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

Space Below For Office Use Only

RECEIVED

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Committee to Elect Robin Crossan As Shown On Registration
Address of Committee/Person:	1847 Clubhouse Drive Steamboat Springs, Co 80487
City, State & Zip Code:	PO Box 881594 Steamboat Springs, Co. 80488
Committee Type:	Candidate Committee
Name and Address of Financial Institution	Wells Fargo

SOS ID NUMBER (state and county committees):

Type of Report

[X] 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: October 9, 2015 (Date) **Through** October 25, 2015 (Date)

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] $ 964.61

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 98.96
2	Total Monetary Contributions (line 11)	$ 869.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 967.96
4	Total Monetary Expenditures (line 19)	$ 964.61
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 3.35

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: Linda Danter

Registered Agent's Signature: [signature] Date: 10/28/15

Print Candidate Name: Robin Crossan

Candidates Signature: Robin Crossan Date: 10/28/15

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Robin Crossan

Current Reporting Period: October 9, 2015 Through October 25, 2015

Funds on hand at the beginning of reporting period (Monetary Only)		$ 198.96
6	Itemized Contributions $20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$ 710.00
7	Total of Non-Itemized Contributions (Contributions of $19.99 and Less)	$ 159.00
8	Loans Received (Please list on Schedule "C")	$ —
9	Total of Other Receipts (Interest, Dividends, etc.)	$ —
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	$ —
11	Total Monetary Contributions (Total of lines 6 through 10)	$ 869.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	$ —
13	Total Contributions (Line 11 + line 12)	$ 869.00
14	Itemized Expenditures $20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$ 964.61
15	Total of Non-Itemized Expenditures (Expenditures of $19.99 or Less)	$ —
16	Loan Repayments Made (Please list on Schedule "C")	$ —
17	Returned Contributions (To donor) (Please list on Schedule "D")	$ —
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	$ —
19	Total Monetary Expenditures (Total of lines 14 through 17)	$ 964.61
20	Total Spending (Line 18 + line 19)	$ 964.61

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation **and** employer for all $100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

- Accepts contributions of no more than $50 per year, FROM NATURAL PERSONS ONLY. [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending $1,000 or more on Electioneering Communications.
- Required to disclose occupation **and** employer for all $250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Contribution Limits – State Candidates

(Art. XXVIII, Sec. 3)

Candidates:

- **$525**◊ Primary, $525◊ General if nominated to general election ballot – Gov*, Gov/Lt. Gov**, Secretary of State, Attorney General and State Treasurer
- **$200** Primary, $200 General if nominated to general election ballot – State Senate, State House of Representative, State Board of Education, CU Regent, and District Attorney.

Note: Candidates may receive the primary and general election contributions at one time, the contributor must note that the contribution is for both the primary and general election contribution. Candidates must note both contributions on their report. It is preferred that each contribution be given separately; one check written for the primary and one check written for the general, and so noted by the contributor on the check and by the recipient on the report.

Political Committees (State, County, District & Local):

- **$525**◊ per House of Representatives Election Cycle

Political Party (From any person other than Small Donor):

- **$ 3,175**◊ per year no more than $2,650◊ to state party.

Political Party (From Small Donor):

- **$15,900**◊ per year no more than $13,250◊ to state party.

Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.

* Primary Election
** General Election
◊ Contribution Limits reflect adjustments made by CPF Rule 12 pursuant to Article XXVIII, Sec. 3(13) of the Colorado Constitution.

Schedule A – Itemized Contributions Statement ($20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Committee to Elect Robin Crossan

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

PLEASE PRINT/TYPE

1. Date Accepted: 10/10/15	4. Name (Last, First): Eden, Gail + Don
2. Contribution Amt. $ 100.00	5. Address: Po Box 883384
3. Aggregate Amt. * $ 100.00	6. City/State/Zip: Steamboat springs, Co. 80487
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted: 10/10/15	4. Name (Last, First): Alpine Oral + Facial Surgery - Dr Lupori
2. Contribution Amt. $ 250.00	5. Address: 940 Central Park Dr STE 106
3. Aggregate Amt. * $ 250.00	6. City/State/Zip: Steamboat Springs, Co. 80487
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): Alpine Oral + Facial Surgery
	9. Occupation (if applicable, mandatory): Dentist

1. Date Accepted: 10/10/15	4. Name (Last, First): Edwards, DJ + Hank
2. Contribution Amt. $ 25.00	5. Address: Po Box 771675
3. Aggregate Amt. * $ 25.00	6. City/State/Zip: Steamboat Springs, Co. 80477
☐ Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted: 10/10/15	4. Name (Last, First): Lavinger, Anne + Phillip
2. Contribution Amt. $ 100.00	5. Address: 4600 C Huisache St
3. Aggregate Amt. * $ 100.00	6. City/State/Zip: Bellaire, TX 77401
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

* 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: Committee to Elect Robin Crossan

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

PLEASE PRINT/TYPE

1. Date Accepted 10/10/15	4. Name (Last, First): Finkel, Marilyn
2. Contribution Amt. $ 20.00	5. Address: 18-15 215th St. Apt 16E
3. Aggregate Amt. * $ 20.00	6. City/State/Zip: Bayside, NY 11360
☐ Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted 10/10/15	4. Name (Last, First): Fredrickson, Deb
2. Contribution Amt. $ 20.00	5. Address: 2911 Inverness Way
3. Aggregate Amt. * $ 20.00	6. City/State/Zip: SS, CO. 80488-1655
☐ Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted 10/10/15	4. Name (Last, First): Yeager, Elizq
2. Contribution Amt. $ 20.00	5. Address: 830 Foxlane
3. Aggregate Amt. * $ 20.00	6. City/State/Zip: SS, CO. 80487
☐ Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted 10/10/15	4. Name (Last, First): Peterson, James
2. Contribution Amt. $ 50.00	5. Address: PO Box 883234
3. Aggregate Amt. * $ 50.00	6. City/State/Zip: SS, CO. 80488
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

* 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: Committee to Elect Robin Crossan

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

PLEASE PRINT/TYPE

1. Date Accepted 10/16/15	4. Name (Last, First): Brennan, Beverly
2. Contribution Amt. $ 25.00	5. Address: 2930 Ski Trail Lane
3. Aggregate Amt. * $ 25.00	6. City/State/Zip: SS, CO, 80487
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted 10/19/15	4. Name (Last, First): Brideau, Catherine + Wert, Randall
2. Contribution Amt. $ 50.00	5. Address: 2899 Ski Trail Lane
3. Aggregate Amt. * $ 50.00	6. City/State/Zip: SS, CO, 80487
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): volunteer, SSRC
	9. Occupation (if applicable, mandatory):

1. Date Accepted 10/19/15	4. Name (Last, First): Corzette, Stephen + Christine
2. Contribution Amt. $ 50.00	5. Address: PO Box 880886
3. Aggregate Amt. * $ 50.00	6. City/State/Zip: SS CO 80488
☐ Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
3. Aggregate Amt. * $	6. City/State/Zip:
☐ Check box if Electioneering Communication	7. Description:
	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).

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

Full Name of Committee/Person: Committee to Elect Robin Crossan

PLEASE PRINT/TYPE

1. Date Expended: 10/12/15	4. Name: AMT Mountain Network
2. Amount: $ 108.00	5. Address: 2955 Village Drive Unit 20
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: SS, CO. 80487
	7. Purpose of Expenditure: radio ad
	☐ Check box if Electioneering Communication

1. Date Expended: 10/11/15	4. Name: Pilot + Today
2. Amount: $ 721.61	5. Address: PO Box 774827
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: SS, CO. 80477
	7. Purpose of Expenditure: Newspaper ads
	☐ Check box if Electioneering Communication

1. Date Expended: 10/19/15	4. Name: AMT mountain Network
2. Amount: $ 60.00	5. Address: 2955 Village Drive Unit 20
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: SS, CO. 80487
	7. Purpose of Expenditure: radio ad
	☐ Check box if Electioneering Communication

1. Date Expended: 10/22/15	4. Name: AMT mountain Network
2. Amount: $ 75.00	5. Address: 2955 Village Drive Unit 20
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: SS, CO 80487
	7. Purpose of Expenditure: radio ad
	☐ Check box if Electioneering Communication

1. Date Expended:	4. Name:
2. Amount: $	5. Address:
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure:
	☐ Check box if Electioneering Communication

total 964.61

Schedule C - Loans

Full Name of Committee/Person: Committee to Elect Robin Crossan

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: Committee to Elect Robin Crossan

Returned Contributions

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

PLEASE PRINT/TYPE

1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount $	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:

Returned Expenditures

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

PLEASE PRINT/TYPE

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

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

Statement of Non-Monetary Contributions

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

Full Name of Committee/Person: Committee to Elect Robin Gossar

PLEASE PRINT/TYPE

1. Date Provided	4. Name (Last, First):
2. Fair Market Value $	5. Address:
3. Aggregate Amt. $	6. City/State/Zip:
☐ Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):
	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided	4. Name (Last, First):
2. Fair Market Value $	5. Address:
3. Aggregate Amt. $	6. City/State/Zip:
☐ Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):
	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided	4. Name (Last, First):
2. Fair Market Value $	5. Address:
3. Aggregate Amt. $	6. City/State/Zip:
☐ Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):
	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, Suite 200
Denver, CO 80290
Ph: (303) 894-2200
Fax: (303) 869-4861
E-mail: cpfhelp@sos.state.co.us
Website: www.sos.state.co.us

Below Space for Office Use Only

NOTICE OF MAJOR CONTRIBUTOR

[1-45-108(2.5)]

This report is mandatory for all committees and political parties for contributions of $1000 or more (monetary or non-monetary) received within 30 days immediately preceding a primary or general election.
This report shall be filed with the Secretary of State within 24 hours after receipt of the contribution.
Loans to committees are considered contributions

Name of Committee Receiving Contribution: _____

Address of Committee Receiving Contribution: _____

Full Name of Contributor: _____

Full Address of Contributor: _____

○ Monetary ○ Non-Monetary (item/s)

Contribution Date: _____ Amount of Contribution: $ _____

Description of Non-Monetary Contribution:

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate's Name: _____

Candidate's Signature: _____ Date: _____

This form may be saved
Form may be submitted by Fax, E-mail, hand delivery, or postal service.
The original is not required by this office please submit only once.
Attach additional pages if needed.

Save & Print