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

www.sos.state.co.us



RECEIVED

SEP 16 2019

ADMINISTRATIVE SERVICES

TIME:

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	No Parall Gar	PARIC
	As Shown On Registration) //KIC
Address of Committee/Person:	1895 BIL- Thompso	N AUE
City, State & Zip Code:	ESTES PARK, CO	80517
Committee Type:	1200 @	
Name and Address of Financial Institution		
SOS ID NUMBER	(state and county committees):	
Type of Report		
Regularly Scheduled Filing	2.	
Amended Filing. This amend Submit changes or new informat		
Termination Report. (Termi	mation Reports MUST Have a Monetary Balance of	Zero in Line 5)
Check this box if this Repo	rt Contains Electioneering Communication	ns Information
	C	200
Reporting Period Covered:	AUG 14 Throug	sh Sept 15, 2019
Declared Total Spending (if app	Date plicable) \$	ibate
Declared Total Spending (if app [Ant. XXVIII, Sec. 4(1)]		15ate
[Art. XXVIII, Sec. 4(1)]	plicable) \$	Totals Detailed Summary Page
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning	of Reporting Period (monetary only)	Totals Detailed Summary Page
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li	of Reporting Period (monetary only) ne 11)	Totals Detailed Summary Page \$
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (ti 3 Total of Monetary Contributions	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2)	Totals Detailed Summary Page \$
[An. XXVIII. Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Contributions 4 Total Monetary Expenditures (lir	of Reporting Period (monetary only) ne 11) s & Beginning Amount (line 1 + line 2) ne 19)	Totals Detailed Summary Page \$
[An. XXVIII. Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Contributions 4 Total Monetary Expenditures (lir	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2)	Totals Detailed Summary Page \$
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (Ii 3 Total of Monetary Contributions 4 Total Monetary Expenditures (Iii 5 Funds on Hand at the End of Re	of Reporting Period (monetary only) ne 11) s & Beginning Amount (line 1 + line 2) ne 19)	Totals Detailed Summary Page \$
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Contributions 4 Total Monetary Expenditures (lir 5 Funds on Hand at the End of Re The appropriate officer s	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	Totals Detailed Summary Page \$
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Contributions 4 Total Monetary Expenditures (lir 5 Funds on Hand at the End of Re The appropriate officer s Authorization (Must be completed)	of Reporting Period (monetary only) ne 11) s & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate):	Totals Detailed Summary Page \$
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Expenditures (lir 5 Funds on Hand at the End of Re The appropriate officer s Authorization (Must be completed penalty of perjury, that to the best of	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions received.	Totals Detailed Summary Page \$
[An. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Expenditures (lir 5 Funds on Hand at the End of Re The appropriate officer s Authorization (Must be completed penalty of perjury, that to the best of	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate):	Totals Detailed Summary Page \$
[An. XXVIII. Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (ti 3 Total of Monetary Expenditures (tir 5 Funds on Hand at the End of Re The appropriate officer's Authorization (Must be completed penalty of perjury, that to the best of including any contributions received permissible sources. Print Registered Agent's Name:	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions receive in the form of membership dues transferred by	Totals Detailed Summary Page \$
[An. XXVIII. Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Expenditures (lir 5 Funds on Hand at the End of Re The appropriate officer s Authorization (Must be completed penalty of perjury, that to the best of including any contributions received permissible sources.	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions receive in the form of membership dues transferred by	Totals Detailed Summary Page \$
[An. XXVIII. Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (li 3 Total of Monetary Expenditures (lir 5 Funds on Hand at the End of Re The appropriate officer's Authorization (Must be completed penalty of perjury, that to the best of including any contributions received permissible sources. Print Registered Agent's Name:	of Reporting Period (monetary only) ne 11) 3 & Beginning Amount (line 1 + line 2) ne 19) porting Period (monetary) (line 3 - line 4) hall impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate): my knowledge or belief all contributions receive in the form of membership dues transferred by	Totals Detailed Summary Page \$

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

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RECEIVED

AUG 16 2019

ADMINISTRATIVE SERVICES

REPORT OF CONTRIBUTIONS AND EXPENDITURES

TIME:

	(1-45-108, C.R.S.)	
Full Name of Committee/Person:	NO Record Foto	PARK
Address of Committee/Person:	1895 BIG Thompson	Aug
City, State & Zip Code:	Estro PARU (O 8	0517
Committee Type:	15100	
Name and Address of Financial Institution	N/A	
SOS ID NUMBER	(state and county committees):	
Type of Report	7.7.	
Regularly Scheduled Filing	j.	
Amended Filing. This amend Submit changes or new informati		
	nation Reports MUST Have a Monetary Balance of	Zero in Line 5)
Check this box if this Repor	t Contains Electioneering Communication	ns Information
 	25	
Reporting Period Covered:	7 -96 - 7 Throug	gh 8/16/2019
Declared Total Spending (if appl		Date
[Art. XXVIII, Sec. 4(1)]		
		Totals Detailed Summary Page
1 Funds on Hand at the Beginning		\$ Ø
2 Total Monetary Contributions (lin	e 11)	\$ 0
3 Total of Monetary Contributions	& Beginning Amount (line 1 + line 2)	\$ 0
4 Total Monetary Expenditures (line		\$ Ø
5 Funds on Hand at the End of Rep	orting Period (monetary) (line 3 – line 4)	\$ 0
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	ny knowledge or belief all contributions receiv	ved during this reporting period.
including any contributions received in permissible sources.	n the form of membership dues transferred by	a membership organization, are from
Print Registered Agent's Name:	CODY Rex WAL	CFR
Registered Agent's Signature:	Gody R Will	Date: 8/16
Print Candidate Name:		
Candidates Signature:		Date:

DETAILED SUMMARY

Full Name of Committee/Person:

Current Reporting Period: 7-30-19 Through 8-16-19

Fund	ls on hand at the beginning of reporting period (Monetary Only)	s Ø
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 9
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	s Ø
8	Loans Received (Please list on Schedule "C")	s Ø
9	Total of Other Receipts (Interest, Dividends, etc.)	s Q
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	s Ø
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	s Ø
13	Total Contributions (Line 11 + line 12)	s Ø
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	s Ø
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	s Ø
19	Total Monetary Expenditures (Total of lines 14 through 17)	s Ø
20	Total Spending (Line 18 + line 19)	s 01

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

Full Name of Committee/Person:	
WARNING. Plages road the	instruction nega for Schodule "A" before completing

PLEASE PRINT/	TYPE
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication	4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory): 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 Electioneering Communication	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):

^{*} 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).

Full Name of Committ	ee/Person:
PLEASE PRINT/TYPE	
1. <u>Date Expended</u>	4. Name:
2. Amount	5. Address:
3.Recipient is (optional):	5. Address: 6. City/State/Zip:
Committee Non-Committee	7. Purpose of Expenditure:
	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
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
Date Expended	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	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

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
LOAN SOURCE X//A
Name (Last, First or Institution):
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: \$ Total Repayments Made: \$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Balance: \$
TERMS OF LOAN: 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 C - Loans

$Schedule\ D-Returned\ Contributions\ \&\ Expenditures$

Full Name of Commi	ttee/Person:
(Previou.	Returned Contributions sly reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE 1. Date Accepted 2. Date Returned 3. Amount \$	4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Purpose:
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
(Previously PLEASE PRINT/TYPE 1. Date Expended	Returned Expenditures y reported on Schedule B – Expenditures returned or refunded to the committee)
	4. Name (Last, First):
2. <u>Date Returned</u>	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Comment (Optional):
Date Expended	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Comment (Optional):

Colorado Secretary of State Form Rev. 12/09

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 Cor	nmittee/Person:
PLEASE PRINT/TYPE	
Date Provided	4. Name (Last, First):
2. Fair Market Value	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
☐ Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2 F-i-14-1-111	4. Name (Last, First): 5. Address:
2. Fair Market Value \$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	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. *
1. Date Provided	
<u>Jaco F. Ovided</u>	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 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,"

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

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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

	(1-45-106, C.R.S.)			
Full Name of Committee/Person:	NO RECALL	Estes	PARK	
Address of Committee/Person:	As Shown On Registration	140000	AVE	
City, State & Zip Code:	1895 B16 Tho	11123014		
	ESTC> PARK	<u></u>	80517	
Committee Type:	issue			
Name and Address of Financial Institution				
SOS ID NUMBER	(state and county committees):			
Type of Report				
Regularly Scheduled Filing				
Regularly Scheduled Filing	•			
Amended Filing. This amend Submit changes or new informati				
Termination Report. (Termin	nation Reports MUST Have a Mo	netary Balance o	f Zero in Line 5)	
Check this box if this Repor	t Contains Electioneering (Communicatio	ne Information	
and this box it this repor	t Contains Electioneering C	2011111umcatio	ns miormation	
Reporting Period Covered:	MAY 1-201	G Throu	gh JULY	25 - 2019
			0	
Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	Date icable) \$			Date
			Totals Detailed	
[Art. XXVIII, Sec. 4(1)]	icable) \$			Date Summary Page
	of Reporting Period (monetar		Totals Detailed	
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Contributions	of Reporting Period (monetare 11) & Beginning Amount (line	ry only)	\$ \$ \$	
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Contributions 4 Total Monetary Expenditures (line	of Reporting Period (monetarie 11) & Beginning Amount (line e 19)	ry only) 1 + line 2)	\$ \$ \$	
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Contributions	of Reporting Period (monetarie 11) & Beginning Amount (line e 19)	ry only) 1 + line 2)	\$ \$ \$	
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Contributions 4 Total Monetary Expenditures (line 5 Funds on Hand at the End of Rep	of Reporting Period (monetarie 11) & Beginning Amount (line e 19)	ry only) 1 + line 2) 3 - line 4) per day for each	\$	1542,91 1542,91
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line 3 Total of Monetary Expenditures (line 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of mincluding any contributions received in permissible sources. Print Registered Agent's Name:	of Reporting Period (monetarie 11) & Beginning Amount (line e 19) orting Period (monetary) (line all impose a penalty of \$50 Art. XXVIII Sec. y either the Registered Agent OR by knowledge or belief all contracts.	ry only) 1 + line 2) 3 - line 4) per day for each 10(2)(a) the Candidate): tributions received:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	I Summary Page ISY2.91 ISY2.9
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Expenditures (line 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of no including any contributions received in permissible sources. Print Registered Agent's Name: Registered Agent's Signature:	of Reporting Period (monetarie 11) & Beginning Amount (line e 19) orting Period (monetary) (line all impose a penalty of \$50 Art. XXVIII Sec. y either the Registered Agent OR by knowledge or belief all contracts.	ry only) 1 + line 2) 3 - line 4) per day for each 10(2)(a) the Candidate): tributions received:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	I Summary Page ISY2.91 ISY2.9
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Expenditures (line 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of mincluding any contributions received in permissible sources. Print Registered Agent's Name: Registered Agent's Signature: Print Candidate Name:	of Reporting Period (monetary et 11) & Beginning Amount (line et 19) orting Period (monetary) (line all impose a penalty of \$50 period (Monetary) (line all impose a penalty	ry only) 1 + line 2) 3 - line 4) Der day for each 10(2)(a) 1 the Candidate): tributions receives transferred by	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	I Summary Page ISY2.91 ISY2.9
[Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lin 3 Total of Monetary Expenditures (line 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of mincluding any contributions received in permissible sources. Print Registered Agent's Name: Registered Agent's Signature: Print Candidate Name:	of Reporting Period (monetarie 11) & Beginning Amount (line e 19) orting Period (monetary) (line all impose a penalty of \$50 Art. XXVIII Sec. y either the Registered Agent OR by knowledge or belief all contracts.	ry only) 1 + line 2) 3 - line 4) Der day for each 10(2)(a) 1 the Candidate): tributions receives transferred by	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	I Summary Page ISTARI

Full Name of Committee/Person: NO RECAU ESTCS PARK

Through 7/25/19

		 	/	
Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ d		
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$		15425
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ Ø		10 18.
8	Loans Received (Please list on Schedule "C")	\$ Ø		
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ Ø		
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ Ø		
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ E=1 •		1542,9
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ Ø		
13	Total Contributions (Line 11 + line 12)	\$ •	=	1542.91
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$		15429
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0		
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0		
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ Ø		
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$		
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$		1542.9
20	Total Spending (Line 18 + line 19)	\$ al		15479

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

RECALL Extes PARK Full Name of Committee/Person: NO WARNING: Please read the instruction page for Schedule "A" before completing! PLEASE PRINT/TYPE 1. Date Accepted 4. Name (Last, First): 5. Address: 735 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): ☐ Check box if Electioneering 9. Occupation (if applicable, mandatory): Communication 1. Date Accepted 4. Name (Last, First): 5. Address: 13 2. Contribution Amt. 6. City/State/Zip: 3 7. Description: 8. Employer (if applicable, mandatory): ☐ Check box if 9. Occupation (if applicable, mandatory): Electioneering Communication 1. Date Accepted 4. Name (Last, First): 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): ☐ Check box if 9. Occupation (if applicable, mandatory): Electioneering Communication 1. Date Accepted 4. Name (Last, First): 5. Address: Contribution Amt 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): ☐ Check box if Electioneering 9. Occupation (if applicable, mandatory):

Communication

^{*} 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).

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

Full Name of Committee/Person: No Recau Esto PARK

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

PLEASE PRINT/1	TYPE
1. Date Accepted	4. Name (Last, First): WACKER, CODY.
2. Contribution Amt.	5. Address: 735 CASTLE MOUNTAIN ROAD
\$ 128.21	6. City/State/Zip: Esta PARIS, CO 80517
3. Aggregate Amt. *	7. Description: BUTTON DURCHOOF
1,372110	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): RANCLER
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	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4 Name (Last First):
1. Date Accepted	4. Name (Last, First):
	5. Address:
Date Accepted Contribution Amt. Aggregate Amt. *	5. Address: 6. City/State/Zip:
Date Accepted Contribution Amt. S Aggregate Amt. * \$	5. Address: 6. City/State/Zip: 7. Description:
Date Accepted Contribution Amt. \$ Aggregate Amt. *	5. Address: 6. City/State/Zip:
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * Check box if	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory):
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory):
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address:
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First):
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address:
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:

^{*} 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).

Full Name of Committee/Person: NO RECAU ESTES PARK		
PLEASE PRINT/TYPE 1. Date Expended		
5/6/19	4. Name: WACKY BUTTONS	
2. Amount	5. Address: 101 LINCOLN PARKWAY SUTTE A	
\$ 105.18	6. City/State/Zip: EST ROCHESTER NY 14445	
3.Recipient is (optional): Committee	7. Purpose of Expenditure: BUTTONS	
☐ Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended		
5/13/19	4. Name: WACKY BUTTONS	
2. Amount \$ 89.96	5. Address: 101 WHOCH PARKWAY SUTTE A	
3. Recipient is (optional):	6. City/State/Zip: EAST ROChester NY 14445	
Committee	7. Purpose of Expenditure: BUTTOKS	
Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended	4. Name: JUST YARD SIGNS	
5/7/19 2. Amount	5. Address: 4880 Al DISTRIBUTION COURT	
\$ 471.67		
3.Recipient is (optional):	6. City/State/Zip: ORLANDO FL 32822	
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: YARD SUKS	
	☐ Check box if Electioneering Communication	
1. Date Expended	4. Name: JUST YARD SIGNS	
2. Amount	5. Address: 4880 AI DISTRIBUTION COURT	
\$ 290.18 3.Recipient is (optional):	6. City/State/Zip: ORLANDO FL 32X22	
Committee	7. Purpose of Expenditure: YARD SIGN J	
☐ Non-Committee	☐ Check box if Electioneering Communication	
1. Date Expended	4. Name: AMAZON SelleR "VIDE INK"	
5/33/19 2. Amount		
\$ 2999	5. Address: P.O. Box 81226	
3.Recipient is (optional):	6. City/State/Zip: SEATLE WA 98108-122C	
Committee	7. Purpose of Expenditure: YARD SUGN WIRFS	
☐ Non-Committee	☐ Check box if Electioneering Communication	

Full Name of Committ	tee/Person: No Recall Ester PARK
PLEASE PRINT/TYPE	
1. <u>Date Expended</u> 5/31/19 2. <u>Amount</u> \$ 95.65	4. Name: AMAZON SelleR "VIBE INK" 5. Address: P.O. BOX 81226
3.Recipient is (optional): Committee Non-Committee	6. City/State/Zip: SEATLE WA 98108 - 1226 7. Purpose of Expenditure: YARD SIGN WIRE D Check box if Electioneering Communication
1. <u>Date Expended</u> 5 / 25 / 19	4. Name: BANNER BUZZ
2. Amount \$ 282.07 3. Recipient is (optional): Committee	5. Address: 595 OLD NORCROSS ROAD, SVITEG 6. City/State/Zip: LAWREN CEVILLE GA 30046 7. Purpose of Expenditure: BANNERS
Non-Committee	Check box if Electioneering Communication
	4. Name: WACKY BUTTON
	5. Address: 101 LINCOLN PARKWAY SUITE A 6. City/State/Zip: East Rochester NY 14445
Non-Committee	7. Purpose of Expenditure: BUTON ☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3.Recipient is (optional):	5. City/State/Zip:
Non-Committee 7	Purpose of Expenditure: Check box if Electioneering Communication
1. Date Expended	. Name:
2. Amount 5	. Address:
\$ 3.Recipient is (optional); 6.	. City/State/Zip:
Non Committee 7.	Purpose of Expenditure:
L	Check box if Electioneering Communication

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

Ph:

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

Fax: Email:

cpfhelp@sos.state.co.us

www.sos.state.co.us



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

Full Name of Committee/Person:	NO RECALL ESTER	PARK
	As Shown On Registration	
Address of Committee/Person:	1895 BIG Thompson	AUE
City, State & Zip Code:	ESTCO 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	7	
	· ·	
Amended Filing. This amend Submit changes or new informati	• • • • • • • • • • • • • • • • • • • •	
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance	of Zero in Line 5)
Check this box if this Repor	rt Contains Electioneering Communicati	ons Information
Demonstra De de LG	MAY 1 - 2019 Thro	TINY 20 2.00
Reporting Period Covered:	Date	ugh JULY 25 ~ 2019
Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	Date	-8-
Declared Total Spending (if appl	Date	-8-
Declared Total Spending (if appl [Art. XXVIII, Sec. 4(1)]	Date	Date
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line)	Date licable) \$ of Reporting Period (monetary only) ne 11)	Date Totals Detailed Summary Page
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line)	Date licable) \$ of Reporting Period (monetary only)	Totals Detailed Summary Page
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line) 3 Total of Monetary Contributions 4 Total Monetary Expenditures (line)	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2)	Totals Detailed Summary Page \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line) 3 Total of Monetary Contributions 4 Total Monetary Expenditures (line)	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2)	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line 3 Total of Monetary Contributions 4 Total Monetary Expenditures (line 5 Funds on Hand at the End of Rep	Date licable) \$ of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19)	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (ling 3 Total of Monetary Contributions 4 Total Monetary Expenditures (ling 5 Funds on Hand at the End of Rep	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 - line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)]	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (lind) 3 Total of Monetary Expenditures (lind) 4 Total Monetary Expenditures (lind) 5 Funds on Hand at the End of Rep The appropriate officer shad the Authorization (Must be completed be penalty of perjury, that to the best of the second contributions.	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 – line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate my knowledge or belief all contributions reco	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line 3 Total of Monetary Expenditures (line 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of hincluding any contributions received if	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 – line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line) 3 Total of Monetary Expenditures (line) 4 Total Monetary Expenditures (line) 5 Funds on Hand at the End of Report The appropriate officer shad to the best of the penalty of perjury, that to the best of the permissible sources.	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 – line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate my knowledge or belief all contributions reco	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line 3 Total of Monetary Expenditures (line 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of hincluding any contributions received if	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 – line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate my knowledge or belief all contributions reco	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line) 3 Total of Monetary Expenditures (line) 4 Total Monetary Expenditures (line) 5 Funds on Hand at the End of Report The appropriate officer shad to the best of the penalty of perjury, that to the best of the permissible sources.	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 – line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate my knowledge or belief all contributions reco	Totals Detailed Summary Page \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)] 1 Funds on Hand at the Beginning 2 Total Monetary Contributions (line) 3 Total of Monetary Expenditures (line) 5 Funds on Hand at the End of Rep The appropriate officer sh Authorization (Must be completed be penalty of perjury, that to the best of mincluding any contributions received in permissible sources. Print Registered Agent's Name:	of Reporting Period (monetary only) ne 11) & Beginning Amount (line 1 + line 2) e 19) porting Period (monetary) (line 3 – line 4) nall impose a penalty of \$50 per day for ea [Art. XXVIII Sec. 10(2)(a)] by either the Registered Agent OR the Candidate my knowledge or belief all contributions reco	Totals Detailed Summary Page \$

Colorado Secretary of State Form Rev. 12/09

DETAILED SUMMARY

Full Name of Committee/Person: NO

RECALL ESTES PARK
Through 7/25/19 **Current Reporting Period:**

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 0	•	
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$		1542.9
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ Ø		10 18.1
8	Loans Received (Please list on Schedule "C")	\$ Ø		
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ Ø		
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ Ø		
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ ee: •		1542,91
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ Ø		
13	Total Contributions (Line 11 + line 12)	\$ •	l e	1542.91
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ *		1542.9
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0		
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0		
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ Ø		
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$		
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$		1547.9
20	Total Spending (Line 18 + line 19)	\$ ¥		/ (SY).9I

[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>	4. Name (Last, First): WALKER, CODY
2. Contribution Amt. \$ 105 \cdot 18 \qquad 19	5. Address: 735 Castle MOUNTAIN ROAD 6. City/State/Zip: ESTO PARK CO 80517
3. Aggregate Amt. * \$ 195,14 Check box if	7. Description: BUTTON PURCHASE 8. Employer (if applicable, mandatory): Sombre Stables
Electioneering Communication	9. Occupation (if applicable, mandatory): RANCHER
1. Date Accepted	4. Name (Last, First): WALKER, CODY
2. Contribution Amt. \$ 751,85	5. Address: 735 Castle Mountain ROAD 6. City/State/Zip: Estes PARK, CO 80517
3. Aggregate Amt. * \$ QU/2 QQ	7. Description: MANNY SIGN PURCLUDE
Check box if Electioneering	8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): Ranche Republicable
Communication	
1. Date Accepted	4. Name (Last, First): WALKER, CODY
2. Contribution Amt. \$ 185.64	5. Address: 735 COSTLE MOUNTAIN POAD 6. City/State/Zip: FSto DARK, CO 805 (7)
3. Aggregate Amt. * \$ 1,222 (2)	7. Description: SISN WIRE>
☐ Check box if	8. Employer (if applicable, mandatory): Sombruco
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): WAXER, CODY
2. Contribution Amt.	5. Address: 735 Castle Moutain Pond
° 282.07	6. City/State/Zip: FSTZS PARIS (1) XOS/F
2 Aggmagata A w	6. City/State/Zip: FSTZS PARIX CO 80577
3. Aggregate Amt. * \$ 1/1/1/1 1-7	7. Description: BANXLES

* 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).

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

Full Name of Committee/Person: No Recau Esto PARK

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

PLEASE PRINT/TYPE		
1. Date Accepted	4. Name (Last, First): WACKER, CODY.	
2. Contribution Amt.	5. Address: 735 CASTLE MOUNTAIN ROAD	
\$ 128.21	6. City/State/Zip: Esta PARIS, CO 80517	
3. Aggregate Amt. *	7. Description: BUTTON PURCHOE	
\$ 1,592,90	8. Employer (if applicable, mandatory): 50mbres STAWS	
Electioneering Communication	9. Occupation (if applicable, mandatory): RAXI CLER	
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	9. Occupation (if applicable, mandatory):	
Communication		
Communication 1. Date Accepted	4. Name (Last, First):	
1. Date Accepted	5. Address:	
Date Accepted Contribution Amt. Aggregate Amt. *		
Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$	5. Address: 6. City/State/Zip:	
Date Accepted Contribution Amt. Aggregate Amt. *	5. Address: 6. City/State/Zip: 7. Description:	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering	5. Address:	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address:	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication	5. Address:	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$	5. Address:	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	5. Address:	

^{*} 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).

Full Name of Commit	tee/Person: NO RECALL ESTES PARK
PLEASE PRINT/TYPE 1. Date Expended 5/(2/19	4. Name: WACKY BUTTONS
2. Amount \$ /05.18 3.Recipient is (optional): Committee Non-Committee	5. Address: 101 LINCOUN PARKWAY SUTTE A 6. City/State/Zip: Fast Rochester NY 14445 7. Purpose of Expenditure: BUTTONS Check box if Electioneering Communication
Date Expended	4. Name: WACKY BUTTONS 5. Address: 101 WNCOUN PARYWAY SUTTE A 6. City/State/Zip: EAST ROCKESTER MY 14445 7. Purpose of Expenditure: BUTTONS Check box if Electioneering Communication
Date Expended	4. Name: Just YARD SIGNS 5. Address: 4880 A Distribution Court 6. City/State/Zip: Orlando FL 32822 7. Purpose of Expenditure: YARD SIGNS Check box if Electioneering Communication
1. Date Expended 5/31/9 2. Amount \$ 290.18 3.Recipient is (optional): Committee Non-Committee	4. Name: JUST YARD SIGNS 5. Address: 4880 A 1 DISTRIBUTION COURT 6. City/State/Zip: ORLANDO FL 32X22 7. Purpose of Expenditure: YARD SIGNS Check box if Electioneering Communication
1. Date Expended 5/23/19 2. Amount \$ 39,99 3. Recipient is (optional): □ Committee □ Non-Committee	4. Name: AMAZON SelleR "VIDE INK" 5. Address: P.O. BOX 81226 6. City/State/Zip: SEATLE WA 98108-122C 7. Purpose of Expenditure: YARD SUGN WIRFS Check box if Electioneering Communication

Full Name of Committee/Person: No Recau Esc. PARK		
PLEASE PRINT/TYPE		
1. <u>Date Expended</u> 5/31/19 2. <u>Amount</u> \$ 95.65 3.Recipient is (optional): Committee Non-Committee	4. Name: AMAZON Scher "VIBE INK" 5. Address: P.O. BOX 81226 6. City/State/Zip: SEATLE WA 98108-1226 7. Purpose of Expenditure: YARD SIGN WIRE D Check box if Electioneering Communication	
5/25/19	4. Name: BANNER BUZZ	
2. Amount \$ 282.07 3.Recipient is (optional): Committee Non-Committee	5. Address: 595 OLD NORCROSS ROAD, SITE (- 6. City/State/Zip: LAWREN CEVILLE GA 3004(0 7. Purpose of Expenditure: BANNERS Check box if Electioneering Communication	
1. Date Expended O/20/19 2. Amount \$ 128.2 3. Recipient is (optional): □ Committee □ Non-Committee	4. Name: WACKY BUTTON 5. Address: 101 LINCOLN PARKWAY SUITE A 6. City/State/Zip: East Rochester NY 14445 7. Purpose of Expenditure: BUTTON Check box if Electioneering Communication	
1. Date Expended	4. Name:	
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication	
1. Date Expended	4. Name:	
S. Amount	4. Name: 5. Address: 6. City/State/Zip:	
Non-Committee	7. Purpose of Expenditure:	
	☐ Check box if Electioneering Communication	