

Colorado Secretary of State  
 Elections Division  
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 Denver, CO 80290  
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Space Below For Office Use Only



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**  
 (1-45-108, C.R.S.)

Full Name of Committee/Person:	Pebe Seibert for Vail Town Council
As Shown On Registration	
Address of Committee/Person:	2381 Upper Traverse Way Unit C
City, State & Zip Code:	Vail CO 81657
Committee Type:	Candidate
Name and Address of Financial Institution	First Bank of Vail, 2271 N Frontage Rd. W

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)	\$ 1,167.54
2 Total Monetary Contributions (line 11)	\$ 1,300.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,467.54
4 Total Monetary Expenditures (line 19)	\$ 2,467.54
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

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: Teresa L. Herbst  
 Registered Agent's Signature: [Signature] Date: 11/16/2021  
 Print Candidate Name: Peter W. Seibert Jr.  
 Candidates Signature: [Signature] Date: 11/16/2021

**DETAILED SUMMARY**

Full Name of Committee/Person: Pete Seibert for Jail Town Council

Current Reporting Period: 10/24/2021

Through 11/27/2021

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ 1,167.54
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 1,300.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 2,467.54
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 2,467.54
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 2,467.54
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$
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)	\$ 2,467.54
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 2,467.54

## Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, 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)

### **Small Donor Committee**

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY. [Art. XXVIII, Sec. 2(14)(a)]

### **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)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

### **Contribution Limits – State Candidates**

(Art. XXVIII, Sec. 3)

#### Candidates:

- **\$525** ♦ Primary, **\$525** ♦ General if nominated to general election ballot – Gov\*, Gov/Lt. Gov\*\*, Secretary of State, Attorney General and State Treasurer
- **\$200** Primary, **\$200** General if nominated to general election ballot – State Senate, State House of Representative, State Board of Education, CU Regent, and District Attorney.

Note: Candidates may receive the primary and general election contributions at one time, the contributor must note that the contribution is for both the primary and general election contribution. Candidates must note both contributions on their report. It is preferred that each contribution be given separately; one check written for the primary and one check written for the general, and so noted by the contributor on the check and by the recipient on the report.

#### Political Committees (State, County, District & Local):

- **\$525** ♦ per House of Representatives Election Cycle

#### Political Party (From any person other than Small Donor):

- **\$ 3,175** ♦ per year no more than \$2,650 ♦ to state party.

#### Political Party (From Small Donor):

- **\$15,900** ♦ per year no more than \$13,250 ♦ to state party.

**Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.**

\* Primary Election

\*\* General Election

♦ Contribution Limits reflect adjustments made by CPF Rule 12 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

Committee Name: Pete Seibert for Jail Town Council

11 **Schedule A: Donations**

**Itemized Donations**

1. <u>Date Accepted</u> <u>10/28/2021</u>	4. Name: <u>Michael Wehrle</u>
2. <u>Donation Amt.</u> \$ <u>1,000.00</u>	5. Address (Home Office): <u>3150 W Teal Dr.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Jackson, WY 83001</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____
	_____
	_____
	_____
	_____

1. <u>Date Accepted</u> <u>10/28/2021</u>	4. Name: <u>Elizabeth Seibert</u>
2. <u>Donation Amt.</u> \$ <u>300.00</u>	5. Address (Home Office): <u>3165 S York St.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Englewood, CO 80113</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____
	_____
	_____
	_____
	_____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____
	_____
	_____
	_____
	_____

Committee Name: \_\_\_\_\_

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

**Non-Itemized Donations**

1. Total number of non-itemized donations:	2. Total amount of non-itemized donations: \$
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**Other Receipts (dividends, interest, etc.)**

1. Total number of other receipts:	2. Total amount of other receipts: \$
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**Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

Full Name of Committee/Person: Pebe Seibert for Vail Town Council

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 11/15/2021	4. Name: <u>JRL Consulting LLC</u>
2. <u>Amount</u> \$ <u>2,250.06</u>	5. Address: <u>PO Box 131</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: <u>Candidate social media</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/15/2021	4. Name: <u>Eagle Valley Community Foundation - Market</u>
2. <u>Amount</u> \$ <u>217.48</u>	5. Address: <u>PO Box 1580</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Vail, CO 81658</u>
	7. Purpose of Expenditure: <u>Donation of remaining funds</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	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

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	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

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	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

**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