Rcd 12-4-15

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
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Denver, CO 80290
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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
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: 10-9-2015 (Date) **Through** 10-25-15 (Date)

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

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 161.00
2	Total Monetary Contributions (line 11)	$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 0
4	Total Monetary Expenditures (line 19)	$ 126.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 35.00

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: 10-30-15

Print Candidate Name: Gene Leffel

Candidates Signature: E. P. Leffel Date: 10-30-15

DETAILED SUMMARY

Full Name of Committee/Person: Gene Leffel

Current Reporting Period: 10-9-15 **Through** 10-25-15

	Funds on hand at the beginning of reporting period (Monetary Only)	$ 161.00
6	**Itemized Contributions $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$ 0
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)	$ 0
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$ 0
13	**Total Contributions** (Line 11 + line 12)	$ 0
14	**Itemized Expenditures $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$ 126.00
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)	$ 126.0
20	**Total Spending** (Line 18 + line 19)	$ 126.0

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

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

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. Date Expended: 10-10-15	4. Name: Post Office
2. Amount: $ 98.00	5. Address: 7351 Magnolia St.
3. Recipient is (optional): ☑ Committee ☐ Non-Committee	6. City/State/Zip: Commerce City CO 80022
	7. Purpose of Expenditure: Postage
	☐ Check box if Electioneering Communication

1. Date Expended: 10-15-15	4. Name: Sav a mat
2. Amount: $ 28.00	5. Address: 72nd Ave.
3. Recipient is (optional): ☑ Committee ☐ Non-Committee	6. City/State/Zip: Commerce City
	7. Purpose of Expenditure: Gasoline
	☐ Check box if Electioneering Communication

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

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

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