Colorado Secretary of State

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RECEIVED OCT 14, 2022 ELECTIONS SECRETARY OF STATE

48-HOUR DISCLOSURE OF DIRECT BALLOT ISSUE or BALLOT QUESTION EXPENDITURE OF ONE THOUSAND DOLLARS OR MORE

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

Items marked with an asterisk (*) are required fields

Any person, after expending \$5,000 in aggregate in a calendar year on Direct Ballot Issue or Ballot Question Expenditures, shall file this disclosure form for each **additional** expenditure of \$1,000 or more. Please note, the initial \$5,000 of expenditures do not need to be reported.

The Disclosure must be filed no later than 48-hours after the Direct Ballot Issue or Ballot Question Expenditure was made.

| Payor Name (person who made the expenditure) *: | | Fisher's Liquor Barn | | | |
|--|----------------|---|-------------------------------------|---------------------------------------|--|
| Full Address of Payor (physical or mailing) *: _ | | 2438 Patterson Road Grand Junction, CO. 81505 | | | |
| Phone Number: | (970) 250-2259 | | ernate Phone Number: | (970) 242-0999 | |
| Email Address(es):br | | brandi@fis | brandi@fisherliquorbarn.com | | |
| Date of Expenditure*: | 10/14/202 | 22 Am | ount of Expenditure*: \$_ | 541.67 | |
| Payee Name (recipient of expenditure) *: | | | The Lewis Agency | | |
| Full Payee Address (physical or mailing) *: P.O. Box 771 Grand Junction, CO. 81502 | | | | | |
| Purpose / Description of the Expenditure*: | | | | | |
| Digital Billboard 10/14 to 11/8 This is an existing conract that we are using. Monthly Rate is \$650, but only using it for a partial month. | | | | | |
| Title and Number of Associated Ballot Issue or Question* | | | Position Taken - Support or Oppose* | | |
| Ballot issue 124 | | | Opposed | | |
| Ballot Issue 125 | | | Opposed | | |
| Ballot Issue 126 | | | Opposed | | |
| I affirm, under penalty of perjury, the Payor filing this Disclosure does not meet the Major Purpose definition as outlined in 1-45-103(12)(b), C.R.S., which would require the Payor to register as an Issue Committee. Print and Sign name of Payor or the Payor's authorized representative if the Payor is not an individual Date: | | | | | |
| | | | Colorado Secre | tary of State Form CPF-55 Rev. 09/202 | |