

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



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

Full Name of Committee/Person:	Sam for Vail
As Shown On Registration	
Address of Committee/Person:	↑
City, State & Zip Code:	2897 Timber Creek Dr #D24 Vail, CO 81657
Committee Type:	
Name and Address of Financial Institution	Alpine Bank 141 E Meadow Dr ste 210 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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 70
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 70
4	Total Monetary Expenditures (line 19)	\$
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 70

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Sam Bizantz

Candidates Signature: SBizantz Date: 10/17/23

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

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

Full Name of Committee/Person: Sam for Vail

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

PLEASE PRINT/TYPE

1. Date Accepted: 10/3/23
2. Contribution Amt.: \$ 20.00
3. Aggregate Amt. *: \$
4. Name (Last, First): Johnson, Jared
5. Address: 4695 Pa-Vail Racquet Club Dr
6. City/State/Zip: Vail, CO 81657
7. Description:
8. Employer (if applicable, mandatory): GE Johnson
9. Occupation (if applicable, mandatory): General Contractor

1. Date Accepted: 8/28/23
2. Contribution Amt.: \$ 50.00
3. Aggregate Amt. *: \$
4. Name (Last, First): Biszantz, Samantha
5. Address: 2897 Timber Creek Dr Unit D24
6. City/State/Zip: Vail, CO 81657
7. Description:
8. Employer (if applicable, mandatory): Village People LLC
9. Occupation (if applicable, mandatory): owner

1. Date Accepted:
2. Contribution Amt.: \$
3. Aggregate Amt. *: \$
4. Name (Last, First):
5. Address:
6. City/State/Zip:
7. Description:
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):

1. Date Accepted:
2. Contribution Amt.: \$
3. Aggregate Amt. *: \$
4. Name (Last, First):
5. Address:
6. City/State/Zip:
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).

DETAILED SUMMARY

Full Name of Committee/Person: Sam for Vail

Current Reporting Period: 10/26/2020 **Through** 10/6/2023

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 70
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 70
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 70
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0
20	Total Spending (Line 18 + line 19)	\$

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STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
 [1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: Sam Biszantz

Address of Candidate: 2899 Timber Creek Dr Unit D24

City: Vail State: CO Zip Code: 81657

Office: Vail Town Council District No.: _____ Elec./Yr.: 2023

Reporting Period: Beginning Date 10/26/2020 Ending Date 10/6/2023

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 1903.99

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address	
8/13/23	\$ 254.91	Sticker Mule	www.stickermule.com	
		City	State	Zip
				Comment / Purpose
				stickers

Date Expended	Amount	Name of Recipient	Address	
9/5/23	\$ 160.00	Canva	www.canva.com	
		City	State	Zip
				Comment / Purpose
				postcards

Date Expended	Amount	Name of Recipient	Address	
9/5/23	\$ 235.29	Vistaprint	www.vistaprint.com	
		City	State	Zip
				Comment / Purpose
				yardsigns

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: SBiszantz

Date: 10/17/23

see next page

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[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: _____

Address of Candidate: _____

City: _____ State: _____ Zip Code: _____

Office: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date _____ Ending Date _____

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ _____

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
9/13/23	\$ 150.00	Vail Chamber + Business Assoc.	
		City	State Zip Comment / Purpose
			sponsor of BBB golf tourney

Date Expended	Amount	Name of Recipient	Address
9/15/23	\$ 889.92	Ski Town All Stars	41199 US 6 Avon, CO 81620
		City	State Zip Comment / Purpose
			HATS

Date Expended	Amount	Name of Recipient	Address
10/2/23	\$ 36.00	Squarespace	www.squarespace.com
		City	State Zip Comment / Purpose
			website

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: 

Date: 10/17/23

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For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.

Name of Candidate: _____

Address of Candidate: _____

City: _____ State: _____ Zip Code: _____

Office: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date _____ Ending Date _____

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ _____


Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address	
10/4/23	\$ 165.87	Apres Cafe	4695 Racquet Club Dr	
		City	State	Zip
		Veil	CO	81657
			Comment / Purpose	
			meet + greet event	

Date Expended	Amount	Name of Recipient	Address	
10/5/23	\$ 12	Paperless Post	_____	
		City	State	Zip
			Comment / Purpose	
			postcard party invite	

Date Expended	Amount	Name of Recipient	Address	
	\$			
		City	State	Zip
			Comment / Purpose	

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature:  Date: 10/17/23