

Rec'd 3/14/22



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

Full Name of Committee/Person: Calar. Chaussee for mayor
Address of Committee/Person: 8113 2nd St
City, State & Zip Code: Wellington, CO 80549
Committee Type: Candidate
Name and Address of Financial Institution: Points West Community Bank

SOS ID NUMBER (state and county committees):

Type of Report

- Regularly Scheduled Filing.
Amended Filing. This amends previous report filed on (date)
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: 2/01/2022 Through 3/10/2022

Declared Total Spending (if applicable) \$

Table with 2 columns: Description and Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning, Total Monetary Contributions, Total Monetary Expenditures, and Funds on Hand at the End.

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: Calar Chaussee

Registered Agent's Signature: [Signature] Date: 3/13/2022

Print Candidate Name: Calar Chaussee

Candidates Signature: [Signature] Date: 3/13/2022

**DETAILED SUMMARY**

Full Name of Committee/Person: Calder, Chruse for Mayor

Current Reporting Period: 2/01/2022

Through 3/31/2022

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ 0 <sup>00</sup>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 950 <sup>00</sup>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0 <sup>00</sup>
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0 <sup>00</sup>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0 <sup>00</sup>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0 <sup>00</sup>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 950 <sup>00</sup>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0 <sup>00</sup>
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 950 <sup>00</sup>
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 2,588.09
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0 <sup>00</sup>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0 <sup>00</sup>
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0 <sup>00</sup>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0 <sup>00</sup>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 2,588.09
20	<b>Total Spending</b> (Line 18 - line 19)	\$ 2,588.09

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

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

**Full Name of Committee/Person:** Calor. Chaussee for Mayor

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> <u>2/20/2022</u>	4. Name (Last, First): <u>Michaud, Hannah</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>6995 Mount Democrat St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Wellington, CO 80549</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Electronic</u>
	8. Employer (if applicable, mandatory): <u>Childcare none</u>
	9. Occupation (if applicable, mandatory): <u>Childcare</u>

1. <u>Date Accepted</u> <u>2/21/2022</u>	4. Name (Last, First): <u>Chaussee, Pamela</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>22919 Fawn Haven Court</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Rapid City, SD 57702</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Electronic</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. <u>Date Accepted</u> <u>2/25/2022</u>	4. Name (Last, First): <u>Barnes, Chuck</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>3709 McKinley Avenue</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Wellington, CO 80549</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Electronic</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. <u>Date Accepted</u> <u>3/01/2022</u>	4. Name (Last, First): <u>Gaiter, Jon</u>
2. <u>Contribution Amt.</u> \$ <u>150.00</u>	5. Address: <u>P.O. Box 961</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Wellington, CO 80549</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Five star professional</u>
	9. Occupation (if applicable, mandatory): <u>Account manager</u>

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

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

Full Name of Committee/Person: Culver, Committee for Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>3/04/2022</u>	4. Name (Last, First): <u>Mason, Megan</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>21120 Saddleback Cir</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Parker, CO 80138</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>electronic</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Comcast</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Financial Operations</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> ): _____

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

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

**Full Name of Committee/Person:** Calvin Chavis for Mayor

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>3/03/2022</u>	4. Name: <u>One Stop Graphics</u>
2. <u>Amount</u> \$ <u>2,554.89</u>	5. Address: <u>399 Spring Snow Dr</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lowland, CO 80538</u>
	7. Purpose of Expenditure: <u>Design, yard signs, flyers, banner</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>2/20/22 3/4/2022</u>	4. Name: <u>Anebot inc</u>
2. <u>Amount</u> \$ <u>33.20</u>	5. Address: <u>1340 Poydras Street Suite 1770</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>New Orleans, LA 70112</u>
	7. Purpose of Expenditure: <u>Electoral donations fees</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