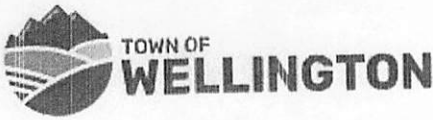


Rec'd 3/15/22



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

Full Name of Committee/Person: Shirrell Tietz for Trustee
Address of Committee/Person: 4525 Ingalls Drive
City, State & Zip Code: Wellington, CO 80849
Committee Type: Candidate Committee
Name and Address of Financial Institution: Points West Community Bank 8100 W 4th Street Wellington CO 80849

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) \$ 100

Table with 5 rows: Funds on Hand at the Beginning of Reporting Period, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Monetary Expenditures, Funds on Hand at the End of Reporting Period. Columns include monetary values and a Totals Detailed Summary Page.

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: Date:
Print Candidate Name:
Candidates Signature: Date:

**DETAILED SUMMARY**

Full Name of Committee/Person: Shirrell Tietz for Trustee

Current Reporting Period: ~~2/1/22~~ 1/1/22 Through 3/10/22

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	0
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	300
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	0.
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	300
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	100
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	400
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	100
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	100
20	<b>Total Spending</b> (Line 18 + line 19)	\$	100

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

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

Full Name of Committee/Person: Shirrell Tietz for Trustee

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 1/20/2022	4. Name (Last, First): <u>Tietz, Cameron</u>
2. <u>Contribution Amt.</u> \$ <u>300.00</u>	5. Address: <u>4525 Inga's Drive</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>American Electrical Innovations</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Electrician</u>

1. <u>Date Accepted</u>	4. Name (Last, First): <del>Tietz, Cameron</del> <i>ST</i>
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:** Shirrell Tietz for Trustee

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>2/6/22</u>	4. Name: <u>Rebekah Lwanga</u>
2. <u>Amount</u> \$ <u>100</u>	5. Address: <u>PO Box 961</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Wellington, CO 80549</u>
	7. Purpose of Expenditure: <u>Design Flyers</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

**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: Shirrell Tietz for Trustee

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 1/28/2022	4. Name (Last, First): <u>Lobato, Kacy</u>
2. <u>Fair Market Value</u> \$ 100	5. Address: <u>3250 Mammou Circle</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>Logo Design</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Kacy's Graphics</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Designer</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> 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."