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Colorado Secretary of State
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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: 2897 Timber Creek Dr Unit D24

City, State & Zip Code: Vail, CO 81657

Committee Type: Town Council

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: 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)	\$ 405.65
2	Total Monetary Contributions (line 11)	\$ 1100.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1505.65
4	Total Monetary Expenditures (line 19)	\$ 1505.65
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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: Samantha Bizzantz

Candidates Signature: SBizzantz Date: 12/7/23

DETAILED SUMMARY

Full Name of Committee/Person: Sum for Vail

Current Reporting Period:

10/22/23

Through

11/25/23

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ <u>405.65</u>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <u>1100.00</u>
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)	\$ <u>1505.65</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ <u>1505.65</u>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <u>1505.65</u>
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)	\$ <u>1505.65</u>
20	Total Spending (Line 18 + line 19)	\$ <u>1505.65</u>

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

1

Full Name of Committee/Person: Sam for Val

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/24/23	4. Name (Last, First): <u>Tucker, Vickie</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>2416 Briar Ridge Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Houston, TX 77057</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>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> 11/5/23	4. Name (Last, First): <u>Raafat, Kinia</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6978 Paso Robles Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Oakland, CA 94611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Ultragenyx</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Director</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).

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. Date Expended <u>10/26/23</u>	4. Name: <u>Stripe.com</u>
2. Amount \$ <u>29.30</u>	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>processing fee for donation</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/8/23</u>	4. Name: <u>Stripe.com</u>
2. Amount \$ <u>3.20</u>	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>processing fee for donation</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/9/23</u>	4. Name: <u>Samantha Bisantz</u>
2. Amount \$ <u>1473.15</u>	5. Address: <u>2897 Timber Creek Dr Unit D24</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Vail, CO 81657</u>
	7. Purpose of Expenditure: <u>reimburse personal expenses as stated on a Statement of Personal Expenditures by a Candidate from previous reporting periods</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount \$	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. Date Expended	4. Name: _____
2. Amount \$	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

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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: Samantha Biszantz (Sam for Vail)

Address of Candidate: 28907 Timber Creek Dr Unit D24

City: Vail State: CO Zip Code: 81657

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

Reporting Period: Beginning Date 10/22/23 Ending Date 11/25/23

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 0

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

Date Expended	Amount	Name of Recipient	Address
11/2/23	\$ 36	Squarespace	_____
City		State	Zip
			Comment / Purpose
			website

Date Expended	Amount	Name of Recipient	Address
11/9/23	\$ 98.85	Alpine Pizza	555 E Lionshead Circle #C1
City		State	Zip
Vail		CO	81657
			Comment / Purpose
			pizza for watch party

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: 12/7/23