

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(1-45-108, C.R.S.)

Full Name of Committee/Person:	LUDI FOR COUNCIL
As Shown On Registration	
Address of Committee/Person:	2225 BALD MOUNTAIN ROAD VAIL CO 81657
City, State & Zip Code:	
Committee Type:	CANDIDATE
Name and Address of Financial Institution:	FIRST BANK 17 VAIL RD. VAIL CO 81657

SOS ID NUMBER (state and county committees):

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: Through
Date 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)	\$ 6000.00
2	Total Monetary Contributions (line 11)	\$ 2900.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3900.00
4	Total Monetary Expenditures (line 19)	\$ 3701.39
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 198.61

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

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: LUDWIG KURZ

Registered Agent's Signature: Ludwig Kurz Date: 10-30-15

Print Candidate Name: LUDWIG KURZ

Candidates Signature: Ludwig Kurz Date: 10-30-15

- Line #3 – Enter the sum of Lines #1 and #2.
- Line #4 – Enter the total amount from Line #19.
- Line #5 – Enter the difference of Line #3 **minus** Line #4.

STEP 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

DETAILED SUMMARY

Full Name of Committee/Person: LUDWIG KURZ

Current Reporting Period: 10-9-15 Through 10-30-15

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1,000. ⁰⁰
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	2,900. ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	- 0 -
8	Loans Received (Please list on Schedule "C")	\$	- 0 -
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	- 0 -
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	- 0 -
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	3,900. ⁰⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	Total Contributions (Line 11 + line 12)	\$	3,900. ⁰⁰
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	3,701.39
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	- 0 -
16	Loan Repayments Made (Please list on Schedule "C")	\$	- 0 -
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	- 0 -
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	- 0 -
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	3,701.39
20	Total Spending (Line 18 + line 19)	\$	3,701.39

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

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-10-15	4. Name (Last, First): H. FRAMPON, C. WRIGHT, K. MACY
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: P.O. BOX 2770
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: AVON, CO 81620
<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> 10-10-15	4. Name (Last, First): RON BYRNE
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: 285 BRIDGE STR.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL, CO 81657
<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> 10-15-15	4. Name (Last, First): MARY SUE SHANNON
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: 245 FOREST RD.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL, CO 81657
<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> 10-15-15	4. Name (Last, First): TYE & BRIELLE STOCKTON
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: BALD MOUNTAIN ROAD
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL CO 81657
<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 Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-17-15	4. Name (Last, First): CRAIG & SHARON COHN
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: P.O. BOX 394
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL CO 81658
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-17-15	4. Name (Last, First): ANDREW & LUCINDA DALY
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: P.O. BOX 1514
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL CO 81658
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-17-15	4. Name (Last, First): CAROL COLLINS
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 1115 HORNSILVER CIRCLE
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL CO 81657
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-12-15	4. Name (Last, First): SHEIKA GRAMSHAMMER
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: 231 GORE CREEK DRIVE
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: VAIL CO 81657
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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> 10-16-15	4. Name: COPY COPY
2. <u>Amount</u> \$ 24.39	5. Address: 142 BENCHMARK BEAVER CREEK PLAZA
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: AVON, CO 81620
	7. Purpose of Expenditure: COPYING <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-21-15	4. Name: SIGN DESIGN
2. <u>Amount</u> \$ 479.97	5. Address: BOX 2994
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: AVON, CO 81620
	7. Purpose of Expenditure: YARD SIGNS <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-23-15	4. Name: COPY COPY #967
2. <u>Amount</u> \$ 585.91	5. Address: P.O. BOX 4967
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: FRISCO, CO 80443
	7. Purpose of Expenditure: POST CARDS <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-30-15	4. Name: VAIL DAILY
2. <u>Amount</u> \$ 2,585. ⁵²	5. Address: P.O. BOX 450
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: EAGLE, CO 81631
	7. Purpose of Expenditure: NEWS PAPER ADS <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-29-15	4. Name: BULLY RANCH
2. <u>Amount</u> \$ 25.60	5. Address: 20 VAIL ROAD
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: VAIL CO 81657
	7. Purpose of Expenditure: CONSULTANT <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 _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed