

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

Space Below For Office Use Only



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: BRIAN SIPES

Address of Candidate: 5114 GROUSE LN

City: VAIL State: CO Zip Code: 81657

Office: VAIL TOWN COUNCIL District No.: _____ Elcc./Yr.: 2023

Reporting Period: Beginning Date 26 OCT 2023 Ending Date 7 DEC 2023

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 8.00

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

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

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

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: [Signature] Date: 12/7/2023

DETAILED SUMMARY

Full Name of Committee/Person: SIPES FOR VITAL

Current Reporting Period: OCT 26, 2023 Through DEC 7, 2023

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

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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 GROVER LN
City, State & Zip Code:	VAIL CO 81657
Committee Type:	CANDIDATE
Name and Address of Financial Institution	ALPINE BANK

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: OCT 26 2023 Date Through DEC 7 2023 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 8 -

Totals Detailed Summary Page		
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>8 -</u>
2	Total Monetary Contributions (line 11)	\$ <u>0 -</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>8 -</u>
4	Total Monetary Expenditures (line 19)	\$ <u>0 -</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>8 -</u>

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: 12/7/2023

Print Candidate Name: BRIAN SIPES
Candidates Signature: [Signature] Date: 12/7/2023