RECEIVED ELECTRONICALLY CITY CLERK'S OFFICE 2017 May 05 02:12 pm



REPORT OF CONTRI	BUTIONS AND	EXPEND	TURES	COLC	INGS
Full Name of Committee/Person:	Committee	lo €	lect	Farnerk	Joshi
Address of Committee/Person:	As Shown On Regis				
E. Branch Caracharda A. Carach		2609	39		
City, State & Zip Code:	Co10. St	raing	SC	08 0	936
Committee Type:	Candi.	donte			D. M. S.
Name and Address of Financial Institution:	Bank of	0009	undo		
	4328, Ed	180m	Ave.	C.5.	Cer 609
	ort filed on (date) 7 Date	Through	4	30 17	
*			Totals	Date Detailed Su	mmary Page
Funds on Hand at the Beginning of Reporti	ng Period (monet	ary only)		3815.8	
Total Monetary Contributions (line 11)			\$	12110	00
Total of Monetary Contributions & Beginnin	g Amount (line 1 -	+ line 2)		5026,8	18
Total Spending (line 20)				026.8	
Funds on Hand at the End of Reporting Peri	od (monetary) (line	3 – line 4)	\$	-0	
Authorization (Must be completed by either the declare, under penalty of perjury, that to the best of this form, including all schedules, statements, and att knowledge or belief all contributions received during the form of membership dues transferred by a membership	achments, are true	e and corre	didate): Information	or statements at to the best	on

Print Registered Agent's Name: JANAK Registered Agent's Signature: Print Candidate Name: JANAK JOSHI Candidates Signature:

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect January Joshu Current Reporting Period: 3 27 17 Through: 4 80 17.

runds	on hand at the beginning of reporting period (Monetary Only)	\$ 3815.88
6	Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ 1211.00
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less)	\$ -0-
8	Loans Received (Please list on Schedule "C")	\$
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)	\$ 1211.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ -0
13	Total Contributions (Line 11 + line 12)	\$ 1211.00
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ 4107.62
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ —
16	Loan Repayments Made (Please list on Schedule "C")	\$ 919.26
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ -
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$5026.88

The Personal loan balance is whiten off

Schedule A-1 - Itemized Contributions Statement (\$20 or More)

Full Name of Committee/Person:	
PLEA SE PRINT (TYPE	
1. Name (Last, First): Centennial Lead Orchip	
2. Address: 6990 E. Fremont Ave	Fund
o. City/sidie//in· / awkaa- a ()	
4. Description (cash/check/credit card/etc.): Check.	
5. Employer (mandatory if employed):	
5. Employer (mandatory if employed): Colo. State 6. Occupation (mandatory if employed):	
6. Occupation (mandatory if employed): State Ligisla 7. Date Accepted: 3/27/17	to 1
8. Aggregate Amount This Election Cycle: 100	
9. Contribution Amount This Reporting Period:	
L Reporting Period:	\$ 100
1. Name (Last, First): Feingol, Fred	
2. Address: 1700, Pine Garere Ave.	
3. City/State/Zip: C.S. Co Sagob	
4. Description (cash/check/are-it)	
4. Description (cash/check/credit card/etc.): Check 5. Employer (mandatory if employed): Self	
6. Occupation (mandatanis	
6. Occupation (mandatory if employed): Physician. 7. Date Accepted: 3 27 17	
3. Aggregate Amount This Election Cycle:50	
P. Contribution Amount This Reporting Period:	
	\$ 50

Schedule A-1 Itemized Contributions Statement (\$20 or more)
Page _____ of ____3
Use additional pages as necessary

1. Name (Last, First): Agunerchalam Saravan	nam
2. Address: 10673 White Sands Ct.	
3. City/State/Zip: Peyton CO 80831	
4. Description (cash/check/credit card/etc.):	
5. Employer (mandatory if employed):	<u>.</u>
6. Occupation (mandatory if employed): Engenielz.	, we put t
7. Date Accepted: 3 2817	<u> </u>
8. Aggregate Amount This Election Cycle: 150	
9. Contribution Amount This Reporting Period:	\$ 150
1. Name (Last, First): Lambet Kent	
2. Address: 990 Point of Pinel Dr.	
3. City/State/Zip:	
4. Description (cash/check/credit card/etc.): Check.	
5. Employer (mandatory if employed): Co . State	- .
6. Occupation (mandatory if employed): State Semato	72
7. Date Accepted: 3 12817	
8. Aggregate Amount This Election Cycle:	
	100
9. Contribution Amount This Reporting Period:	\$ 100
Vana Pli Sailala	\$_\\00
1. Name (Last, First): Ko Advar Pati Squilakshmi	\$_100
1. Name (Last, First): Kotorofati Stilakshmi 2. Address: 6310, S. Valley Hway	\$_100
1. Name (Last, First): KotorPati Stilakshmi 2. Address: 6310, S. Valley Hway 3. City/State/Zip: Englewood, Alon CO 82/112	\$_100_
1. Name (Last, First): Kotorofoti Stilakshmi 2. Address: 6310, S. Valley Hway 3. City/State/Zip: Englewood Floor Co 80112 4. Description (cash/check/credit card/etc.): Pay pal	\$
1. Name (Last, First): Kotor Pati Stilakshmi 2. Address: 6310, S. Valley Hway 3. City/State/Zip: Englewood Raw Co 80 112 4. Description (cash/check/credit card/etc.): Pay pal 5. Employer (mandatory if employed): E-med event	\$
1. Name (Last, First): Kotor Pati Stilakshmi 2. Address: 6310, S. Valley Hway 3. City/State/Zip: Englewood Acado Co 90112 4. Description (cash/check/credit card/etc.): Pay pal 5. Employer (mandatory if employed): E-med event 6. Occupation (mandatory if employed): CEO	\$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. Name (Last, First): Kotor Pati Stulakshmi 2. Address: 6310, S. Valley Hway 3. City/State/Zip: Englewood Raw Co 97 112 4. Description (cash/check/credit card/etc.): Pay pal 5. Employer (mandatory if employed): E-med event 6. Occupation (mandatory if employed): CEO 7. Date Accepted: 3129 17	\$
2. Address: 6310, S. Valley Hway 3. City/State/Zip: Englewood Room Co 50 112 4. Description (cash/check/credit card/etc.): Pay pal 5. Employer (mandatory if employed): E-med event 6. Occupation (mandatory if employed): CEO	\$

Page of 3_ Use additional pages as necessary

Schedule A-1 - Itemized Contributions Statement (\$20 or More) Full Name of Committee/Person: _ PLEASE PRINT/TYPE 1. Name (Last, First): Sa no ke to note 2. Address: 6455 3. City/State/Zip: C S . 4. Description (cash/check/credit card/etc.): _____ 5. Employer (mandatory if employed): 1 grews 6. Occupation (mandatory if employed): 7. Date Accepted: _____ 8. Aggregate Amount This Election Cycle: _____ 200 9. Contribution Amount This Reporting Period: s Low 1. Name (Last, First): ___ 2. Address: 14410 3. City/State/Zip: _ _ S 4. Description (cash/check/credit card/etc.): ____ check 5. Employer (mandatory if employed): 6. Occupation (mandatory if employed): Ret:

Schedule A-1 Itemized Contributions Statement (\$20 or more)
Page 3 of 3
Use additional pages as necessary

8. Aggregate Amount This Election Cycle: _____

9. Contribution Amount This Reporting Period:

7. Date Accepted: ____

100

Schedule B – Itemized Expenditures Statement (\$.	20 or more)
Full Name of Committee/Person: Committee to ET	
	eer Januk J
1. Name: Pay pal	
2. Address: North Figure St.	
3. City/State/Zip: Sam Jose CA.	
4. Purpose of Expenditure: Fee.	
5. Date Expended: 3 2817	- version to
6. Amount:	\$ 4.65
1. Name: Pay Pal	\$
2. Address: N. Figure St.	-
3. City/State/Zip: Sam Juse CA.	
4. Purpose of Expenditure:	
5. Date Expended: 3 29 17	-
6. Amount:	s 15.12
. Name: Mountain Ployer.	T
. Address: 4485, New Santa Fe	Tanil
. City/State/Zip: _ C . S . Co . 90 924.	. 1,7600
Purpose of Expenditure: Painting	
Date Expended: 3 29 17	
. Amount:	\$841,79
	\$_01[1/]

Schedule B Itemized Expenditures Statement (\$20 or more)
Page _____ of _____
Use additional pages as necessary

1. Name: A Womention Advantage	Mailing
2. Address: 212 W. Buchanovn	
3. City/State/Zip: C S . CO	
4. Purpose of Expenditure: Mailing 5. Date Expended: 3 29 17	
5. Date Expended: 3 29 17	
6. Amount:	\$2502·B
1. Name: Face book	
2. Address: 1 Hacker Way	
3. City/State/Zip: Menlo Paula CA 9	4025
4. Purpose of Expenditure: Advertise ment.	
5. Date Expended: 4 17	
6. Amount:	\$ 300.40
1. Name: Face hook.	
2. Address: 1 Hacker Way	1 (4) L 1 (1)
3. City/State/Zip: Mendo Pouk, CA 94	025
4. Purpose of Expenditure: Advalinement	الا شارف ونصورت
5. Date Expended: 3 3 1 17	ا الموجود والدوسون
6. Amount:	\$ (2000)

Schedule B Itemized Expenditures Statement (\$20 or more) Page of 3
Use additional pages as necessary

Schedule B – Itemized Expenditures Statement (\$20 or more) Full Name of Committee/Person: Committee to Elect Janock Jushi PLEASE PRINT/TYPE tale book 1. Name: 2. Address: 3. City/State/Zip: __Mendo CA. 94025 Ad relativement 4. Purpose of Expenditure: 5. Date Expended: ____ 6. Amount: \$250.0 Lacebook 1. Name: 2. Address: 1 final oc war 3. City/State/Zip:__M enlo 94025 4. Purpose of Expenditure: All y entire ment 5. Date Expended: _____ 6. Amount: \$ 73.12 1. Name:____ 2. Address: ____ 3. City/State/Zip:____ 4. Purpose of Expenditure: _____

Schedule B Itemized Expenditures Statement (\$20 or more) Page 3 of 3
Use additional pages as necessary

5. Date Expended: _____

6. Amount:

Schedule C - Loans
Full Name of Committee/Person: Committee to Elect Januar Joshi
LOAN SOURCE
Name (Last, First or Institution):
Address: P.OB 26089
City/State/Zip: C.S. Co
Original Amount of Loan: \$ 5000/_ Interest Rate:
Loan Amount Received This Reporting Period: (Place on line 8 of Detailed Summary Report) Principal Amount Paid This Reporting Period: \$ 10 fall Loans This Reporting Period: \$ 10 fall Loans This Reporting Period: \$ 10 fall Loans This Reporting
Interest Amount Paid This Reporting Period: \$
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Detail Summary) Detailed Summary) Outstanding Ralance: * 919.26 (Sum of Schedule C pages, Place on line 16 of
\$4080.74. This amount will be
TERMS OF LOAN: Whiten off.
Date Loan Received Due Date for Final Payment
LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN
THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedul	e C Loans
Page_	of)
Use add	itional pages as necessary

Schedule E — Closeout Distributions (To be completed after the election is certified. Complete the Detailed Summary before completing this Schedule E)

1	F	unds on Hand at the Beginning of Reporting Polymary, monetary only)	1	
2	To	Total Monetary Contributions for the Reporting Period (detailed		\$ 3815.8
3		Total Funds (line 1 + line 2)		\$ 1211.02
	Expenditures During the Reporting Period:		\$5026,88	
	а	Itemized Expenditures \$20 or More (From detailed summary line 14)	\$ 4107.62	
4	b	Total of Non-Itemized Expenditures (From detailed summary line 15)	\$ -0-	n - n - n
	С	Loan Repayments Made (From detailed summary line 16)	\$ 919.26	
	d	Returned Contributions (To donor) (From detailed summary line 17)	\$	
		al Expenditures (total of a, b, c, and d)	•	
5	Tot Nan	Total Contributions to Charitable organizations (attach list showing the Name, Address, and amount contributed to each Charitable organization)		\$
5	Fur will re	- Chamable organization)		\$
				\$
	Sub the	Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of		5026.88