

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



Space Below For Office Use Only

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

Full Name of Committee/Person:	SIPES FOR VAIL
As Shown On Registration	
Address of Committee/Person:	5114 GROUSE LN
City, State & Zip Code:	VAIL CO 81657
Committee Type:	CANDIDATE COMMITTEE - LOCAL
Name and Address of Financial Institution:	ALPINE BANK 141 EAST MEADOW DR SUITE 210 VAIL CO 81657

SOS ID NUMBER (state and county committees): N/A

**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: 1 SEPT 2023 Through 17 OCT 2023  
Date Date

Declared Total Spending (if applicable) \$ 2068 -  
[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)	\$ 2068 -
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2068 -
4	Total Monetary Expenditures (line 19)	\$ 2068 -
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8 -

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: BRIAN SIPES  
 Registered Agent's Signature: [Signature] Date: 10/16/23  
 Print Candidate Name: SAME  
 Candidates Signature: SAME Date: 10/16/23

**DETAILED SUMMARY**

Full Name of Committee/Person: \_\_\_\_\_

Current Reporting Period:  Through

	<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")	\$ 2065 <sup>00</sup>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 11
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)	\$ 2076 <sup>00</sup>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 2076 <sup>00</sup>
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 2065 <sup>00</sup>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 3
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)	\$ 0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 2068 <sup>-</sup>
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 2068 <sup>-</sup>

**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> 10/10/2023	4. Name: <u>NIKO SAMAG</u>
2. <u>Amount</u> \$ 1000	5. Address: <u>1711 GENEVA DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAIL CO 81657</u>
	7. Purpose of Expenditure: <u>GRAPHIC DESIGN, WEBSITE, STICKERS &amp; SIGNS</u> <del>PARTIAL PAYMENT</del>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/10/2023	4. Name: <u>NIKO SAMAG</u>
2. <u>Amount</u> \$ 1065 <sup>00</sup>	5. Address: <u>1711 GENEVA DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>VAIL CO 81657</u>
	7. Purpose of Expenditure: <u>GRAPHIC DESIGN, WEBSITE, STICKERS &amp; SIGNS</u> <del>PARTIAL PAYMENT</del>
	<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 A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: SIPES FOR VAIL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/10/2023	4. Name (Last, First): <u>SIPES, BRIAN</u>
2. <u>Contribution Amt.</u> \$ 2065 <sup>00</sup>	5. Address: <u>5114 GROUSE LN</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>VAIL CO 81657</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>SELF FUNDING TO COVER COSTS &amp; FEES</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SIPES ARCHITECTS</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>ARCHITECT</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).