

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:	Val Local for Housing
As Shown On Registration	
Address of Committee/Person:	P.O. Box 292
City, State & Zip Code:	Edwards CO 81632
Committee Type:	Issue Comm.tee
Name and Address of Financial Institution:	Alpine Bank, 141 E Meadow Dr, ^{STE B-178} Val 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: Date Through 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)	\$ 5607.87
2	Total Monetary Contributions (line 11)	\$ 1000.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 6607.87
4	Total Monetary Expenditures (line 19)	\$ 1771.24
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4836.63

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 Godec

Registered Agent's Signature: [Signature] Date: 10-27-21

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Vanl Local for Housing

Current Reporting Period: 10-7-21 Through 10-24-21

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	5607.87
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1000.00
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)	\$	6607.87
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	Total Contributions (Line 11 + line 12)	\$	6607.87
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1771.24
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)	\$	1771.24
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1771.24
20	Total Spending (Line 18 + line 19)	\$	1771.24

Oct 7th - 24th

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> 10-21-21	4. Name (Last, First): <u>Ex Uaul LLC DBA Four Seasons Resort</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>1 Uaul Road</u>
3. <u>Aggregate Amt. *</u> \$ 1000.00	6. City/State/Zip: <u>Uaul CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Four Seasons Uaul</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Hotel</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>): _____

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).

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

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

Full Name of Committee/Person: Urb Local for Housing

PLEASE PRINT/TYPE

1. Date Expended <u>10-11-21</u>	4. Name: <u>DTC Print Brokers</u>
2. Amount \$ <u>498.71</u>	5. Address: <u>9940 E Costilla Ave STE U-1</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Centennial CO 80112</u>
	7. Purpose of Expenditure: <u>Post cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10-11-21</u>	4. Name: <u>Letters Plus</u>
2. Amount \$ <u>834.46</u>	5. Address: <u>9940 E Costilla Ave STE U-1</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Centennial CO 80112</u>
	7. Purpose of Expenditure: <u>Data Base / Postage Report</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10-21-21</u>	4. Name: <u>Face book</u>
2. Amount \$ <u>188.07</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. Date Expended <u>10-18-21</u>	4. Name: <u>Face book</u>
2. Amount \$ <u>250.00</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. Date Expended _____	4. Name: _____
2. Amount \$ _____	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

1771.24