Colorado Secretary of State Elections Division, Campaign Finance 1700 Broadway, Ste. 200

Denver, CO 80290 Ph: (303) 894-2200 Fax: (303) 869-4861

Email: cpfhelp@sos.state.co.us Web: www.sos.state.co.us



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Form Contains Fillable Fields. Type in Fields, Print, Submit



Form CPF-15, Rev. 02/15/2019

## DISCLOSURE BY PUBLIC OFFICEHOLDER REPORT OF GIFTS, HONORARIA, AND OTHER BENEFITS (Section 24-6-203, C.R.S.)

Filers should also review provisions of Section 3, Article XXIX of the Colorado Constitution

This form is for municipal / local officeholders and is filed with the municipal clerk and/or local designated official. Contact the appropriate office for permissible methods of submission (e.g. fax, email, hand delivery, etc.).

State and County	Officeholders who are required to file this report m	ust submit it electronically	Online using the
	Secretary of State's TRACER we		<b>3</b> · ·
Year:			
Filing Period: 15	<sup>t</sup> Quarter 2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	.'h Quarter
Name of Officehold	er: Patti Kay-Clapper		
Address (Work or Home):	218 Cottonwood Las	l	
City, State, Zip:	Aspen co 8161		
Phone number:			
Email address:			
Office held (include Distric	ncluding jurisdiction and district number, if app		
	eport. (Sign & date below) wing gifts, honoraria, or benefits during this p	eriod (attach additional	pages if needed):
Name of person giving	Description	Date Receive	d Amount/Value
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		Color	ado Secretary of State