sold or used by any person for the purpose of soliciting contributationing any other section of this article to the contrary, a candidate's candid under state or federal law if the loan bears the usual and customary interes a written instrument, and is subject to a due date or amortization schedule [tions or for any commercial idate committee may receive:

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 Repo
Principal Amount Paid This Reporting Period: \$	
Interest Amount Paid This Reporting Period: \$	<i>"</i>
Amount Repaid This Reporting Period: \$	Total Repayments Made: \$(Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Balance: \$	
TERMS OF LOAN:	
Date Loan R	eceived 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 Commi	ittee/Person:
(/	Returned Contributions Previously reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE	
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
Date Accepted	
2. Date Returned	4. Name (Last, First):
3. Amount	5. Address: 6. City/State/Zip:
S	7. Purpose:
. Date Accepted	
	4. Name (Last, First):
. Date Returned	5. Address:
Amount	6. City/State/Zip:
	7. Comment (Optional):
	Returned Expenditures Sly reported on Schedule B — Expenditures returned or refunded to the committee)
<u>Date Expended</u>	4. Name (Last, First):
Date Returned	5. Address:
Amount	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 Com	mittee/Person:
PLEASE PRINT/TYPE	
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	
Communication	9. Occupation (if applicable, mandatory):
L	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last First):
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

FORM 11

Pitkin County Clerk & Recorder Rev. 01/2022

^{*} 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."