

Colorado Secretary of State
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Space Below For Office Use Only

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

Full Name of Committee/Person: CARL D. CAMPANELLA
As Shown On Registration

Address of Committee/Person: 9145 OBERON RD, 214

City, State & Zip Code: ARVADA, Colo. 80004

Committee Type:

Name and Address of Financial Institution: U.S. BANK - 56 + INDEPENDENCE

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: 7/2/15 Date **Through** 9/18/15 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)	\$ <u>0</u>
2	Total Monetary Contributions (line 11)	\$ <u>1650.00</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>1650.00</u>
4	Total Monetary Expenditures (line 19)	\$ <u>1306.49</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>343.51</u>

CDC
9/19/15

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: CARL D. CAMPANELLA

Registered Agent's Signature: Carl D. Campanella Date: 9/21/15

Print Candidate Name: CARL D. CAMPANELLA

Candidates Signature: Carl D. Campanella Date: 9/21/15

DETAILED SUMMARY

Full Name of Committee/Person: CARL D. CAMPANELLA

Current Reporting Period: 7/2/15 **Through** 9/18/15

	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")	\$	385.00 ^{CDC} 9/18/15
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	15- ^{CDC} 9/18/15
8	Loans Received (Please list on Schedule "C")	\$	1250.00
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)	\$	1650.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	1650.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1306.49
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	
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)	\$	1306.49
20	Total Spending (Line 18 + line 19)	\$	1306.49

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

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

Full Name of Committee/Person: CARL D. CAMPANELLA

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7/11/15	4. Name (Last, First): <u>BONNIE PFEIFER</u>
2. <u>Contribution Amt.</u> \$	5. Address: <u>16219 LOWER HARBOR RD.</u>
3. <u>Aggregate Amt. *</u> \$ <u>35.00</u>	6. City/State/Zip: <u>BROOKINGS, OREGON 97415</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK - CONTRIBUTION</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>BROOKINGS SCHOOL DISTRICT</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TEACHER</u>

1. <u>Date Accepted</u> 7/22/15	4. Name (Last, First): <u>MARK AUVILLE</u>
2. <u>Contribution Amt.</u> \$ <u>350.00</u>	5. Address: <u>6766 Quail St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK - CONTRIBUTION</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</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>):

* 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 C - Loans

Full Name of Committee/Person: _____

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): CARL D. CAMPANELLA

Address: 9145 OBERON RD.

City/State/Zip: ARVADA, COLORADO 80004

Original Amount of Loan: \$ 1250⁰⁰ Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 1250⁰⁰

Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: AS AFFORDABLE
Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

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

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

Full Name of Committee/Person: CARL D. CAMPANELLA

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 7/16/15	4. Name: <u>U. S. BANK</u>
2. <u>Amount</u> \$ 27.45	5. Address: <u>9590 W. 58 AVENUE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, Colo. 80003</u>
	7. Purpose of Expenditure: <u>CHECK PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/22/15	4. Name: <u>FIRE & ICE RESTAURANT</u>
2. <u>Amount</u> \$ 447.55	5. Address: <u>5515 OLDE WADSWORTH BLVD.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, COLORADO 80003</u>
	7. Purpose of Expenditure: <u>KICK OFF DINNER</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/3/15	4. Name: <u>PERKINS</u>
2. <u>Amount</u> \$ 35.00	5. Address: <u>12015 MELODY DR.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER CO 80234</u>
	7. Purpose of Expenditure: <u>VOLUNTEER BREAKFAST</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/6/15	4. Name: <u>OFFICE MAX</u>
2. <u>Amount</u> \$ 68.12	5. Address: <u>5275 OLDE WADS BLVD.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, Colo 80003</u>
	7. Purpose of Expenditure: <u>LITERATURE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/7/15	4. Name: <u>U. S. BANK</u>
2. <u>Amount</u> \$ 36.00	5. Address: <u>9590 W. 58 AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, Colo. 80003</u>
	7. Purpose of Expenditure: <u>OVER DRAFT FEE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: CARL D. CAMPANELLA

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/4/15	4. Name: <u>ARVADA HARVEST FESTIVAL PARADE</u>
2. <u>Amount</u> \$ 300 ⁰⁰	5. Address: <u>6736 W. 79 AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, Colo. 80003</u>
	7. Purpose of Expenditure: <u>PARADE ENTRY</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/14/15	4. Name: <u>OFFICE MAX</u>
2. <u>Amount</u> \$ 392.37	5. Address: <u>5275 WANSWORTH BLVD.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, Colo. 80003</u>
	7. Purpose of Expenditure: <u>LITERATURE</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