

# **CAMPAIGN REPORT**

| Full Name of Committee: (as shown on Committee Registration Form)   | Sierra Club Political Commit                       | tee                                       |                              |
|---|--|---|------------------------------|
| Name of Candidate (or NA): (if not reflected in Committee name)   |  |   |                              |
| Type of Report:   |  | •   |                              |
| × Regularly Scheduled Fili  | ing  |   |                              |
| ☐ 35 days before election ☐ 21 days before election ☐ 14 days before election ☐ Friday (noon) before election |  | 35 days after 70 days after Annual filing |                              |
| Amended Filing, replacing   | na prior report dated:                             | -   | 9.1                          |
|   | .g p roport dated.                                 | Use due                                   | date of report being amended |
| Termination Report (тег   | nination Reports <b>MUST</b> Have a Monet          | ary Balance of Zero                       | in Line 5 Below)             |
| Reporting Period Covered:   | March 8, 2019                                      | Through [                                 | March 10, 2019               |
|   | date (start with day following end of last report) |   | (end 2 days before date due) |
| si'   |  |   | Reporting For Current Period |
| 1 Funds on Hand at Beginning of F   | Reporting Period (monetary)                        |   | -                            |
| 2 Total Monetary Contributions (line  |  |   | \$ -                         |
| 3 Total of Monetary Contributions   |  | ne 2)                                     | \$ -                         |
| 4 Total Monetary Expenditures (line 5 Funds on Hand at End of Report  |  | 4)  | \$ -<br>\$ -                 |
|   | ing refree (monotoxy) (into be fine                | *)  | <u> </u>                     |
| I certify to the best of my knowledge false, erroneous or incomplete inform of the City Code.                 |  |   |                              |
| Printed Name: Emily Gedeor  | 1<br>of Person Completing Form                     | Title:                                    | Registered Agent             |
| Signature:  |  | Date:                                     | 3/13/2019                    |



# **Detailed Summary**

| Funds on hand at beginning of reporting period (monetary): | \$  | - |
|--|-----|---|
| ·  | 1 · |   |

|    | ×  | Reporting For<br>Current Period |
|----|--|---------------------------------|
| 7  | Itemized Contributions (monetary contributions of \$20 or more and loans)                      | \$ -                            |
| 8  | Non-Itemized Contributions (monetary contributions of \$19.99 and less)                        | \$ -                            |
| 9  | Other Receipts (interest, dividends, refunds, rebates, etc.)                                   | \$ -                            |
| 10 | Total Monetary Contributions   | \$ -                            |
| 11 | Itemized Contributions In Kind (non-monetary contributions with value of \$20 or more)         | \$ -                            |
| 12 | Non-Itemized Contributions in Kind (non-monetary contributions with value of \$19.99 and less) | \$ -                            |
| 13 | Total Contributions  | \$ -                            |
| 14 | Expenditures/Obligations   | \$ -                            |
| 15 | Contributions Returned   | \$                              |
| 16 | Total Monetary Expenditures  | \$ -                            |

Feb. 2019

# **Itemized Contributions**

(Monetary Contributions of \$20.00 or More and Loans)

# **Total Itemized Contributions:**

| -   |  |   |  |
|-----|--|---|--|
| Ф   |  |   |  |
| a a |  | - |  |

| Contributor<br>(Individual or Entity) | Address<br>(including City/State/Zip) | Loans<br>(X) | Date<br>Contribution<br>Accepted<br>(in date order) | Amount of<br>Contribution |
|---------------------------------------|---------------------------------------|--------------|---|---------------------------|
| None                                  | =                                     |              |   | \$ -                      |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       | -            |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              | _   |                           |
| <del></del>                           |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
| <u> </u>                              |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       | _            |   | <u> </u>                  |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              |   |                           |
|                                       |                                       |              | <u></u>   |                           |
|                                       |                                       | _            |   |                           |
|                                       | N .                                   |              |   |                           |
|                                       |                                       |              |   |                           |

# **Itemized Contributions In Kind**

(Non-monetary Contributions with Value of \$20.00 or More)

### **Total Contributions In Kind:**

| \$ | - |  |
|----|---|--|
| Ψ  |   |  |

| Contributor<br>(Individual or Entity) | Address<br>(including City/State/Zip) | Date<br>Contribution<br>Accepted<br>(in date order) | Brief Description of Contribution | Fair Market<br>Value of<br>Contribution |
|---------------------------------------|---------------------------------------|---|-----------------------------------|---|
| None                                  |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   | K                                 |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   | N                                       |
| Ü                                     |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   | 5-                                      |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       | ·                                     |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   | -                                       |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       |                                       |   |                                   |   |
|                                       | <del> </del>                          |   |                                   |   |

# **Expenditures/Obligations**

(Include all expenditures, obligations as referenced in the definition of "expenditure", and repayment of loans)

| Total | Expend | ditures: |
|-------|--------|----------|
|-------|--------|----------|

\$

| Person/Entity to Whom<br>Expenditure or Obligation<br>Was Made | Address<br>(including City/State/Zip<br>if outside Fort Collins) | Date<br>Expenditure or<br>Obligation<br>Was Made<br>(in date order) | Purpose of Expenditure or | Amount of<br>Expenditure<br>or<br>Obligation |
|--|--|---|---------------------------|--|
| None   |  |   |                           |  |
|  |  |   |                           |  |
|  |  |   |                           |  |
|  |  |   | <u></u>                   |  |
|  |  |   |                           |  |
|  |  | 9   |                           |  |
|  |  |   |                           |  |
|  |  |   |                           |  |
|  |  | <del></del>   |                           |  |
|  | · <u></u>  |   |                           |  |
|  |  |   |                           |  |
|  | <u> </u>   |   |                           |  |
|  |  |   |                           |  |
|  |  |   | <u> </u>                  |  |
|  | <del></del>  |   |                           |  |
|  |  |   | <del></del> -             | <br>   |
|  |  |   |                           |  |
|  |  |   | <u> </u>                  |  |
|  |  |   |                           |  |
|  |  |   |                           |  |
|  |  |   |                           | ļ  |
|  |  |   |                           |  |
|  |  |   |                           |  |
|  |  |   |                           |  |
|  | ¥ï   |   | iii                       |  |
|  |  |   |                           |  |
| #3<br>#2   |  | 15  |                           |  |
|  |  |   |                           |  |

# **Contributions Returned**

**Total Contributions Returned:** 

• •

| Amount  |      |  |  |  |  |  |  |  |  | - |  |
|---|------|--|--|--|--|--|--|--|--|---|--|
| Reason for Return                                   |      |  |  |  |  |  |  |  |  |   |  |
| Date<br>Returned<br>(in date<br>order)              |      |  |  |  |  |  |  |  |  |   |  |
| Date<br>Contribution<br>Was Originally<br>Accepted  |      |  |  |  |  |  |  |  |  |   |  |
| Address<br>(including City/State/Zip)               |      |  |  |  |  |  |  |  |  |   |  |
| Person or Entity Whose Contribution<br>Was Returned | None |  |  |  |  |  |  |  |  |   |  |

## **Non-Itemized Contributions**

(Monetary Contributions of \$19.99 or less)

# **Total Non-Itemized Contributions:**

| Source of Contribution | Description of Circumstances<br>Surrounding Contribution | Date Contribution<br>Received<br>(in date order) | Amount of Contribution |
|------------------------|--|--|------------------------|
| None                   |  |  |                        |
|                        |  |  |                        |
|                        |  |  | <del>-</del>           |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  | -                      |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  | !  |                        |
|                        |  | \$5  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
| 8                      |  |  |                        |
|                        |  |  |                        |
|                        |  | -  |                        |
|                        |  |  |                        |
|                        |  |  | -                      |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        |  |  |                        |
|                        | *****  |  |                        |
|                        |  |  | <del>_</del>           |
|                        |  |  |                        |
| ···                    |  |  |                        |
|                        |  |  | _                      |

### Non-Itemized Contributions in Kind

(Non-monetary Contributions with Value of \$19.99 or less)

### **Total Non-Itemized Contributions in Kind:**

| Φ. |   |  |
|----|---|--|
| 5  | - |  |
|    |   |  |

| Source of Contribution                         | Description of Circumstances<br>Surrounding Contribution | Date Contribution<br>Received<br>(in date order) | Fair Market Value of Contribution |
|--|--|--|-----------------------------------|
| None   |  |  |                                   |
|  |  |  |                                   |
|  |  | ·  |                                   |
| -  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  | -                                 |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
| <u>,                                      </u> |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  | :                                 |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
| <u> </u>                                       |  |  |                                   |
|  |  |  |                                   |