

Space Below For Office Use Only

Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 200  
Denver, CO 80290  
Ph: (303) 894-2200 ext. 6383  
Fax: (303) 869-4861  
Email: cpfhelp@sos.state.co.us  
www.sos.state.co.us



### REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	Vail Locals for Housing
As Shown On Registration	
Address of Committee/Person:	P.O. Box 292
City, State & Zip Code:	Edwards CO 81632
Committee Type:	Issue Committee
Name and Address of Financial Institution:	Alpine Bank, 141 E. Meadow Dr, Vail CO 81657 STE B 178

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)	\$ - 0 -
2	Total Monetary Contributions (line 11)	\$ 9800.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 9800.00
4	Total Monetary Expenditures (line 19)	\$ 4192.13
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 5607.87

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: Dan E. Godlec

Registered Agent's Signature: [Signature] Date: 10-12-21

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: Vault Local for Housing

Current Reporting Period: 10-28-2020 Through 10-7-2021

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	0
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	9800.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	- 0 -
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	- 0 -
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	- 0 -
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	- 0 -
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	9800.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	9800.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	4192 <sup>13</sup>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	- 0 -
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	- 0 -
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	- 0 -
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	4192 <sup>13</sup>
20	<b>Total Spending</b> (Line 18 + line 19)	\$	4192 <sup>13</sup>



**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> 9/16/21	4. Name (Last, First): <u>Solaran Redevelopment Co-partner</u>
2. <u>Contribution Amt.</u> \$ 2,000.00	5. Address: <u>141 E Meadow Dr STE 211</u>
3. <u>Aggregate Amt. *</u> \$ 2,000.00	6. City/State/Zip: <u>Vail CO</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Solaran Real Estate</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Real Estate developer</u>

1. <u>Date Accepted</u> 9-18-21	4. Name (Last, First): <u>Cole, Shawn + Craig Revocable Trust</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>P.O. Box 394</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Vail CO 81658</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Vail Health (Solaris)</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Real Estate</u>

1. <u>Date Accepted</u> 9/20/21	4. Name (Last, First): <u>Mauriello Planning Group</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>Box 4777</u>
3. <u>Aggregate Amt. *</u> \$ 500	6. City/State/Zip: <u>Eagle CO 81631</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Mauriello Planning Group</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Planner</u>

1. <u>Date Accepted</u> 1000	4. Name (Last, First): <u>Sonnenschein</u>
2. <u>Contribution Amt.</u> \$ 1000	5. Address: <u>20 Vail Rd</u>
3. <u>Aggregate Amt. *</u> \$ 1000	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Sonnenschein Hotel</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Hotel</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).

375

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

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

Full Name of Committee/Person: Unit Local for Housing

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10-6-21</u>	4. Name (Last, First): <u>Garfinkel Enterprises LTD</u>
2. Contribution Amt. \$ <u>150</u>	5. Address: <u>536 E Lionshead Circle</u>
3. Aggregate Amt. * \$ <u>150</u>	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Garfinkels Enterprises</u>
	9. Occupation (if applicable, mandatory): <u>Restaurant</u>

1. Date Accepted <u>10-6-21</u>	4. Name (Last, First): <u>Spessard Inwood Holdings LP</u>
2. Contribution Amt. \$ <u>500</u>	5. Address: <u>1677 Boffehr Creek Rd</u>
3. Aggregate Amt. * \$ <u>500</u>	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Self - Spessard Inwood Holdings</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate Developer</u>

1. Date Accepted <u>10-6-21</u>	4. Name (Last, First): <u>Vail Blue Moose</u>
2. Contribution Amt. \$ <u>250</u>	5. Address: <u>P.O. Box 5549</u>
3. Aggregate Amt. * \$ <u>250</u>	6. City/State/Zip: <u>Avon CO 81620</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Blue Moose</u>
	9. Occupation (if applicable, mandatory): <u>Restaurant</u>

1. Date Accepted <u>10-6-21</u>	4. Name (Last, First): <u>Blue Moose Pizza Beaver Creek</u>
2. Contribution Amt. \$ <u>250</u>	5. Address: <u>P.O. Box 5549</u>
3. Aggregate Amt. * \$ <u>500</u>	6. City/State/Zip: <u>Avon CO 81620</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Blue Moose</u>
	9. Occupation (if applicable, mandatory): <u>Restaurant</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).

1150



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

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

Full Name of Committee/Person: Vail Local for Housing

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-21-21	4. Name (Last, First): <u>Chapin, David</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>Box 1452</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Vail CO 81658</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Vendetta's</u>
	9. Occupation (if applicable, mandatory): <u>Mayor - Restaurant owner</u>

1. <u>Date Accepted</u> 9-21-21	4. Name (Last, First): <u>Sweet Basil</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>193 Gore Creek Dr STE 201</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Sweet Basil</u>
	9. Occupation (if applicable, mandatory): <u>Restaurant</u>

1. <u>Date Accepted</u> 9-27-21	4. Name (Last, First): <u>Byrne, Ron + Associates Real Estate</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>285 Bridge Street</u>
3. <u>Aggregate Amt. *</u> \$ 1,000.00	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate Sales</u>

1. <u>Date Accepted</u> 10-6-21	4. Name (Last, First): <u>Sarah Ponlmann Johnson, Brit GW Johnson</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>3245 Katsos Ranch Rd Unit A</u>
3. <u>Aggregate Amt. *</u> \$ 250	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Vail Valley Foundation</u>
	9. Occupation (if applicable, mandatory): <u>Attorney / Non Profit executive</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).

200



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

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

Full Name of Committee/Person: Vail Local for Housing

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-16-21	4. Name (Last, First): <u>Godec, Dan</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>P.O. Box 292</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Edwards, CO 81632</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Bank Transfer</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Greentree Financial Services, LLC</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Financial Consultant</u>

1. <u>Date Accepted</u> 9-16-21	4. Name (Last, First): <u>O'Boe Enterprises, LLC</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>P.O. Box 2000</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>Edwards, CO 81632</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>O'Boe Enterprises</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retail Sales</u>

1. <u>Date Accepted</u> 9-17-21	4. Name (Last, First): <u>Silverthorn, Mark or Suzanne</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>P.O. Box 568</u>
3. <u>Aggregate Amt. *</u> \$ 250	6. City/State/Zip: <u>Gypsum CO 81637</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Town of Vail</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Community Inclusion officer</u>

1. <u>Date Accepted</u> 9-17-21	4. Name (Last, First): <u>L. J Bruno Inc</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>40 E meadow DR</u>
3. <u>Aggregate Amt. *</u> \$ 250	6. City/State/Zip: <u>Vail CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Luca Bruno</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retail Sales</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).

1250

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

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

Full Name of Committee/Person: Juul Local for Housing

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

PLEASE PRINT/TYPER

1. <u>Date Accepted</u> 9-29-21	4. Name (Last, First): <u>Triumph Development West, LLC</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>8120 Woodmont Ave STE 800</u>
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: <u>Bethesda MD 20814</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Triumph Development West</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Real Estate Developer</u>

1. <u>Date Accepted</u> 10-4-21	4. Name (Last, First): <u>M+M Juul Inc El Sabor Operaty</u>
2. <u>Contribution Amt.</u> \$ 150	5. Address: <u>534 E Lionshead Circle</u>
3. <u>Aggregate Amt. *</u> \$ 150	6. City/State/Zip: <u>Juul CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>M+M Juul Inc</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Resturant</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 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).

1650



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

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

**Full Name of Committee/Person:** Vail Local for Housing

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>10-6-21</u>	4. Name: <u>US Post Office</u>
2. <u>Amount</u> \$ <u>160.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Stamps - Post Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10-5-21</u>	4. Name: <u>Magellan Strategies</u>
2. <u>Amount</u> \$ <u>2500.00</u>	5. Address: <u>1685 Box elder STE 300</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Louisville CO 80027</u>
	7. Purpose of Expenditure: <u>Consulting - mgmt</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10-4-21</u>	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ <u>125.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>social media</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10-6-21</u>	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ <u>175.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social media</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10-6-21</u>	4. Name: <u>Cory Coff</u>
2. <u>Amount</u> \$ <u>137.48</u>	5. Address: <u>142 Beaver Creek Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Avon CO 81620</u>
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

3097.48  
2780



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

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

Full Name of Committee/Person: Vaul Locals for Housing

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9-20-21	4. Name: <u>Old Cypsum Printer - O.g Printer Inc</u>
2. <u>Amount</u> \$ 53.70	5. Address: <u>437 Railroad Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Cypsum CO 81637</u>
	7. Purpose of Expenditure: <u>Stickers / Plaeadrds</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/22/21	4. Name: <u>Copy Copy</u>
2. <u>Amount</u> \$ 49 <sup>62</sup>	5. Address: <u>142 Beaver Creek Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Avon CO 81620</u>
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-27-21	4. Name: <u>First Chair Designs, Inc</u>
2. <u>Amount</u> \$ 364 <sup>84</sup>	5. Address: <u>P.O. Box 1491</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Edwards CO 81632</u>
	7. Purpose of Expenditure: <u>Yard sign</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-23-21	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 25.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social Media Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-24-21	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 25.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social Media Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

518.18

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

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

Full Name of Committee/Person: Urb Localz for Housing

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9-27-21	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 35.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social media Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-27-21	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 50.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social media Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-28-21	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 75.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social media Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-30-21	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 75.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Social Media Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-6-21	4. Name: <u>First Chair Designs, Inc</u>
2. <u>Amount</u> \$ 341.47	5. Address: <u>Box 1491</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Edwards CO 81632</u>
	7. Purpose of Expenditure: <u>Window decals</u>
	<input type="checkbox"/> Check box if Electioneering Communication

576.47