

Space Below For Office Use Only

Return to:  
Barbara Setterlind, City Clerk  
13133 E. Arapahoe Rd.  
Centennial, CO 80112  
303-754-3324  
Fax: 720-488-0933  
bsetterlind@centennialco.gov



OCT 28 2015

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

Full Name of Committee/Person:	Citizens for Bonnie Percefull
As Shown On Registration	
Address of Committee/Person:	7732 S. Steele St.
City, State & Zip Code:	Centennial, CO 80122
Committee Type:	Candidate
Name and Address of Financial Institution	Bank of the West 2200 E. Arapahoe Rd. 80122

SOS ID NUMBER (state and county committees): 47-476-4689

#### 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: 10-13-15 Through 10-27-15  
Date 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)	\$ 613.08
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)	\$ 192.12
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 420.96

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: Bonnie Percefull FCPA Filing Code: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: 10-26-15

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

Full Name of Committee/Person: Citizens For Bonnie Perceroll

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>10-24-15</u>	4. Name: <u>Luigi's Italian Restaurant</u>
2. <u>Amount</u> \$ <u>192.12</u>	5. Address: <u>8130 S. University Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Centennial, CO 80122</u>
	7. Purpose of Expenditure: <u>Campaign Meeting</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