

Colorado Secretary of State
 Elections Division
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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 for Vail

Address of Candidate: 2897 Timber Creek Dr Unit D24

City: Vail State: CO Zip Code: 81657

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

Reporting Period: Beginning Date 10/6/23 Ending Date 10/22/23

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 350.10

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

Date Expended	Amount	Name of Recipient	Address
10/8/23	\$ 12	Paperless Post	www.paperlesspost.com
City		State	Zip
			Comment / Purpose
			postcard signing party invite

Date Expended	Amount	Name of Recipient	Address
10/17/23	\$ 236.10	US Postal Service	1300 N Frontage Rd
City		State	Zip
			Comment / Purpose
Vail		CO	81657
			postage stamps

Date Expended	Amount	Name of Recipient	Address
10/19/23	\$ 102	US Postal Service	1300 N Frontage Rd
City		State	Zip
			Comment / Purpose
Vail		CO	81657
			postage stamps

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

Candidate Signature: [Signature] Date: 11/2/23

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

Full Name of Committee/Person:	Sam for Vail <small>As Shown On Registration</small>
Address of Committee/Person:	2897 Timber Creek Dr #D24
City, State & Zip Code:	Vail, CO 81657
Committee Type:	
Name and Address of Financial Institution	Alpine Bank 141 E. Meadow Dr Ste 210 VAIL

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)	\$ 870
2	Total Monetary Contributions (line 11)	\$ 350
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 420
4	Total Monetary Expenditures (line 19)	\$ 14.35
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 405.65

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: Samantha Biszantz
 Registered Agent's Signature: [Signature] Date: 11/2/23
 Print Candidate Name: Samantha Biszantz
 Candidates Signature: [Signature] Date: 11/2/23

DETAILED SUMMARY

Full Name of Committee/Person: Sam for Vail

Current Reporting Period: 10/6/23 Through 10/22/23

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 70
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 350
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)	\$ 350
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 350
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)	\$ 14.35
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)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0 14.35
20	Total Spending (Line 18 + line 19)	\$ 0 14.35

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. <u>Date Accepted</u> 10/7/23	4. Name (Last, First): <u>Stilwell, Merrill</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>5981 S Coventry Lane W</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Littleton, CO 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online donation</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Blue Mountain Investments</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CEO</u>

1. <u>Date Accepted</u> 10/7/23	4. Name (Last, First): <u>Stilwell, Emily</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>5981 S Coventry Lane W</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Littleton, CO 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online donation</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>n/a</u>

1. <u>Date Accepted</u> 10/7/23	4. Name (Last, First): <u>Kennedy, Stephanie</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1860 Meadow Ridge Kd #7</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>online donation</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Matsuhisa Vail</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Sommelier</u>

1. <u>Date Accepted</u> 10/16/23	4. Name (Last, First): <u>Swenson, Laura</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>110 Arbor Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Piedmont, CA 94610</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>online donation</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Advisory Board</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Sales Director</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: SAM for Vail

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/18/23	4. Name: Alpine Bank Alpine Bank
2. <u>Amount</u> \$ 11.35 11.35	5. Address: 141 E Meadow Dr Ste 210
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: Vail, CO 816
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/16/23	4. Name: Stripe
2. <u>Amount</u> \$ 6.40	5. Address: www.stripe.com
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: bank fee <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/18/23	4. Name: Stripe
2. <u>Amount</u> \$ 4.95	5. Address: www.stripe.com
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: bank fee <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/10/23	4. Name: Alpine Bank
2. <u>Amount</u> \$ 3	5. Address: 141 E Meadow Dr Ste 210
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Vail, CO 81657
	7. Purpose of Expenditure: paper statement fee <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