



Received
SEP 26 2023
City Clerk

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

Full Name of Committee/Person:	Campbell for City Council <small>As Shown(On Registration)</small>
Address of Committee/Person:	5445 S. PRICE ST.
City, State & Zip Code:	LITTLETON, CO. 80120
Committee Type:	POLITICAL
Name and Address of Financial Institution:	FIRST BANK HOLDING CORP / Englewood, CO.
Email Address:	CLERK@CITYOFLITTLETON.CO

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: Date Through 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)	\$ 2.00
2 Total Monetary Contributions (line 11)	\$ 3,550.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3,550.00
4 Total Monetary Expenditures (line 19)	\$ 2.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 3,550.00

The appropriate officer (city clerk) shall impose a penalty of \$50 per day for each day that a report is filed late. (Littleton Municipal Code 1-7-7)

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: CHRISTOPHER Z. CAMPBELL

Candidates Signature: [Signature] Date: 9/26/23

DETAILED SUMMARY

Full Name of Committee/Person: CARROLL FOR CITY COUNCIL

Current Reporting Period: 8/7/22 Through 7/28/23

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 350.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0.00
8	Loans Received (Please list on Schedule "C")	\$ 8,000.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 3,550.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0.00
13	Total Contributions (Line 11 + line 12)	\$ 3,550.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0.00
20	Total Spending (Line 18 + line 19)	\$ 0.00

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

No political party shall accept aggregate contributions from any person, other than a small donor committee as described in paragraph (b) of this subsection (3), that exceed three thousand dollars per year at the state, county, district, and local level combined, and of such amount no more than twenty-five hundred dollars per year at the state level [Art. XXVIII (Amendment 27)(Section 3. (3)(a)]

Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation **and** employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY. [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation **and** employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.

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

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

Full Name of Committee/Person: CAMPAIN FOR CITY CLERK

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/10/23	4. Name (Last, First): <u>ANA, GARY</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>5575 S. SPANISH ST</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>LITTLETON, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CAMPAIN DONATION</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>CITY AND AGENCY</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>REGISTRAR</u>

1. <u>Date Accepted</u> 7/20/23	4. Name (Last, First): <u>MOSQUEDA, JAYLOR</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>558 HIGHLAND BLVD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GRAND CANYON CO. 81507</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CAMPAIN DONATION</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>AIRBORNE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CONTRACTOR</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 B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: CAMPBELL FOR CLASSED

PLEASE PRINT/TYPE

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

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: CHAPPELL FOR CORY DOWNER

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): CHAPPELL, CHRISTOPHER

Address: 5445 S. PRINCE ST

City/State/Zip: LITTLETON, CO 80120

Original Amount of Loan: \$ 3,000.00 Interest Rate: 0.0%

Loan Amount Received This Reporting Period: \$ 3,000.00

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

Principal Amount Paid This Reporting Period: \$ 2.00

Interest Amount Paid This Reporting Period: \$ 2.00

Amount Repaid This Reporting Period: \$ 2.00
 (Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 2.00
 (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 3,000.00

TERMS OF LOAN: 7/16/23
 Date Loan Received

12/31/23
 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: _____

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: _____

PLEASE PRINT/TYPE

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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
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."