Rcd. 10-13-15 JB

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	GENE LEFFEL
	As Shown On Registration
Address of Committee/Person:	6530 Brighton Blvd.
City, State & Zip Code:	Commerce City CO 80022
Committee Type:	
Name and Address of Financial Institution	Key Bank 6565 E 73rd Ave

SOS ID NUMBER (state and county committees):

Type of Report

☒ Regularly Scheduled Filing.

☐ Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY

☐ 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: 08-05-2015 (Date) **Through** 10-8-15 (Date)

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] $ 539

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 0
2	Total Monetary Contributions (line 11)	$ 700.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 700.00
4	Total Monetary Expenditures (line 19)	$ 539.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 161.00

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: GENE LEFFEL

Registered Agent's Signature: E.P. Leffel Date: 10/13/2015

Print Candidate Name: GENE LEFFEL

Candidates Signature: E.P. Leffel Date: 10/13/2015

DETAILED SUMMARY

Full Name of Committee/Person: GENE LEFFEL

Current Reporting Period: _____ **Through** 10-8-15

	Funds on hand at the beginning of reporting period (Monetary Only)	$
6	**Itemized Contributions $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$ 700.00
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)	$ 700
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$ 0
13	**Total Contributions** (Line 11 + line 12)	$ 700
14	**Itemized Expenditures $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$ 539
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)	$ 539
20	**Total Spending** (Line 18 + line 19)	$ 539

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

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. Date Accepted: 8/15/15	4. Name (Last, First): CARRUTHERS SANDRA
2. Contribution Amt. $ 100.00	5. Address: 6951 KEARNEY ST.
3. Aggregate Amt. * $	6. City/State/Zip: Commerce City Co 80022
	7. Description: check# 10631
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory): Retired
	9. Occupation (if applicable, mandatory):

1. Date Accepted: 8/15/15	4. Name (Last, First): GALINDO MAXINE
2. Contribution Amt. $ 100.00	5. Address: 6951 KEARNEY ST.
3. Aggregate Amt. * $	6. City/State/Zip: Commerce City Co 80022
	7. Description: check# 5544
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory): Retired
	9. Occupation (if applicable, mandatory):

1. Date Accepted: 9/22/2015	4. Name (Last, First): Battalio Tammy
2. Contribution Amt. $ 500.00	5. Address: 2384 S. Josephine ST
3. Aggregate Amt. * $	6. City/State/Zip: Denver Co 80210
	7. Description: check #183
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
3. Aggregate Amt. * $	6. City/State/Zip:
	7. Description:
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule B – Itemized Expenditures Statement ($20 or more)
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: GENE LEFFEL

PLEASE PRINT/TYPE

1. Date Expended: 08-31-15	4. Name: Joy Bishop
2. Amount: $ 25.00	5. Address: 6751 E. 64th Ave.
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: Commerce City CO 80022
	7. Purpose of Expenditure: Putting up signs
	☐ Check box if Electioneering Communication

1. Date Expended: 9-16-15	4. Name: Office Depot
2. Amount: $ 84.00	5. Address: Stapleton
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure: Printing
	☐ Check box if Electioneering Communication ~~Walkers~~

1. Date Expended: 9-28-15	4. Name: Adams County Clerk
2. Amount: $ 48.00	5. Address:
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: Brighton CO
	7. Purpose of Expenditure: Walking list
	☐ Check box if Electioneering Communication

1. Date Expended: 10-8-15	4. Name: Office Depot
2. Amount: $ 372.00	5. Address: Stapleton
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure: Printing
	☐ Check box if Electioneering Communication

1. Date Expended: 10-8-15	4. Name: Walmart
2. Amount: $ 10.00	5. Address: 60 + Dahlia
3. Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: Commerce City
	7. Purpose of Expenditure: Miscellaneous Supplies
	☐ Check box if Electioneering Communication