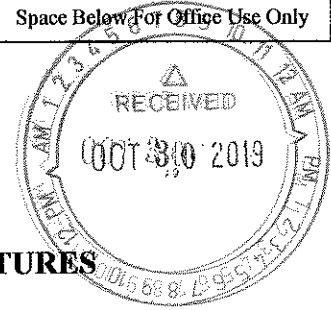


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
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 Fax: (303) 869-4861
 Email: cphelp@sos.state.co.us
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	Yeah for JA
As Shown On Registration	
Address of Committee/Person:	28 Valley View, PO Box 883234
City, State & Zip Code:	Steamboat Springs, Co 80488
Committee Type:	Issues
Name and Address of Financial Institution	Yampa Valley Bank, 600 S. Lincoln Ave., Suite 100 Steamboat Springs, Co 80487

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: Oct. 11, 2019 Date **Through** Oct. 29, 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)	\$ 63.49
2	Total Monetary Contributions (line 11)	\$ 770.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 833.49
4	Total Monetary Expenditures (line 19)	\$ 797.14
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 36.35

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: Katherine M. Mayer
 Registered Agent's Signature: [Signature] Date: 10/29/19
 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: Yeah for 2A

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/14/19</u>	4. Name (Last, First): <u>OAKLAND, Joseph J</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>40510 Anchor Way</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>STEAMBOAT Springs, Co 80487</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>City of Steamboat Springs</u>
	9. Occupation (if applicable, mandatory): <u>Fire fighter</u>

1. Date Accepted <u>10/14/19</u>	4. Name (Last, First): <u>Curt Weiss</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>800 Weiss Drive, Suite A</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>STEAMBOAT Springs, Co 80487</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Owner</u>
	9. Occupation (if applicable, mandatory): <u>Property Management</u>

1. Date Accepted <u>10/14/19</u>	4. Name (Last, First): <u>Julie McFadden</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: <u>PO Box 772555</u>
3. Aggregate Amt. * \$ <u>20.00</u>	6. City/State/Zip: <u>STEAMBOAT Springs, Co 80477</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>City of Steamboat Springs</u>
	9. Occupation (if applicable, mandatory): <u>Fire fighter</u>

1. Date Accepted <u>10/15/19</u>	4. Name (Last, First): <u>LANDMARK CONSULTANTS, INC</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>PO Box 774943</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>STEAMBOAT Springs, Co 80477</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Engineering Consulting</u>
	9. Occupation (if applicable, mandatory): <u>N/A</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: Yeah for 2A

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/19/19</u>	4. Name (Last, First): <u>Weiss, Robert G</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>600 S. Lincoln Ave, Suite 202</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>Steamboat Springs, Co 80487</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Attorney</u>

1. <u>Date Accepted</u> <u>10/17/19</u>	4. Name (Last, First): <u>Weiss Deane</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>PO Box 770328</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>Steamboat Springs Co 80477</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>10/21/19</u>	4. Name (Last, First): <u>Brynn Grey Partners LTD</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>777 Pearl Street, Suite 200</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>Boulder, Co 80302</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Development Company</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> <u>10/29/19</u>	4. Name (Last, First): <u>Meyer, Katherine</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>28 Valley View, PO Box 883234</u>
3. <u>Aggregate Amt. *</u> \$ <u>150.00</u>	6. City/State/Zip: <u>Steamboat Springs, Co 80488</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>City of Steamboat Springs</u>
	9. Occupation (if applicable, mandatory): <u>Council member</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: YEAH for 2A

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/19/19</u>	4. Name: <u>Postnet</u>
2. <u>Amount</u> \$ <u>221.14</u>	5. Address: <u>1625 MidValley Drive, Suite 1</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Steamboat Springs, Colorado 80487</u>
	7. Purpose of Expenditure: <u>Photocopies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/23/19</u>	4. Name: <u>STEAMBOAT Radio Group</u>
2. <u>Amount</u> \$ <u>576.00</u>	5. Address: <u>2550 Copper Ridge Drive UNIT A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>STEAMBOAT Springs, CO 80487</u>
	7. Purpose of Expenditure: <u>RADIO ADS</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