

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person: JACK BERGEY
As Shown On Registration

Address of Committee/Person: 2039 Chamonix Ln #2

City, State & Zip Code: Vail CO 81657

Committee Type: individual

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: 10/22/23 Date **Through** 11/25/23 Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 112.50

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 112.50
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 112.50
4 Total Monetary Expenditures (line 19)	\$ 112.50
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.

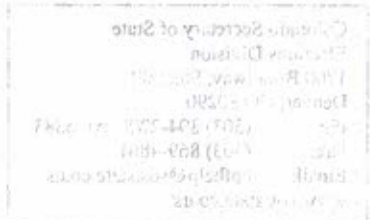
Print Registered Agent's Name: Jack Bergoy

Registered Agent's Signature: [Signature] **Date:** 12/7/23

Print Candidate Name: Jack Bergoy

Candidates Signature: [Signature] **Date:** 12/17/23

- Line #3 – Enter the sum of Lines #1 and #2.
- Line #4 – Enter the total amount from Line #19.
- Line #5 – Enter the difference of Line #3 minus Line #4.



STEP 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

Regularly scheduled filing
 Amended Filing
 Termination Report
 Check the box if the Report (Contributions/Expenditures) form is being filed for the first time.

Report Filing Period: _____
 Declaration: I am the registered agent for the above named organization.

I, _____, Secretary of the above named organization, hereby authorize the filing of this report.

Signature: _____
 Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: _____

Through _____

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 112,50
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")	\$ 100.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 12,50
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)	\$ 112,50
20	Total Spending (Line 18 + line 19)	\$ 112,50

Schedule B – Itemized Expenditures Statement (\$20 or more)
 [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Jack Bergey

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>Nov 20</u>	4. Name: <u>Eagle County Clerk</u>
2. <u>Amount</u> \$ <u>100</u>	5. Address: <u>PO Box 537</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Eagle CO 81631</u>
	7. Purpose of Expenditure: <u>Vote list</u>
	<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

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

