

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



SEP 21 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): 47-4764689

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: 7-13-15 Through 9-22-15
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)	\$ 5.00
2 Total Monetary Contributions (line 11)	\$ 1569.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1574.00
4 Total Monetary Expenditures (line 19)	\$ 702.36
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 871.64

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: 9-22-15

DETAILED SUMMARY

Full Name of Committee/Person: Citizens for Bonnie Percefull

Current Reporting Period: 7-13-15 Through 9-22-15

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 5.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1155.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 414.00
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)	\$ 1574.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 550.00
13	Total Contributions (Line 11 + line 12)	\$ 2119.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 702.36
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)	\$ 550.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 702.36
20	Total Spending (Line 18 + line 19)	\$ 1252.36

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

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

Full Name of Committee/Person: Citizens for Bonnie Percefull

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>Percefull, Dan</u>
2. Contribution Amt. \$ <u>20⁰⁰</u>	5. Address: <u>4130 S. Fox St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): <u>Remax Professionals</u>
	9. Occupation (if applicable, mandatory): <u>Realtor</u>

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Nicole) Mata, Nicole</u>
2. Contribution Amt. \$ <u>40⁰⁰</u>	5. Address: <u>7733 S. Grape ct</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Joy G.) Hoffman, Joy</u>
2. Contribution Amt. \$ <u>300⁰⁰</u>	5. Address: <u>5308 S. Franklin CR.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Greenwood Via, CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 7910</u>
	8. Employer (if applicable, mandatory): <u>Retired - Volunteer</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Jim and Terry) Hargis, Jim + Terry</u>
2. Contribution Amt. \$ <u>130⁰⁰</u> 700	5. Address: <u>8093 Oneida ct.</u>
3. Aggregate Amt. * \$ <u>730⁰⁰</u> 115	6. City/State/Zip: <u>Centennial, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 4089</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	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 A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Citizens for Bonnie Percefull

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Vivian) Duvall, Vivian</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>3575 Quail St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Wheat Ridge, CO 80033</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 6659</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>8-10-15</u>	4. Name (Last, First): <u>Perry, Loretta</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>7786 S. Elizabeth Ct</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>8-24-15</u>	4. Name (Last, First): <u>(Virginia) Crews, Virginia</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>61149 Highway 97 #539</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Bend, Oregon 97702</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash donation</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-1-15</u>	4. Name (Last, First): <u>(Linda) Niederman, Linda</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>50 Glenmoor CR.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Englewood, CO 80113</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check donation</u>
	8. Employer (if applicable, mandatory): <u>none</u>
	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 A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: Citizens for Bonnie Percefull

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Carol) Waller, Carol</u>
2. Contribution Amt. \$ <u>25⁰⁰</u>	5. Address: <u>6600 E. Dorado Ave.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Greenwood Vlg, CO 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 3057</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>Percefull, Bridlyn</u>
2. Contribution Amt. \$ <u>30⁰⁰</u>	5. Address: <u>8245 S. Emerson way</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 327</u>
	8. Employer (if applicable, mandatory): <u>Fairbairn Commercial</u>
	9. Occupation (if applicable, mandatory): <u>Broker</u>

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Thomas) Wolfe, Thomas</u>
2. Contribution Amt. \$ <u>20⁰⁰</u>	5. Address: <u>7749 S. Steele St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Mark) Gotto, Mark</u>
2. Contribution Amt. \$ <u>20⁰⁰</u>	5. Address: <u>5904 E. Frwin Pl.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash donation</u>
	8. Employer (if applicable, mandatory): <u>Centennial</u>
	9. Occupation (if applicable, mandatory): <u>Council Member</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 A – Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: Citizens for Bonnie Peresull

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Suzanne) Dodge, Suzanne</u>
2. Contribution Amt. \$ <u>30.00</u>	5. Address: <u>160 Poplar st. #13</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Denver, CO 80220</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 5725</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Larry) Strohl, Larry</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>6657 S. Franklin st</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 6103</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>(Norwood) L. Robb, Norwood</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>1519 E. Maplewood ct.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 8149</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9-3-15</u>	4. Name (Last, First): <u>Wolz, LouGene</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>5265 E. Weaver Ave</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Centennial, CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK # 2654</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory):

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

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

Full Name of Committee/Person: Citizens for Bonnie Percefull

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-3-15	4. Name (Last, First): <u>Reisbeck, William</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>8065 S. Williams Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 9-3-15	4. Name (Last, First): <u>Mansy, Shirley</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>3118 E. Long CR. S.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>BT Massages</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Massage Therapist</u>

1. <u>Date Accepted</u> 9-3-15	4. Name (Last, First): <u>Meckstroth, Rick (and Judy)</u>
2. <u>Contribution Amt.</u> \$ 75.00	5. Address: <u>6140 S. Potomac Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial, CO 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK# 11934</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired, both</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 B – Itemized Expenditures Statement (\$20 or more)
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Citizens for Bonnie Percefall

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9-3-15	4. Name: <u>Waters Edge Winery</u>
2. <u>Amount</u> \$ 260.15	5. Address: <u>2101 E. Arapahoe Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Centennial, CO 80121</u>
	7. Purpose of Expenditure: <u>Campaign Fund Raiser</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-8-15	4. Name: <u>Safe Ship</u>
2. <u>Amount</u> \$ 21.60	5. Address: <u>7242 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>Postage</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-11-15	4. Name: <u>Acme Political Solutions</u>
2. <u>Amount</u> \$ 450.00	5. Address: <u>6033 S. Niagara St,</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Centennial, CO 80111</u>
	7. Purpose of Expenditure: <u>Print Material</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

Schedule C - Loans

Full Name of Committee/Person: Citizens for Bonnie Percefall

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): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

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

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(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: _____
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 D – Returned Contributions & Expenditures

Full Name of Committee/Person: Citizens for Bonnie Peacefull

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Citizens for Bonnie Percyfull

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 9-3-15	4. Name (Last, First): <u>(Kathy) Turley, Kathy</u>
2. <u>Fair Market Value</u> \$ 50.00	5. Address: <u>7821 S. Clayton Way</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Silent Auction wine basket</u>
	8. Employer (if applicable, mandatory): <u>Centennial Council</u>
	9. Occupation (if applicable, mandatory): <u>Council Member</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 8-15-15	4. Name (Last, First): <u>Rosenberg, Joe</u>
2. <u>Fair Market Value</u> \$ 500.00	5. Address: <u>2001 S. Platte River DR.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Denver, CO 80223</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Print materials</u>
	8. Employer (if applicable, mandatory): <u>Publication Printers</u>
	9. Occupation (if applicable, mandatory): <u>Salesman</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."