

Space Below For Office Use Only

Colorado Secretary of State  
Elections Division  
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Denver, CO 80290  
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**RECEIVED**  
APR 03 2020  
ADMINISTRATIVE SERVICES  
BY: \_\_\_\_\_ TIME: \_\_\_\_\_

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

Full Name of Committee/Person:	Patrick for Trustee / Patrick Martchink
As Shown On Registration	
Address of Committee/Person:	440 Chiquita Ln
City, State & Zip Code:	Estes Park, CO 80517
Committee Type:	Candidate
Name and Address of Financial Institution	US Bank / Estes Park Branch

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: 3/17/20 Date Through 4/3/20 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)	\$ 16.01
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 16.01
4 Total Monetary Expenditures (line 19)	\$ 0
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 16.01

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: Patrick Martchink

Registered Agent's Signature: Patrick Martchink Date: 4/3/20

Print Candidate Name: Patrick Martchink

Candidates Signature: Patrick Martchink Date: 4/3/20

**DETAILED SUMMARY**

Full Name of Committee/Person:

*Patrick for Trustee / Patrick Martchini*

Current Reporting Period:

*3/17/20*

Through

*4/3/20*

Funds on hand at the beginning of reporting period (Monetary Only)		\$	<i>16.01</i>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	<i>0</i>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	<i>0</i>
8	Loans Received (Please list on Schedule "C")	\$	<i>0</i>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	<i>0</i>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	<i>0</i>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	<i>0</i>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	<i>0</i>
13	Total Contributions (Line 11 + line 12)	\$	<i>0</i>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	<i>0</i>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	<i>0</i>
16	Loan Repayments Made (Please list on Schedule "C")	\$	<i>0</i>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	<i>0</i>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	<i>0</i>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	<i>0</i>
20	Total Spending (Line 18 + line 19)	\$	<i>0</i>

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

Full Name of Committee/Person:	Patrick For Trustee / Patrick Martchink
As Shown On Registration	
Address of Committee/Person:	440 Chiquita Ln
City, State & Zip Code:	Estes Park, CO 80517
Committee Type:	Candidate
Name and Address of Financial Institution	US Bank 363 E. Elkhorn Ave Estes Park, 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:  Date Through  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)	\$ 200.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 200.00
4 Total Monetary Expenditures (line 19)	\$ 183.99
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 16.01

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: Patrick Martchink

Registered Agent's Signature: *Patrick Martchink* Date: 3/16/20

Print Candidate Name: Patrick Martchink

Candidates Signature: *Patrick Martchink* Date: 3/16/20

**DETAILED SUMMARY**

Full Name of Committee/Person: Patrick for Trustee / Patrick Martchink

Current Reporting Period:  Through 3/17/20

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	0
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	200.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	200.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	200.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	183.99
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	183.99
20	<b>Total Spending</b> (Line 18 + line 19)	\$	183.99

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

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

Full Name of Committee/Person: Patrick For Trustee / Patrick Martchink

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 2/14/20	4. Name (Last, First): <u>Weissenrieder, Lynn</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>1373 Deer Path Ct.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Estes Park, CO 80517</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> 2/14/20	4. Name (Last, First): <u>Henrichs, Randy</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>701 Elk Trail</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Estes Park, CO 80517</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> ): _____

\* 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: Patrick For Trustee / Patrick Martchink

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>2/15/20</u>	4. Name: <u>Em UZ Marketing</u>
2. <u>Amount</u> \$ <u>183.99</u>	5. Address: <u>5900 Bingle Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Houston, TX 77092</u>
	7. Purpose of Expenditure: <u>Yard Signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

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

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