

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

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

Full Name of Committee/Person:	EPRECALL-2019
As Shown On Registration	
Address of Committee/Person:	1926 STONEGATE DRIVE
City, State & Zip Code:	ESTES PARK, CO 80517
Committee Type:	ISSUES
Name and Address of Financial Institution	FRONTIER BANK PO BOX 1988 LAMAR, CO 80517

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 16 - , 2019 Through SEPTEMBER 19, 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)	\$
2	Total Monetary Contributions (line 11)	\$
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4	Total Monetary Expenditures (line 19)	\$
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$

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: JANET SEHLHAUSEN

Registered Agent's Signature: Janet Sehlhausen Date: 9-11-2019

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

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

**September 11, 2019**

**Dear Madam Clerk,**

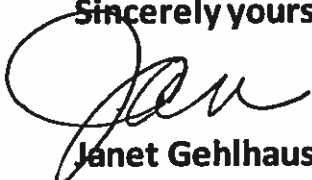
**I am submitting an incomplete form for the September 19, 2019 deadline. Unfortunately, I did not obtain the latest financial information from our treasurer before she left the county for three weeks. She left on September 4<sup>th</sup> for a trip to Switzerland. I also am leaving for a two week trip to England on September 12<sup>th</sup>.**

**I respectfully request an extension of time to file the fully completed form by September 30<sup>th</sup>. Until we both return from our trips, I will not have the necessary figures to provide a full accounting of donations and expenditures resulting in the required zero balance.**

**I am certain no funds were solicited or received after the August 16<sup>th</sup> report.**

**I am sorry, if this causes you any problem with your required reporting. I will contact you as soon as I return to Estes Park. That date should be September 27<sup>th</sup>.**

**Sincerely yours,**



**Janet Gehlhausen**

**303-885-9311**

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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:	EP RECALL 2019
As Shown On Registration	
Address of Committee/Person:	JANET GEHLHAUSEN
City, State & Zip Code:	1926 STONEGATE DRIVE
Committee Type:	ISSUES
Name and Address of Financial Institution	FRONTIER BANK, LAMAR, CO 81052

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: 7.31.2019 Through 8.16.2019  
Date Date

Declared Total Spending (if applicable) \$ 1847.29  
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1847.29
2 Total Monetary Contributions (line 11)	\$
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1847.29
4 Total Monetary Expenditures (line 19)	\$ 1158.55
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 688.74

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: JANET GEHLHAUSEN

Registered Agent's Signature: Janet Gehlhausen Date: 8.16.19

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

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

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

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

Full Name of Committee/Person: EP RECALL  
2019**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

*none reported this period*

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> ): _____

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: EP Recall 2019

## PLEASE PRINT/TYPE

1. Date Expended <u>7.29.2019</u>	4. Name: <u>DONNA PIERCE</u>
2. Amount \$ <u>228.80</u>	5. Address: <u>333 PROSPECT MOUNTAIN CT.</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
	7. Purpose of Expenditure: <u>ad in <del>Trail Gazette</del> EP News</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8.13.2019</u>	4. Name: <u><del>DONNA PIERCE</del> LINDA LANGER</u>
2. Amount \$ <u>24000</u>	5. Address: <u>1861 RAVEN AVENUE F1</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
	7. Purpose of Expenditure: <u>ad in Trail Gazette</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8.31.2019</u>	4. Name: <u>LINDA LANGER</u>
2. Amount \$ <u>240.00</u>	5. Address: <u>1861 RAVEN AVENUE F1</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
	7. Purpose of Expenditure: <u>ad in Trail Gazette</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7.23.2019</u>	4. Name: <u>JANET GEHLHAUSEN</u>
2. Amount \$ <u>28000</u>	5. Address: <u>1926 STONEGATE DRIVE</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
	7. Purpose of Expenditure: <u>Stamps</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7.30.2019</u>	4. Name: <u>KEVIN CONRAD</u>
2. Amount \$ <u>169.75</u>	5. Address: <u>2240 ARAPAHO ROAD</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
	7. Purpose of Expenditure: <u>Stamps</u>
	<input type="checkbox"/> Check box if Electioneering Communication

## Schedule C - Loans

Full Name of Committee/Person:

2019  
EP RETALL *[Signature]*

### 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): \_\_\_\_\_

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: \$ \_\_\_\_\_

### 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 D – Returned Contributions & Expenditures

Full Name of Committee/Person:

EP RECALL 2019 *[Signature]*

### 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** IN KIND  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: EP RECALL 2019

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>AUG, 13 2019</u>	4. Name (Last, First): <u>KEVIN CONRAD</u>
2. <u>Fair Market Value</u> \$ <u>2900</u>	5. Address: <u>2240 ARAPAHO ROAD</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>LESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>2 months of WEB SITE EXPENSE</u>
	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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JUL 30 2019

ADMINISTRATIVE SERVICES  
BY: TIME:

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	EPRECALL-2019
As Shown On Registration	
Address of Committee/Person:	1926 STONE GATE DRIVE ESTES PARK, CO
City, State & Zip Code:	80517
Committee Type:	ISSUES
Name and Address of Financial Institution	FRONTIER BANK, LAMAR, CO 81052

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: 7.15.2019 Through 7.30.2019  
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)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 2378.29
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2378.29
4 Total Monetary Expenditures (line 19)	\$ 531.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1847.29

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: JANET GEHLHAUSEN

Registered Agent's Signature: Janet Gehlhausen Date: 7.30.19

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

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



# **DETAILED SUMMARY**

Full Name of Committee/Person: EPRECALL-2019

Current Reporting Period: 7.15.2019 Through 7.30.2019

<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)		\$ 0
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ see attached 2318.29
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 60.00 cash donation bowl
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ none
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ none
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ none
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 2378.29
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 259.51
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 2637.80
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 531.00
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ <del>531.00</del> /
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ /
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ /
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ /
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 531.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 531.00

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

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

Full Name of Committee/Person: EP RECALL-2019**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>7.16.2019</u>	4. Name (Last, First): <u>please see attached</u>
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> ): _____

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).

Deb Dufty	GFM	100
John Gehlhausen	500 ck	
Dianna Hulbert	GFM ✕	25
<b>GFM Deposit</b>		120.77
Jack Nicholson & Paulette Harp	25 ck	1807 Maple st. Ellis, KS 67637
Don Sellers	100 ck	490 Prospector Ln, EP
Donna & David Pierce	50 ck	333 Prospect Mt. Ct., EP
Romaine & Jane Gardner	100 ck	1810 Ptarmigan Trl, EP
Paula Edwards	75 ck	PO Box 824, EP
???	60 cash	
Daylene Bennett	500 ck	1732 Devils Gulch Rd, EP
Susan Day	25 ck	1763 Wildfire Rd, EP
Richard & Janet Taylor	50 ck	734 Black Canyon Dr., EP
Anne Hulbert	200 ck	734 Meadowview Dr., EP
Total July 16	1685	120.77 Grand Total = 1805.77
Mary Sampson	GFM ✕	75
<b>GFM Deposit</b>		72.52
Reimburse...Donna Pierce		EP News Ad
Beth & Phil Nicholson	500 ck	3024 8th St., Boulder, CO 80304
Total July 27	2185	193.29 Grand Total = 2378.29
Total funds available 7/27 minus ad =		2092.29

*\$286.00*

*\* GO FUND ME PAGE*



# Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: EPRECALL-2019

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>7.19.2019</u>	4. Name: <u>JANET GEHLHAUSEN</u>
2. <u>Amount</u> \$ <u>245.00</u>	5. Address: <u>1926 STONEGATE DRIVE</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK CO 80517</u>
	7. Purpose of Expenditure: <u>stamps (reimbursed)</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>7.22.2019</u>	4. Name: <u>DONNA PIERCE</u>
2. <u>Amount</u> \$ <u>286.00</u>	5. Address: <u>333 PROSPECT MOUNTAIN CT.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
	7. Purpose of Expenditure: <u>ad in Estes Park News (reimbursement)</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

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

## Schedule C - Loans

Full Name of Committee/Person: EPRECALL-2019

### 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

none

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: \$ \_\_\_\_\_

(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: \$ \_\_\_\_\_

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 D – Returned Contributions & Expenditures

Full Name of Committee/Person: EP RETALL-2019

### Returned Contributions

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

PLEASE PRINT/TYPE

none

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

none

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** IN KIND  
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: EP RECALL - 2019

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>7.16.2019</u>	4. Name (Last, First): <u>JANET GEHLHAUSEN</u>
2. <u>Fair Market Value</u> \$ <u>2528</u>	5. Address: <u>1926 STONE GATE DRIVE</u>
3. <u>Aggregate Amt.</u> \$ <u>2528</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>mailing labels -</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>self Gehlhausen Rentals</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>property and T+G Enterprises</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> <u>7.15.2019</u>	4. Name (Last, First): <u>DENA &amp; DENNIS SCHOCKI</u>
2. <u>Fair Market Value</u> \$ <u>234.23</u>	5. Address: <u>1900 GRAY HAWK COURT</u>
3. <u>Aggregate Amt.</u> \$ <u>234.23</u>	6. City/State/Zip: <u>ESTES PARK, CO 80517</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>printed post cards</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>artists</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."