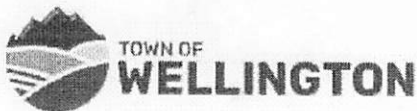


Rec'd 3/14/2022



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

Full Name of Committee/Person: David Wiegand For Trustee
Address of Committee/Person: 7000 Pattigrew St
City, State & Zip Code: Wellington, CO 80549
Committee Type:
Name and Address of Financial Institution: Independent Financial, Ft. Collins, CO

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: 1/1/22 Through 3/10/22

Declared Total Spending (if applicable) \$

Table with 5 rows and 3 columns: Line Item, Description, Totals, Detailed Summary, Page. Includes items like Funds on Hand at the Beginning, Total Monetary Contributions, and Expenditures.

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:
Registered Agent's Signature:
Print Candidate Name: David L. Wiegand
Candidates Signature:
Date: 3/14/22

DETAILED SUMMARY

Full Name of Committee/Person: David Wiegand For Trustee

Current Reporting Period: 1/1/22 Through 3/10/22

Funds on hand at the beginning of reporting period (Monetary Only)		\$	0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	3000
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	3000
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	3000
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	122.69
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	122.69
20	Total Spending (Line 18 - line 19)	\$	122.69

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

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

Full Name of Committee/Person: David Wiegand For Trustee

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 1/24/22	4. Name (Last, First): <u>Wiegand, David</u>
2. <u>Contribution Amt.</u> \$ 1,500	5. Address: <u>7000 Pettigrew 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>Telephone Transfer</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Country Financial</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Financial Representative</u>

1. <u>Date Accepted</u> 2/11/22	4. Name (Last, First): <u>Larimer County Republican Party</u>
2. <u>Contribution Amt.</u> \$ 1,500	5. Address: <u>4020 S. College Ave, Unit B-11</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Fort Collins, CO 80525</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Political Party</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: Wiegand For Trustee

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>3/8/22</u>	4. Name: <u>Chase Card Services</u>
2. <u>Amount</u> \$ <u>122.69</u>	5. Address: <u>PO Box 6294</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Carol Stream, IL 60197</u>
	7. Purpose of Expenditure: <u>Amazon expense for sign stakes</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