

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



Space Below For Office Use Only

## INDEPENDENT EXPENDITURE REPORT

(1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: MATTHEW PAUL PHILLIPS

Committee Name: PAUL PHILLIPS FOR VAIL TOWN COUNCIL  
As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): \_\_\_\_\_

### 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 on page 2, line 10)

Reporting Period Covered: 10/18/23 Through: 11/3/23  
Begin Date End Date

### Reporting Entity Information:

Full Name of Parent Corporation, if applicable: \_\_\_\_\_  
Include any acronyms used.

All Doing-Business-As Names used in Colorado: \_\_\_\_\_

Address of Home Office: \_\_\_\_\_  
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: \_\_\_\_\_  
Must be the same as listed on committee registration

Colorado Address for Registered Agent: \_\_\_\_\_

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: MATTHEW PAUL PHILLIPS

**Authorization (Must be completed by the Registered Agent):** *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: M. Paul Phillips

Registered Agent's Signature: [Signature] Date: 10/13/23

\* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

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

**Reporting Period Overview**

- 1 **Beginning Balance this Period (Committees):** 0
- 2 **Total Donations this Period:** 0  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 3 **Other Receipts (dividends, interest, etc.):** \_\_\_\_\_
- 4 **Total Independent Expenditures this Period:** \_\_\_\_\_  
Monetary: 985.50 Non-Monetary: \_\_\_\_\_  
Itemized: 985.50 Non-Itemized: \_\_\_\_\_
- 5 **Total Other Expenditures this Period:** \_\_\_\_\_  
Monetary: \_\_\_\_\_ Non-Monetary: \_\_\_\_\_  
Itemized: \_\_\_\_\_ Non-Itemized: \_\_\_\_\_
- 6 **Loans received this period:** 0
- 7 **Loans paid this period:** 0
- 8 **Returned Independent Expenditures this Period:** 0
- 9 **Returned Donations this Period:** 0
- 10 **Ending Balance (include monetary expenditures and donations only):** 0

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

12 **Schedule B: Independent Expenditures**

**Itemized Independent Expenditures**

1. <u>Date Funds Obligated</u> <u>10/21/23</u>	3. Name of Recipient/Payee: <u>VAIL BREWING COMPANY</u>
2. <u>Expenditure Amt.</u> \$ <u>336.00</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>141 E. MEADOW DRIVE</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>VAIL CO 81657</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: <u>PAUL PHILLIPS</u>
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u> <u>10/25/23</u>	3. Name of Recipient/Payee: <u>YETIS GRIND</u>
2. <u>Expenditure Amt.</u> \$ <u>22.80</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>141 E MEADOW DRIVE</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>VAIL CO 81657</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: <u>PAUL PHILLIPS</u>
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u> <u>10/28/23</u>	3. Name of Recipient/Payee: <u>WEST SIDE CAFE</u>
2. <u>Expenditure Amt.</u> \$ <u>50.50</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>2211 NORTH FRONTAGE</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>VAIL CO 81657</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: <u>PAUL PHILLIPS</u>
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

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

1. <u>Date Funds Obligated</u> 10/29/23	3. Name of Recipient/Payee: <u>Val Besing Company</u>
2. <u>Expenditure Amt.</u> \$ <u>510.50</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>141 E MEADOW DRIVE</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>Val CO 81657</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced: <u>RAND PHILLIPS</u>
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u> 10/31/23	3. Name of Recipient/Payee: <u>Wal MART Avon</u>
2. <u>Expenditure Amt.</u> \$ <u>66.00</u> Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>171 Yorkon AVE</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>Avon CO 81632</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description:
	7. Name(s) of candidate(s) referenced: <u>RAND PHILLIPS</u>
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

**Non-Itemized Independent Expenditures**

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
--	--

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

13 **Schedule C: Other Expenditures (non-independent expenditures)**

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

**Non-Itemized Expenditures (other than independent expenditures)**

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
--	--