Colorado Secretary of State Elections Division 1700 Broadway, Stc. 200 Denver, CO 80290

(303) 894-2200 ext. 6383 (303) 869-4861 Fax:

Email: cpfhclp@sos.state.co.us

www.sos.state.co.us



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## **RECEIVED**

SEP 19 2019

## REPORT OF CONTRIBUTIONS AND EXPENDITURES DMINISTRATIVE SERVICES (1-45-108, C.R.S.) BY: TIME:

	(1-43-108, C.R.S.)	ET. INVE:
Full Name of Committee/Person:	True GuitNo Read	(1 Annie Stack
Address of Committee/Person:	As Shown On Registration	
Address of Committee/Person:	PO BOX 1227	
City, State & Zip Code:	Estes Park, CO	80517
Committee Type:	Issurs	
Name and Address of Financial Institution	NA	
	(state and county committees):	
Type of Report	(State and county committees):	
Type of Keport		
Regularly Scheduled Filing	•	
Amended Filing. This amend Submit changes or new informati	s previous report filed on (date)	
· · · · · · · · · · · · · · · · · · ·	nation Reports MUST Have a Monetary Balance of Z	Zero in Line 5)
I I		
L. Check this box if this Repor	t Contains Electioneering Communications	Information
Reporting Period Covered:	8/17/19 Through	
Declared Total Spending (if appl		Date
[Art. XXVIII, Sec. 4(1)]	icable)   \$	
1 Posts of Head and Day	CD : D : I	Totals Detailed Summary Page
1 Funds on Hand at the Beginning		\$ 882.00
2 Total Monetary Contributions (lin		\$ 423.00
3 Total of Monetary Contributions	& Beginning Amount (line 1 + line 2)	\$ 1345,00
4 Total Monetary Expenditures (line		\$ 1245.00
5 Funds on Hand at the End of Rep	orting Period (monetary) (line 3 – line 4)	\$ 0.00
The appropriate officer sh	all impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	day that a report is filed late.
Authorization (Must be completed b	y either the Registered Agent OR the Candidate): I	hereby certify and declare under
penalty of perjury, that to the best of n	y knowledge or belief all contributions receive	d during this reporting period
including any contributions received in	n the form of membership dues transferred by a	membership organization, are from
permissible sources.	· · · · · · · · · · · · · · · · · · ·	
Print Registered Agent's Name:	Ame Sleek	
Registered Agent's Signature:	Anne dock	Date: 2+3-19
Print Candidate Name:		
Candidates Signature:		Date:
		Colorado Secretary of State Form Rev. 12/09

#### **DETAILED SUMMARY**

Full Name of Committee/Person: True Grit - No Recall / Agric Slack

Current Reporting Period: 8/17/19 Through 9/19/19

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 812.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 423.00
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)	\$ 1245.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 423.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1245.00
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)	\$ 1245.00
20	Total Spending (Line 18 + line 19)	\$ 1245.00

# Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

Full Name of	Committee/Person: Truc Grit - No Recall Annie Slack
	G: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/	
1. <u>Date Accepted</u> 9 (18/19	4. Name (Last, First): Slack, Annie + Goodan
2. Contribution Amt.	5. Address: PO Box (227
\$ 423.00	6. City/State/Zip: Estes Park 60 80517
3. Aggregate Amt. * \$ 23.00	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
I. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	
	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):

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

Full Name of Commit	tee/Person: True Gril - No Recall Annie Stack
PLEASE PRINT/TYPE	(Julian State)
1. Date Expended	4. Name: Estes Park Nows
9/10/19	
2. Amount	5. Address: PA Box 508
\$ 285.00	
3.Recipient is (optional):	- 6. City/State/Zip: Estes Park co 80517
Committee	7. Purpose of Expenditure: Pdusotise
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
9/19/19	4. Name: Trail Gazette
2. Amount	5. Address: PO Box 1707
\$ 9.60.00	6. City/State/Zip: Ester Park, co 80517
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
Date Expended	',
	4. Name:
2. Amount	5. Address:
<b>  \$</b>	
3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee 7. Purpose of Expenditure:	
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
	4. Name:
2. Amount	5. Address:
\$	
3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

## Statement of Non-Monetary Contributions [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Com	mittee/Person: True Grit - No Recall / Aurie Slack
PLEASE PRINT/TYPE	
1. Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. Sity/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (Capplicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.  Check box if Coordinated with a Condidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if apr /cable, mandatory):
Communication	10. Check boy of Coordinated with a Candidate/Cand. late Committee or Political Party. *
1. Date Provided	
<u>Bate 1 Toviacu</u>	4. Name (Lr., First):
2. Fair Market Value	5. Addre .
\$	6. City state/Zip:
3. Aggregate Amt.	7. D scription:
\$	8 Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "....Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Schedule C - ]	Loane
----------------	-------

Full Name of Committee/Person: True brit - No Recall Annie Slack

### LOANS - Loans Owed by the Committee

[No interpretation copied from such reports shall be sold or used by any person for the purpose of soliciting contribution or for any commercial purpose. [A. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's cape and a committee may receive a loan from a fixed institution organized under state or federal law if the loan bears the usual and customary in the strate, is made on a basis that assures reported, is evidenced by a written instrument, and is subject to a due date or amortization school [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE	
Name (Last, First or Institution)	
Address:	
City/State/Zip:	
Original Amount of Loan: \$	Interest Rate:
	To be some of the same of the
Loan Amount Received This Reporting Period:	Total of All Loans This Reporting Period: \$
Principal Amount Paid This Reporting Period \$	(Place on line 8 of Detailed Summary Report)
Interest Amount Paid This Reporting Per d: \$	
Amount Repaid This Reporting Periods \$  Amount Repaid is sum of Principal & Interest of pried on Detail Summary)	Total Repayments Made: \$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outs inding Balance: \$	
ERMS OF LOAN:	n Received Due Day or Final Payment
	n Received Duc Dab Final Payment

### LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amou-4 Co.
	Address, City, State, Zip	Amount Gual teed
· · · · · · · · · · · · · · · · · · ·		

### Schedule D - Returned Contributions & Expenditures

Full Name of Committee/Person: True Grit - No Recall / Aunix Sel

### **Returned Contributions**

(Previous, eported on Schedule A - Contributions accepted and then returned donors)

PLEASE PRINT/TYPE	
<ol> <li>Date Accepted</li> </ol>	
	4. Name (L. First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
I Dec 4	
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
PLEASE PRINT/TYPE	Returned Expenditures  reported on School le B – Expenditures returned or funded to the committee)
1. Date Expended	4. Name and Finals
2. Date Returned	4. Name ast, First):
	5. Agress:
3. Amount	6. /tty/State/Zip:
\$	Comment (Optional):
1. Date Expended	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Comment (Optional):

Date	Donations	Expenses	_	Balance	Comments				
6/1/2019	\$ 50.00		45	50.00	50.00 Donation from Joe Holtzman	1130 Scott Avenue	Estes Park	8	80517
6/1/2019	\$ 100.00		\$	150.00	150.00 Donation from Annie Slack	PO Box 1227	Estes Park	8	80517
6/1/2019	\$ 100.00		ψ	250.00	Donation from Charley Dickey	265 Steamer Court	Estes Park	8	80517
6/7/2019	\$ 50.00		\$	300.00	300.00 Donation from Joe Holtzman	1130 Scott Avenue	Estes Park	8	80517
6/19/2019		\$ 100.00	\$ 00	200.00	200.00 Payment to Karen Kataline	PO Box 35	LaSalle	8	80645
6/27/2019	\$ 50.00		45	250.00	Donation from Joe Holtzman	1130 Scott Avenue	Estes Park	8	80517
7/1/2019		\$ 210.00	\$ 80	40.00	40.00 Payment for Trail Gazette Ad-6/14/2019	PO Box 1707	Estes Park	8	80517
7/2/2019	\$ 100.00		45	140.00	140.00 Donation from Annie Slack	PO Box 1227	Estes Park	8	80517
7/2/2019	\$ 310.00		<b>የ</b> ጉ	450.00	Donation from Cheryl Wagner	1692 Prospect Estate Drive	Estes Park	8	80517
7/10/2019	\$ 200.00		₩	650.00	650.00 Donation from Mary Pace	1022 West Mountain	FortCollins	8	80521
7/10/2019	\$ 100.00		45	750.00	750.00 Donation from Bill & Judy Howell	3025 Sioux Court	Estes Park	8	80517
7/10/2019	\$ 50.00		¢\$	800.00	Donation from Linda Bieker	PO Box 4669	Estes Park	8	80517
7/15/2019		\$ 95.00	\$ 00	705.00	705.00 Payment to EP News for Ad	PO Box 508	Estes Park	8	80517
7/26/2019	\$ 50.00		<b>⋄</b>	755.00	755.00 Donation from Joe Holtzman	1130 Scott Avenue	Estes Park	8	80517
7/31/2019	\$ 100.00		s	855.00	855.00 Donation from Greg Rosener	170 Boyd Lane	Estes Park	8	80517
8/2/2019	\$ 100.00		₹\$	955.00	Donation from Charley Dickey	265 Steamer Court	Estes Park	8	80517
8/7/2019	\$ 200.00		\$	1,155.00	1,155.00 Donation from Annie & Gordan Slack	PO Box 1227	Estes Park	8	80517
8/7/2019	\$ 37.00		<b>የ</b> ጉ	1,192.00	1,192.00 Donation from Mike & Leah Marshall	280 North Court	Estes Park	8	80517
8/12/2019		\$ 380.00	\$ 00	812.00	Payment to EP News for Ad	PO Box 508	Estes Park	8	80517
8/15/2019	\$ 10.00		t/s	822.00	822.00   Donation from Mike & Leah Marshall	280 North Court	Estes Park	8	80517
9/10/2019		\$ 285.00	\$ 00	537.00	Payment to EP News for Ad	PO Box 508	Estes Park	8	80517
9/18/2019	\$ 423.00		₩.	960.00	Donation from Annie & Gordan Slack	PO Box 1227	Estes Park	8	80517
9/19/2019		\$ 960.00	\$ 8		Payment for Trail Gazette Ad-6/14/2019	PO Box 1707	Estes Park	8	80517
	\$ 2,030.00	\$ 2,030.00	\$	1					

Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

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AUG 1 5 2019

ADMINISTRATIVE SERVICES
BY: TIME:

#### REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

	(1-43-100, C.R.S.)	t e
Full Name of Committee/Person:	True Grit - No Rec	all Aunie Slack
Address of Committee/Person:	As Shown On Registration	
	PO B=x 1227	
City, State & Zip Code:	Estes Park CO	80517
Committee Type:	Issues	
Name and Address of Financial Institution	NA	
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing	o.	
Amended Filing. This amend Submit changes or new informat		
	nation Reports MUST Have a Monetary Balance of	Zero in Line 5)
L Check this box if this Repo	rt Contains Electioneering Communication	s Information
Reporting Period Covered:	Throug	
Declared Total Spending (if app		Date
[Art. XXVIII, Sec. 4(1)]	\$	
		Totals Detailed Summary Page
1 Funds on Hand at the Beginning	of Reporting Period (monetary only)	\$ 755.00
2 Total Monetary Contributions (lin		\$ 447,00
	& Beginning Amount (line 1 + line 2)	\$ 1202.00
4 Total Monetary Expenditures (lin		\$ 380.00
	porting Period (monetary) (line 3 – line 4)	\$ 822,00
		5 4 6 /
The appropriate officer sl	hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	day that a report is filed late.
Authorization (Must be completed l	by either the Registered Agent <b>OR</b> the Candidate): I	hereby certify and declare, under
	my knowledge or belief all contributions receive	
	in the form of membership dues transferred by a	a membership organization, are from
permissible sources.		
Print Registered Agent's Name: _	Annie Slack	
Registered Agent's Signature:		Date: 8/15/19
Print Candidate Name:		~.
Candidates Signature:		Date:
		Colorado Secretary of State Form Rev. 12/09

#### **DETAILED SUMMARY**

Full Name of Committee/Person: True Gril - No Recall Aquie Slack

Current Reporting Period: 7/3/1/9 Through 8/16/19

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 755,00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 755,00 \$ 447,00
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)	\$ 447.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	Total Contributions (Line 11 + line 12)	\$ 447.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 447.00
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)	\$ 380.00
20	Total Spending (Line 18 + line 19)	\$ 380.00

## Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: True Guit - No Recall / Auric Slack

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

PLEASE PRINT	ТҮРЕ
1. Date Accepted 7/3/1/19	4. Name (Last, First): Rosener, Greg
2. Contribution Amt.	5. Address: 170 Boyd Lane
\$ 100.00	6. City/State/Zip: Estes Park, CO 80517
3. Aggregate Amt. * \$ \[ \int \O \O \cdot \O \O \cdot \O	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	A Name (Last First). Dealer
8/2(19	4. Name (Last, First): Dickey Chauley
2. Contribution Amt. \$ 100.00	5. Address: 365 Steamer Ct
3. Aggregate Amt. *	6. City/State/Zip: Estes Park, LO 80517
\$ 200,00	7. Description: De nation
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
Communication	
Date Accepted	
1. Date Accepted S[7] 9	4. Name (Last, First): Stack, Augie & Gordan
1. Date Accepted  S(7/19  2. Contribution Amt.	5. Address: POROX 1207
1. Date Accepted  S[7][9 2. Contribution Amt.  \$ 200,00	l l
1. Date Accepted  S[7] 9  2. Contribution Amt.  \$ 200,00  3. Aggregate Amt. *	5. Address: POROX 1207
1. Date Accepted  SIZIA  2. Contribution Amt.  \$ 200,000  3. Aggregate Amt. *	5. Address: POBOX 1227 6. City/State/Zip: Estes Pank, CO 80517
1. Date Accepted  S[7] 9  2. Contribution Amt.  \$ 200,00  3. Aggregate Amt. *  \$ 400,00	5. Address: POBOX 1227 6. City/State/Zip: Estes Pank CO 80517 7. Description: Donation
1. Date Accepted  S[7] 9  2. Contribution Amt.  \$ 200,00  3. Aggregate Amt. *  \$ 400,00  Check box if Electioneering	5. Address: POBOX 1227 6. City/State/Zip: ESTes Pank CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted  S[7] 9  2. Contribution Amt.  \$ 200,00  3. Aggregate Amt.*  \$ 400,00  Check box if Electioneering Communication  1. Date Accepted  8/7/19	5. Address: POBOX 1227 6. City/State/Zip: Estes Park CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Marshal Mike+ Leah
1. Date Accepted  S[7]  9  2. Contribution Amt.  \$ 200,000  3. Aggregate Amt. *  \$ 400,000  Check box if Electioneering Communication	5. Address: POBOX 1227 6. City/State/Zip: Estes Park CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Marshal, Mike+ Leah 5. Address: 280 North Court
1. Date Accepted  2. Contribution Amt.  3. Aggregate Amt. *  400,00  Check box if Electioneering Communication  1. Date Accepted  8/7/19  2. Contribution Amt.	5. Address: POROX 1227 6. City/State/Zip: Estes Pank CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Marshal, Miket Leah 5. Address: 280 North Court 6. City/State/Zip: Estes Park CO 80517
1. Date Accepted  2. Contribution Amt.  3. Aggregate Amt. *  400,00  Check box if Electioneering Communication  1. Date Accepted  8/7/19  2. Contribution Amt.  \$ 47,00	5. Address: Po Rox 1227 6. City/State/Zip: Estes Park, CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Marshal, Mike+ Leah 5. Address: 280 North Court 6. City/State/Zip: Estes Park (0 80517 7. Description:
1. Date Accepted  S[7] 9  2. Contribution Amt.  \$ JOO, OO  3. Aggregate Amt. *  \$ 400,00  Check box if Electioneering Communication  1. Date Accepted  S[7] 9  2. Contribution Amt.  \$ 47,00  3. Aggregate Amt. *	5. Address: POROX 1227 6. City/State/Zip: Estes Pank CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Marshal, Miket Leah 5. Address: 280 North Court 6. City/State/Zip: Estes Park CO 80517
1. Date Accepted  S[7] 9  2. Contribution Amt. \$ Joo, oo  3. Aggregate Amt. * \$ 400,00  Check box if Electioneering Communication  1. Date Accepted  8/7/19  2. Contribution Amt. \$ 47,00  3. Aggregate Amt. * \$ 47,00	5. Address: POBOX 1227 6. City/State/Zip: Estes Park CO 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Marshal, Miket Lead 5. Address: 280 North Court 6. City/State/Zip: Estes Park CO 80517 7. Description:

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

Full Name of Commit	tee/Person: True Gril-No Recall / Annie Slack
PLEASE PRINT/TYPE	
1. Date Expended 8/12/19	4. Name: Estes Park News
2. Amount	5. Address: P. D. Rox 500
\$ 380, 00  3.Recipient is (optional):	6. City/State/Zip: Estes Park CO 80517
Committee  Non-Committee	7. Purpose of Expenditure: Advertise
	Check box if Electioneering Communication
1. <u>Date Expended</u>	4. Name:
2. Amount	5. Address:
3.Recipient is (optional):	6. City/State/Zip:
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:
1401-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:
Tyon-Committee	☐ Check box if Electioneering Communication
1. <u>Date Expended</u>	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure:
LI Non-Committee	☐ Check box if Electioneering Communication

Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

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Email: cpfhelp@sos.state.co.us www.sos.state.co.us



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JUL 3 0 2019

ADMINISTRATIVE SERVICES

BY: TIME:

Colorado Secretary of State Form Rev. 12/09

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(1-43-100, C.IC.S.)	
Full Name of Committee/Person:	Two Evit-No Regal	1 Annie Slack
Address of Committee/Person:	As Shown On Registration	
Address of Committee/Person:	POROX (227	
City, State & Zip Code:	Estes Park 10 80	2517
Committee Type:	Issues	
Name and Address of Financial Institution	NA	
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing		
Amended Filing. This amend Submit changes or new information		
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance of 2	Zero in Line 5)
L Check this box if this Repor	t Contains Electioneering Communications	s Information
Reporting Period Covered:	6119 Through	7/30/19 Date
Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	icable) \$	
		Totals Detailed Summary Page
1 Funds on Hand at the Beginning	of Reporting Period (monetary only)	\$ 0.00
2 Total Monetary Contributions (lin		\$ (160.00
	& Beginning Amount (line 1 + line 2)	\$ 11.60.00
4 Total Monetary Expenditures (line		\$ 405.00
	orting Period (monetary) (line 3 – line 4)	\$ 755.00
	all impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	
Authorization (Must be completed b	y either the Registered Agent OR the Candidate): I	hereby certify and declare, under
	y knowledge or belief all contributions receive	
	n the form of membership dues transferred by a	membership organization, are from
permissible sources.		
Print Registered Agent's Name: _	Anne Dack	
D '	Armina 7/2-50	Date: 7-30-19
Registered Agent's Signature:	( ) leading	Date. 12 327-74
	( ) I de la company ( ) la company (	Date. [2 34) 17
Print Candidate Name:	(	

DET	A	II	FD	CITA	/TN/	FA	DV
DE L	н	ULL		OUN	ALIV.	М	NI

Full Name of Committee/Person:	True	Grit-	- No Recall / Annie SI			Slack	
Current Reporting Period:	6(1)	19	Thro	ough	7/2	10/19	

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ D 506
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1/60.00
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)	\$ 1160.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 1160.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 405.00
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)	\$ 405.00
20	Total Spending (Line 18 + line 19)	\$ 405.00

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: True Grit - No Recall / Aurice Stack

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

PLEASE PRINT	TYPE
1. Date Accepted 61119	4. Name (Last, First): Slack Aquie
2. Contribution Amt.	5. Address: PO Box 1227
3. Aggregate Amt. *	6. City/State/Zip: Estes Park, CO 80517
\$ 100.00	7. Description: Devasion
☐ Check box if Electioneering	Employer (if applicable, mandatory):  Occupation (if applicable, mandatory):
Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Holtzman, Joe
2. Contribution Amt.	5. Address: 1130 Scott Avenue
\$ 50.00 3. Aggregate Amt. *	6. City/State/Zip: Estes Park 60 805(7
\$ 50.00	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Dickey, Charley
2. Contribution Amt.	5. Address: 265 Steamer Count
\$ 100.00	6. City/State/Zip: Estes Park, LO 80517
3. Aggregate Amt. *	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Holtzman Joe
2. Contribution Amt.	5. Address: 1130 Scott Avenue
\$ 50.00	6. City/State/Zip: Estes Park LO 80517
3. Aggregate Amt. *	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
* For contribution lim	

<sup>\*</sup> 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 A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Two 6 ni 1- No Recell / Annie Slack

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

PLEASE PRINT	TYPE
1. Date Accepted	4. Name (Last, First): Holfz way, Joe
2. Contribution Amt.	5. Address: 1130 Scott Avenue
\$ 50.00	6. City/State/Zip: Estes Park LD 80517
3. Aggregate Amt. *	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Slack Annie
7/2/19 2. Contribution Amt.	5. Address: PO Box 1227
\$ 100.06	6. City/State/Zip: Estes Park CD 80517
3. Aggregate Amt. *	7. Description: Donation
900,00	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Wagner-Wehril Chery!
2. Contribution Amt.	5. Address: 1692 Prospect Estates Dive
\$ 310.00	6. City/State/Zip: Estes Park, LO 80517
3. Aggregate Amt. *	7. Description: Devation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	
7/10/19	4. Name (Last, First): Pace, Mary and Jeff
2. Contribution Amt.	5. Address: 1022 W Mourtain Avenue
3. Aggregate Amt. *	6. City/State/Zip: Fort Lo(ling, Lo 80517
\$ _	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: True brit - No Recall Annie Slack

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

PLEASE PRINT/	ТҮРЕ
1. Date Accepted	
7/10/19	4. Name (Last, First): Howell, Judy and Bill
2. Contribution Amt.	5. Address: 3005 Sioux Lourt
100.00	6. City/State/Zip: Estes Park Co 80517
3. Aggregate Amt. *	7. Description: Donathou
100.00	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	[ Carpenant, Manager, J. Carpenant, Manager, J. Carpenant, Manager, Manager
1. Date Accepted	A Name (Last File) Resident
7/10/19	4. Name (Last, First): Bieker, Linda
2. Contribution Amt.	5. Address: POBOX 4669
50,00	6. City/State/Zip: Estes Pack Co 80517
3. Aggregate Amt. *	7. Description: Donation
50.00 ☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Holtzwan Joe
7/26/19	5. All
2. Contribution Amt.	5. Address: 1130 Scott Avenue
3. Aggregate Amt. *	6. City/State/Zip: Ectes Park 10 80517
\$ -	7. Description: Douation
□ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First):
2 Contribution A.	
2. <u>Contribution Amt.</u> \$	5. Address:
3. Aggregate Amt. *	6. City/State/Zip:
\$	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	ts within a committee's election cycle or contribution cycle please refer to the following Colorado Constitutional cites: Condidate

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

Full Name of Committee	ree/Person: True Grit. No Recall / Annie Slack
PLEASE PRINT/TYPE	
1. <u>Date Expended</u>	4. Name: Karen Kataline
2. Amount	5. Address: POBOX 35
\$ \( \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \)  3. Recipient is (optional):	6. City/State/Zip: La Salle, LO 80645
Committee	7. Purpose of Expenditure: Speaker / Singer
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: Estes Park Thail Gazette
2. Amount	5. Address: PO BOX 1707
\$ 2\D.\odo	6. City/State/Zip: Estes Park co 80517
Committee	7. Purpose of Expenditure: Advertise
Non-Committee	☐ Check box if Electioneering Communication
1. <u>Date Expended</u> 711519	4. Name: Ester Park News
2. Amount	5. Address: Pto Box 508
\$ 95.00  3.Recipient is (optional):	6. City/State/Zip: Estes Park (to 80517
Committee	7. Purpose of Expenditure: Advertise
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200 Denver, CO 80290

Ph: (303 Fax: (303

(303) 894-2200 ext. 6383 (303) 869-4861

Email: cpfhelp@sos.state.co.us www.sos.state.co.us



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JUL 3 0 2019

ADMINISTRATIVE SERVICES

TIME

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

THE CO. III M.		1
Full Name of Committee/Person:	True Grit - No Regal	11/Annie Slack
Address of Committee/Person:		
City, State & Zip Code:	POROX (227	
Committee Type:	Estes Park 10 80	2517
	Issues	
Name and Address of Financial Institution	NA	
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing		
Amended Filing. This amendate Submit changes or new information		
	nation Reports MUST Have a Monetary Balance of	Zero in Line 5)
	t Contains Electioneering Communication	
Check this box it this Repor	t Contains Electioneering Communication	s information
Reporting Period Covered:	61119 Through	7/20/19
Reporting Feriod Covered.	Date	Date
Declared Total Spending (if appl	icable) §	
[Art. XXVIII, Sec. 4(1)]		
		Totals Detailed Summary Page
	of Reporting Period (monetary only)	\$ 0.00
2 Total Monetary Contributions (lin		\$ (160.00
	& Beginning Amount (line 1 + line 2)	\$ 1160.00
4 Total Monetary Expenditures (line		\$ 405.00
5 Funds on Hand at the End of Rep	orting Period (monetary) (line 3 – line 4)	\$ 755.00
The appropriate officer sh	all impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	day that a report is filed late.
Authorization (Must be completed b	by either the Registered Agent OR the Candidate): I	hereby certify and declare under
	ny knowledge or belief all contributions receive	
including any contributions received i	n the form of membership dues transferred by	
permissible sources.	1 -1	
Print Registered Agent's Name: _	Finne Dock	
Registered Agent's Signature:	Home Jook	Date: 7-30-19
Print Candidate Name:		
Candidates Signature:		Date:
		Colorado Secretary of State Form Rev. 12/09

Full Name of Committee/Person:	True Grit- No Recall / Annie Slack		
Current Reporting Period:	61119	Through	7/20/19

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ 0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1/60,00
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)	\$ 1160.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 1160.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 405.00
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)	\$ 405.00
20	Total Spending (Line 18 + line 19)	\$ 405.00

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: True Grit - No Recall / Aurice Stack

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

PLEASE PRINT	ТҮРЕ
1. Date Accepted	4. Name (Last, First): Slack Aurie
61119 2. Contribution Amt.	5. Address: PO Box 1327
\$ 150.00	6. City/State/Zip: Estes Pank, 60 80517
3. Aggregate Amt. *	7 Description:
[BD.00	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Holtzman, Joe
2. Contribution Amt.	5. Address: 1130 Scott Avenue
\$ 50.00	6. City/State/Zip: Estes Park (60 805(7)
3. Aggregate Amt. *	7. Description: Donation.
50. 00 ☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Dickey Charley
2. Contribution Amt.	4. Name (Last, First): Dickey Chanley 5. Address: 265 Steamer Count
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 265 Steamer Count
2. Contribution Amt. \$ 100.00 3. Aggregate Amt. *	5. Address: 265 Steamer Count 6. City/State/Zip: Estes Park, LO 80517
2. Contribution Amt. \$ 100.00 3. Aggregate Amt. * \$ 100.00	5. Address: 265 Steamer Count 6. City/State/Zip: Estes Park, 10 80517 7. Description: Donation
2. Contribution Amt. \$   DO. DO   3. Aggregate Amt. * \$   DO. DO   Check box if Electioneering	5. Address: 265 Steamer Count 6. City/State/Zip: Estes Park, LO 80517
2. Contribution Amt. \$	5. Address: 265 Steamer Count 6. City/State/Zip: Estes Park, 10 80517 7. Description: Donation 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$   DO. DO   3. Aggregate Amt. * \$   DO. DO   Check box if Electioneering	5. Address: 265 Steamer Count 6. City/State/Zip: Estes Park, 10 80517 7. Description: Donation 8. Employer (if applicable, mandatory):
2. Contribution Amt. \$   DO. DO   3. Aggregate Amt. * \$   DO. DO   Check box if Electioneering Communication  1. Date Accepted   6/7/19 2. Contribution Amt.	5. Address: 265 Steamer Count  6. City/State/Zip: Estes Park, 10 80517  7. Description: Denation  8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):
2. Contribution Amt. \$   DO. DO   3. Aggregate Amt. * \$   DO. DO   Check box if Electioneering Communication  1. Date Accepted   6/7(19) 2. Contribution Amt. \$ 50.00	5. Address:
2. Contribution Amt. \$   DO. DO   3. Aggregate Amt. * \$   DO. DO   Check box if Electioneering Communication  1. Date Accepted   6/7/19 2. Contribution Amt. \$ 50.00  3. Aggregate Amt. * \$	5. Address: 365 Steamer Count 6. City/State/Zip: Estes Park, 10 80517 7. Description: Denation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Holtzman Joe
2. Contribution Amt. \$   DO. DO   3. Aggregate Amt. * \$   DO. DO   Check box if Electioneering Communication  1. Date Accepted   6/7/19 2. Contribution Amt. \$ 50.00  3. Aggregate Amt. * \$   DO. DO	5. Address:
2. Contribution Amt. \$	5. Address: 365 Steamer Count 6. City/State/Zip: Estes Park, 10 80517 7. Description: Donation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Holtzman Soe 5. Address: 1130 Scott Avenue 6. City/State/Zip: Estes Park 10 80517 7. Description: Donation

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Two Guil- No Recell / Annie Slack

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

PLEASE PRINT/TYPE		
1. Date Accepted	11.10	
6107/19	4. Name (Last, First): Holfz way, Joe	
2. Contribution Amt.	5. Address: 1130 Scott Avenue	
\$ 50.00	6. City/State/Zip: Estes Park LD 80517	
3. Aggregate Amt. *	7. Description: Dougtion	
150.00		
☐ Check box if	8. Employer (if applicable, mandatory):	
Electioneering Communication	9. Occupation (if applicable, mandatory):	
1. Date Accepted	4. Name (Last, First): Slack Annie	
2. Contribution Amt.	5. Address: PD Bex 1227	
\$ 100.06		
3. Aggregate Amt. *	6. City/State/Zip: Estes Park LD 80517	
\$ 200,00	7. Description: Donatian	
☐ Check box if	8. Employer (if applicable, mandatory):	
Electioneering	9. Occupation (if applicable, mandatory):	
Communication		
Date Accepted		
	4. Name (Last, First): Wagner-Wehril Chery!	
1. Date Accepted	4. Name (Last, First): Wagner-Wehril Chery!  5. Address: 1692 Prospect Estates Drive	
1. <u>Date Accepted</u> 7/2/9 2. <u>Contribution Amt.</u> \$ 315.00	5. Address: 1692 Prospect Estates Drive	
1. Date Accepted 7/2/19 2. Contribution Amt.	5. Address: 1692 Prospect Estates Drive 6. City/State/Zip: Estes Park, Lo 80517	
1. Date Accepted 7/2/19 2. Contribution Amt. \$ 316.00 3. Aggregate Amt. * \$ 310.00	5. Address: 1692 Prospect Estates Drive 6. City/State/Zip: Estes Park Lo ROSI7 7. Description: Description:	
1. Date Accepted 7/2/9 2. Contribution Amt. \$ 3/0.00 3. Aggregate Amt. * \$ 3/0.00  □ Check box if	5. Address: 692 Prospect Estates Drive 6. City/State/Zip: Estes Park to ROSI7 7. Description: Description: 10 to Rosion (if applicable, mandatory):	
1. Date Accepted 7/2/19 2. Contribution Amt. \$ 316.00 3. Aggregate Amt. * \$ 310.00	5. Address: 1692 Prospect Estates Drive 6. City/State/Zip: Estes Park Lo ROSI7 7. Description: Description:	
1. Date Accepted 7/2/19 2. Contribution Amt. \$ 3/0.00 3. Aggregate Amt. * \$ 2/0.00 □ Check box if Electioneering Communication	5. Address: 692 Prospect Estates Drive 6. City/State/Zip: Estes Park to ROSI7 7. Description: Description: 10 to Rosion (if applicable, mandatory):	
1. Date Accepted 7 2 19 2. Contribution Amt. \$ 3 6.00 3. Aggregate Amt. * \$ 20.00  Check box if Electioneering	5. Address: 692 Prospect Estates Drive 6. City/State/Zip: Estes Park to ROSI7 7. Description: Description: 10 to Rosion (if applicable, mandatory):	
1. Date Accepted 7/2/19 2. Contribution Amt. \$ 315.00 3. Aggregate Amt. * \$ Check box if Electioneering Communication  1. Date Accepted 7/15/19 2. Contribution Amt.	5. Address: 692 Prospect Estates Drive 6. City/State/Zip: Estes Park, Lo BOSI7 7. Description: Dougetion 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Pace, Mary and Jeff	
1. Date Accepted 7/2/19 2. Contribution Amt. \$ 3/6.00 3. Aggregate Amt. * \$ 2/6.00  Check box if Electioneering Communication  1. Date Accepted 7/16/19	5. Address:   692   Prospect Estates Drive   6. City/State/Zip:   Estes Park, Lo Bosi7   7. Description:   Description:   8. Employer (if applicable, mandatory):   9. Occupation (if applicable, mandatory):   4. Name (Last, First):   Pace   Mary and Jeff   5. Address:   1022   W Mourtain Avenue	
1. Date Accepted  7/2/19 2. Contribution Amt. \$ 3/6.00 3. Aggregate Amt. * \$ 2/0.00 Check box if Electioneering Communication  1. Date Accepted  7/16/19 2. Contribution Amt. \$ 200.06 3. Aggregate Amt. *	5. Address:   692   Prospect Estates Drive   6. City/State/Zip:   Estes Park Co 80517   7. Description:   Devetion   8. Employer (if applicable, mandatory):   9. Occupation (if applicable, mandatory):   4. Name (Last, First):   Pace   Mary and Jeff   5. Address:   1022   W Mountain Avenue   6. City/State/Zip:   Fort Lo(line   Co 80517	
1. Date Accepted 7/2/19 2. Contribution Amt. \$ 315.00 3. Aggregate Amt. * \$ Check box if Electioneering Communication  1. Date Accepted 7/15/19 2. Contribution Amt. \$ 300.06	5. Address: 692 Prespect Estates Drive 6. City/State/Zip: Estes Park Lo BOSI7 7. Description: Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Pace Mary and Jeff 5. Address: 1022 W Mountain Avenue 6. City/State/Zip: Fort Lo(ling, Lo BOSI7 7. Description: Denation	
1. Date Accepted 7/2/9 2. Contribution Amt. \$ 3/0.00 3. Aggregate Amt. * \$ 2/0.00  Check box if Electioneering Communication  1. Date Accepted 7/16/19 2. Contribution Amt. \$ 200.00  Check box if  Check box if	5. Address: 692 Prespect Estates Drive 6. City/State/Zip: Estes Park to E0517 7. Description: Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Pace Mary and Jeff 5. Address: 1022 W Mountain Avenue 6. City/State/Zip: Fort Lolling to 20517 7. Description: Denethor 8. Employer (if applicable, mandatory):	
1. Date Accepted 7/2/9 2. Contribution Amt. \$ 3/6.00 3. Aggregate Amt. * \$ 2/0.00  Check box if Electioneering Communication  1. Date Accepted 7/16/19 2. Contribution Amt. \$ 200.00 3. Aggregate Amt. * \$ 200.00	5. Address: 692 Prespect Estates Drive 6. City/State/Zip: Estes Park Lo BOSI7 7. Description: Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Pace Mary and Jeff 5. Address: 1022 W Mountain Avenue 6. City/State/Zip: Fort Lo(ling, Lo BOSI7 7. Description: Denation	

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: True brit - No Read Annie Slack

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

PLEASE PRINT	TYPE
1. Date Accepted	
7/10/19	4. Name (Last, First): Howell, Judy and Bill
2. Contribution Amt.	5. Address: 3005 Sioux Lourt
100.00	6. City/State/Zip: Estes Park Co 80517
3. Aggregate Amt. *	7. Description: Donation
Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	
7/10/19	4. Name (Last, First): Bicker, Linda
2. Contribution Amt.	5. Address: POBSX 4669
\$ 50.00	6. City/State/Zip: Estes Park CO 80517
3. Aggregate Amt. *	7. Description: Donation
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory):
Communication	[ (
1. Date Accented	
1. Date Accepted	4. Name (Last, First): Holtzman Joe
7/26/(9 2. <u>Contribution Amt.</u>	4. Name (Last, First): Holtzman Toe 5. Address: 1130 Scott Avenue
7/26/9 2. Contribution Amt. \$ 50.00	5. Address: 1130 Scott Avehue
7 26 (9  2. Contribution Amt.  \$ 50.00  3. Aggregate Amt. *	4. Name (Last, First): Heltzman Toe  5. Address: 1130 Scott Duehve  6. City/State/Zip: Ectc. Park 10 80517  7. Description: Donation
7/26/9 2. Contribution Amt. \$ 50.00 3. Aggregate Amt. * \$ 200.00	5. Address: 1130 Scott Avelue  6. City/State/Zip: Ectcs Park Lo 80517
7 7 6 (9  2. Contribution Amt.  \$ 50.00  3. Aggregate Amt. *  \$ 200.00  Check box if Electioneering	5. Address: 1130 Scott Avelue 6. City/State/Zip: Ectex Park (0 80517 7. Description: Donation
7 26 (9 2. Contribution Amt. \$ 50.00 3. Aggregate Amt. * \$ 200.00 □ Check box if Electioneering Communication	5. Address: 1130 Scott Avelue 6. City/State/Zip: Ectes Park (0 80517 7. Description: Douation 8. Employer (if applicable, mandatory):
7 26 (9 2. Contribution Amt. \$ 50.00 3. Aggregate Amt. * \$ 200.00  Check box if Electioneering	5. Address:
7 7 6 (9  2. Contribution Amt.  \$ 50.00  3. Aggregate Amt. *  \$ 200.00  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt.	5. Address: 1130 Scott Dueque 6. City/State/Zip: Ectcs Park (0 80517 7. Description: Douation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First):
7 7 6 (9  2. Contribution Amt. \$ 50.00  3. Aggregate Amt. * \$ 200.00  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$	5. Address:
7 7 6 (9  2. Contribution Amt.  \$ 50.00  3. Aggregate Amt. *  \$ 200.00  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt.	5. Address: 1130 Scott Dueliue 6. City/State/Zip: Ectes Park (\$\infty\$ 80517 7. Description: Douation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip:
7 7 8 6 9  2. Contribution Amt. \$ 50.00  3. Aggregate Amt. * \$ 200.00  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. * \$	5. Address: 130 Scott Duelice 6. City/State/Zip: Ectcl Park 10 80517 7. Description: Douation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 6. City/State/Zip: 7. Description:
7 7 8 6 9  2. Contribution Amt. \$ 50.00  3. Aggregate Amt. * \$ 200.00  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. * \$	5. Address: 1130 Scott Ducke 6. City/State/Zip: Ectck Park (0 80517 7. Description: Douation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):  4. Name (Last, First):  5. Address:  6. City/State/Zip:  7. Description:  8. Employer (if applicable, mandatory):
7 7 8 6 9  2. Contribution Amt. \$ 50.00  3. Aggregate Amt. * \$ 200.00  Check box if Electioneering Communication  1. Date Accepted  2. Contribution Amt. \$  3. Aggregate Amt. * \$	5. Address: 130 Scott Duelice 6. City/State/Zip: Ectcl Park 10 80517 7. Description: Douation 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 6. City/State/Zip: 7. Description:

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

Full Name of Committee/Person: Ivve Gvit - No Recal Annie Slack		
PLEASE PRINT/TYPE		
Date Expended	1 Names Karra Karra	
6/19/19	4. Name: Karen Kataline	
2. Amount	5. Address: PO Box 35	
\$ 100,00	6. City/State/Zip: La Salle, LO 80645	
3.Recipient is (optional):  Committee	7. Purpose of Expenditure: Speaker / Singer	
☐ Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended		
7/1/9	4. Name: Estes Park Trail Gazette	
2. Amount	5. Address: PO BOX 1707	
\$ 210.00	6. City/State/Zip: Estes Park co 805(7	
3.Recipient is (optional):  Committee	7. Purpose of Expenditure: Advertise	
Non-Committee		
	☐ Check box if Electioneering Communication	
1. <u>Date Expended</u>	4. Name: Ester Park News	
7[15[19]	5. Address: Pto Rox 508	
\$ 95.00	6. City/State/Zip: Estes Park Lt 80517	
3.Recipient is (optional):  Committee	7. Purpose of Expenditure: Advertise	
☐ Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended		
1. Date Expended	4. Name:	
2. Amount	5. Address:	
\$	6 City/State/7im	
3.Recipient is (optional):	6. City/State/Zip:	
Committee Non-Committee	7. Purpose of Expenditure:	
L Non-Committee	☐ Check box if Electioneering Communication	
Date Expended		
	4. Name:	
2. Amount	5. Address:	
\$		
3.Recipient is (optional):	6. City/State/Zip:	
Committee	7. Purpose of Expenditure:	
☐ Non-Committee	☐ Check box if Electioneering Communication	