

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



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**RECEIVED**

**SEP 16 2019**

ADMINISTRATIVE SERVICES

BY: \_\_\_\_\_ TIME: \_\_\_\_\_

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

Full Name of Committee/Person:	No Recall ESTRO PARK <small>As Shown On Registration</small>
Address of Committee/Person:	1895 BIG THOMPSON AVE
City, State & Zip Code:	ESTRO PARK, CO 80517
Committee Type:	ISSUE
Name and Address of Financial Institution	

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:

AUG 14  
Date

Through

Sept 15, 2019  
Date

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

\$ 0

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

CODY Rex WALKER

Registered Agent's Signature:

Car R Walker

Date:

9/16/19

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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RECEIVED

AUG 16 2019

ADMINISTRATIVE SERVICES

BY: TIME:

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

Full Name of Committee/Person:	NO Recall Estes Park
As Shown On Registration	
Address of Committee/Person:	1895 Big Thompson Ave
City, State & Zip Code:	Estes Park CO 80517
Committee Type:	ISSUE
Name and Address of Financial Institution	N/A

SOS ID NUMBER (state and county committees):

N/A

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:

7 - <sup>25</sup>~~30~~ - 19

Date

Through

8/16/2019

Date

Declared Total Spending (if applicable)

[Art. XXVIII, Sec. 4(1)]

\$

0

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

CODY Rex WALKER

Registered Agent's Signature:

Cody R Walker

Date:

8/16

Print Candidate Name:

Candidates Signature:

Date:

# **DETAILED SUMMARY**

Full Name of Committee/Person: \_\_\_\_\_

Current Reporting Period:

<sup>25</sup>  
7-30-19

Through

8-16-19

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

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

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

Full Name of Committee/Person: \_\_\_\_\_

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

PLEASE PRINT/TYPE

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: <u>N/A</u>
<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> ): _____

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: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: <u>NY / CA</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

## Schedule C - Loans

Full Name of Committee/Person: \_\_\_\_\_

### LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)  
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

### LOAN SOURCE

Name (Last, First or Institution): N/A

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_

Total of All Loans This Reporting  
Period: \$ \_\_\_\_\_

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ \_\_\_\_\_

Interest Amount Paid This Reporting Period: \$ \_\_\_\_\_

Amount Repaid This Reporting Period: \$ \_\_\_\_\_  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ \_\_\_\_\_  
(Sum of Schedule C pages, Place on line 16 of  
Detailed Summary)

Outstanding Balance: \$ N/A

TERMS OF LOAN:

N/A  
Date Loan Received

\_\_\_\_\_  
Due Date for Final Payment

### LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

## Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: \_\_\_\_\_

### Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

### Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

**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 Committee/Person:** \_\_\_\_\_

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
10. <input type="checkbox"/> 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."

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[www.sos.state.co.us](http://www.sos.state.co.us)



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## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	NO RECALL Estes PARK
As Shown On Registration	
Address of Committee/Person:	1895 BIG THOMPSON AVE
City, State & Zip Code:	ESTES PARK CO 80517
Committee Type:	ISSUE
Name and Address of Financial Institution	

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:

MAY 1 - 2019

Date

Through

JULY 25 - 2019

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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 1542.91
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1542.91
4	Total Monetary Expenditures (line 19)	\$ 1542.91
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:

CODY Rex WALKER

Registered Agent's Signature:

*Cody Rex Walker*

Date:

7/25/19

Print Candidate Name:

Candidates Signature:

Date:



# **DETAILED SUMMARY**

Full Name of Committee/Person: NO RECALL ESTES PARK

Current Reporting Period: 5/1/19 Through 7/25/19

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ <u>Ø</u>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ <u>-</u> <u>1542.91</u>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ <u>Ø</u>
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ <u>Ø</u>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ <u>Ø</u>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ <u>Ø</u>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ <u>1542.91</u>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ <u>Ø</u>
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ <u>1542.91</u>
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ <u>-</u> <u>1542.91</u>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ <u>Ø</u>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ <u>Ø</u>
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ <u>Ø</u>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ <u>-</u>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ <u>1542.91</u>
20	<b>Total Spending</b> (Line 18 + line 19)	\$ <u>1542.91</u>

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

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

Full Name of Committee/Person: NO RECALL ESTES PARK

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

PLEASE PRINT/TYPE

1. Date Accepted <u>1</u>	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>105.18</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>195.14</u>	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BUTTON PURCHASE</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO STABLES</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</u>

1. Date Accepted	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>751.85</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>946.99</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PLAQUE SIGN PURCHASE</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</u>

1. Date Accepted	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>185.64</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>1,132.63</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>SIGN WIRES</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</u>

1. Date Accepted	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>282.07</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>1,414.70</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BANKLED</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</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 A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person:

No Recall Estes Park**WARNING: Please read the instruction page for Schedule "A" before completing!****PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> <u>6/20/19</u>	4. Name (Last, First): <u>WALKER, CODY</u>
2. <u>Contribution Amt.</u> \$ <u>128.21</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. <u>Aggregate Amt. *</u> \$ <u>1,542.90</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BUTTON PURCHASE</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SOMBRENO STABLES</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RANCHER</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> ): _____

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: NO RECALL ESTES PARK

**PLEASE PRINT/TYPE**

1. Date Expended <u>5/6/19</u>	4. Name: <u>WACKY BUTTONS</u>
2. Amount \$ <u>105.18</u>	5. Address: <u>101 LINCOLN PARKWAY Suite A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>EAST ROCHESTER NY 14445</u>
	7. Purpose of Expenditure: <u>BUTTONS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/13/19</u>	4. Name: <u>WACKY BUTTONS</u>
2. Amount \$ <u>89.96</u>	5. Address: <u>101 LINCOLN PARKWAY Suite A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>EAST ROCHESTER NY 14445</u>
	7. Purpose of Expenditure: <u>BUTTONS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/7/19</u>	4. Name: <u>JUST YARD SIGNS</u>
2. Amount \$ <u>471.67</u>	5. Address: <u>4880 A1 DISTRIBUTION COURT</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ORLANDO FL 32822</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/31/19</u>	4. Name: <u>JUST YARD SIGNS</u>
2. Amount \$ <u>290.18</u>	5. Address: <u>4880 A1 DISTRIBUTION COURT</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ORLANDO FL 32822</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/23/19</u>	4. Name: <u>AMAZON seller "VIBE INK"</u>
2. Amount \$ <u>89.99</u>	5. Address: <u>P.O. BOX 81226</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SEATTLE WA 98108-1226</u>
	7. Purpose of Expenditure: <u>YARD SIGN WIRES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

Full Name of Committee/Person: NO RECALL ESTES PARK

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>5/31/19</u>	4. Name: <u>AMAZON seller "VIBE INK"</u>
2. <u>Amount</u> \$ <u>95.65</u>	5. Address: <u>P.O. BOX 81226</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SEATTLE WA 98108-1226</u>
	7. Purpose of Expenditure: <u>YARD SIGN WIRE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>5/25/19</u>	4. Name: <u>BANNER BUZZ</u>
2. <u>Amount</u> \$ <u>282.07</u>	5. Address: <u>595 OLD NORCROSS ROAD, Suite G</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lawrenceville GA 30046</u>
	7. Purpose of Expenditure: <u>BANNERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>6/20/19</u>	4. Name: <u>WACKY BUTTON</u>
2. <u>Amount</u> \$ <u>128.21</u>	5. Address: <u>101 LINCOLN PARKWAY Suite A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>East Rochester NY 14445</u>
	7. Purpose of Expenditure: <u>BUTTONS</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



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](mailto:cpfhelp@sos.state.co.us)  
[www.sos.state.co.us](http://www.sos.state.co.us)



Space Below For Office Use Only

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

Full Name of Committee/Person:	NO RECALL Estes PARK
As Shown On Registration	
Address of Committee/Person:	1895 BIG THOMPSON AVE
City, State & Zip Code:	ESTES PARK CO 80517
Committee Type:	ISSUE
Name and Address of Financial Institution	

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: MAY 1 - 2019 Through JULY 25 - 2019  
Date 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)	\$ <u>0</u>
2	Total Monetary Contributions (line 11)	\$ <u>1542.91</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>1542.91</u>
4	Total Monetary Expenditures (line 19)	\$ <u>1542.91</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>0</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: CODY Rex WALKER

Registered Agent's Signature: [Signature] Date: 7/25/19

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DETAILED SUMMARY

Full Name of Committee/Person: NO RECALL ESTES PARK

Current Reporting Period:

5/1/19

Through

7/25/19

Funds on hand at the beginning of reporting period (Monetary Only)		\$ <u>Ø</u>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <u>1542.91</u>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ <u>Ø</u>
8	Loans Received (Please list on Schedule "C")	\$ <u>Ø</u>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ <u>Ø</u>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ <u>Ø</u>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ <u>1542.91</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <u>Ø</u>
13	Total Contributions (Line 11 + line 12)	\$ <u>1542.91</u>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <u>1542.91</u>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <u>Ø</u>
16	Loan Repayments Made (Please list on Schedule "C")	\$ <u>Ø</u>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <u>Ø</u>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ <u>1542.91</u>
20	Total Spending (Line 18 + line 19)	\$ <u>1542.91</u>

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

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

Full Name of Committee/Person: NO RECALL ESTES PARK

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

PLEASE PRINT/TYPE

1. Date Accepted <u>1</u>	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>105.18</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>195.14</u>	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BUTTON PURCHASE</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO STABLES</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</u>

1. Date Accepted	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>751.85</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>946.99</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BUTTON SIGN PURCHASE</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</u>

1. Date Accepted	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>185.64</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>1,132.63</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>SIGN WIRES</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</u>

1. Date Accepted	4. Name (Last, First): <u>WALKER, CODY</u>
2. Contribution Amt. \$ <u>282.07</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. Aggregate Amt. * \$ <u>1,414.70</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BANKS</u>
	8. Employer (if applicable, mandatory): <u>SOMBRELO</u>
	9. Occupation (if applicable, mandatory): <u>RANCHER</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 A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: No Recall ESTO PARK

**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>6/20/19</u>	4. Name (Last, First): <u>WALKER, CODY</u>
2. <u>Contribution Amt.</u> \$ <u>128.21</u>	5. Address: <u>735 CASTLE MOUNTAIN ROAD</u>
3. <u>Aggregate Amt. *</u> \$ <u>1,542.90</u>	6. City/State/Zip: <u>ESTO PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>BUTTON PURCHASE</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SOMBRENO STABLES</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RANCHER</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> ):

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: NO RECALL ESTES PARK

PLEASE PRINT/TYPE

1. Date Expended <u>5/6/19</u>	4. Name: <u>WACKY BUTTONS</u>
2. Amount \$ <u>105.18</u>	5. Address: <u>101 LINCOLN PARKWAY Suite A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>EAST ROCHESTER NY 14445</u>
	7. Purpose of Expenditure: <u>BUTTONS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/13/19</u>	4. Name: <u>WACKY BUTTONS</u>
2. Amount \$ <u>89.96</u>	5. Address: <u>101 LINCOLN PARKWAY Suite A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>EAST ROCHESTER NY 14445</u>
	7. Purpose of Expenditure: <u>BUTTONS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/7/19</u>	4. Name: <u>JUST YARD SIGNS</u>
2. Amount \$ <u>471.67</u>	5. Address: <u>4880 A1 DISTRIBUTION COURT</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ORLANDO FL 32822</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/31/19</u>	4. Name: <u>JUST YARD SIGNS</u>
2. Amount \$ <u>290.18</u>	5. Address: <u>4880 A1 DISTRIBUTION COURT</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ORLANDO FL 32822</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/23/19</u>	4. Name: <u>AMAZON seller "VIBE INK"</u>
2. Amount \$ <u>89.99</u>	5. Address: <u>P.O. BOX 81226</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SEATTLE WA 98108-1226</u>
	7. Purpose of Expenditure: <u>YARD SIGN WIRES</u>
	<input type="checkbox"/> Check box if Electioneering Communication



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

Full Name of Committee/Person: NO RECALL ESTER PARK

PLEASE PRINT/TYPE

1. Date Expended <u>5/31/19</u>	4. Name: <u>AMAZON seller "VIBE INK"</u>
2. Amount \$ <u>95.65</u>	5. Address: <u>P.O. BOX 81226</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SEATTLE WA 98108-1226</u>
	7. Purpose of Expenditure: <u>YARD SIGN WIRE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>5/25/19</u>	4. Name: <u>BANNER BUZZ</u>
2. Amount \$ <u>282.07</u>	5. Address: <u>595 OLD NORCROSS ROAD, Suite G</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lawrenceville GA 30046</u>
	7. Purpose of Expenditure: <u>BANNERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>6/20/19</u>	4. Name: <u>WACKY BUTTON</u>
2. Amount \$ <u>128.21</u>	5. Address: <u>101 LINCOLN PARKWAY Suite A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>East Rochester NY 14445</u>
	7. Purpose of Expenditure: <u>BUTTONS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure:
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure:
	<input type="checkbox"/> Check box if Electioneering Communication