

**OFFICE OF THE CITY CLERK**

City of Aurora  
15151 East Alameda Parkway, Suite  
1400  
Aurora, Colorado 80012  
303-739-7094  
cityclerk@auroragov.org



## CAMPAIGN STATEMENT REPORT OF CONTRIBUTIONS AND EXPENDITURES

**Election Date:** 11/2/2021**Status:** Submitted**Name of Committee:** The Committee to Elect Jessica Giammalvo**Issue:****Candidate's Name:** Jessica Giammalvo**Office:** City Council - Ward II**Address of Committee:** 3378 S Malta Ct  
Aurora, CO 80013**Phone:** 7743050704**Name/Address of  
Committee's Bank:** Key Bank 16796 E Smokey Hill Rd., Centennial, CO 80015**Candidate's E-mail:** giammalvoward2@gmail.com**Reporting Period:** May 1 - July 31**Termination Report:** False**Filing ID:** 871

### DETAILED SUMMARY OF REPORT

1. Funds on Hand at Beginning of Reporting Period	\$0.00
2. Total Contributions (From Schedule B)	\$100.00
3. Total Receipts (add line 1 and 2)	\$100.00
4. Total Expenditures (From Schedule C)	\$59.23
5. Funds on Hand at End of Reporting Period (line 3 - line 4)	\$40.77
6. Total In-kind Contributions (From Schedule D)	\$0.00

I certify to the best of my knowledge and belief this is a true and correct filing. I understand the submission of false, erroneous, or incomplete information may be subject to sanctions in accordance with City Code Section 54-2.

**Name:** Jessica Giammalvo**Role:** Candidate**Address:** 3378 S Malta Ct Aurora CO 80013**Email:** giammalvoward2@gmail.com**Phone:** 17743050704**Date:** 8/5/2021 6:52 PM

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**Schedule A****LOANS E Loans Owed by the Committee**

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. [City Code Section 54-133(g)(1)(c)]

Full Name, Address, City, State, Zip Code of Loan Source	Original Amount of Loan	Interest Rate	Date Loan Received

1. Loan Amount Received this Reporting Period	
2. Principal Amount Paid this Reporting Period	
3. Interest Amount Paid this Reporting Period	
4. Amount Repaid this Reporting Period (Add lines 2 and 3)	
5. Outstanding Balance	
6. Terms of Loan	
7. Due Date for Final Payment	

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed
		\$0.00

8. TOTAL OF ALL NEW LOANS THIS REPORTING PERIOD Total of line 1 of all loan pages. (Transfer to Schedule B, Line 3)	\$0.00
9. TOTAL LOAN REPAYMENTS MADE THIS REPORTING PERIOD Total of line 4 of all loan pages. (Transfer to Schedule C, Line 2)	\$0.00

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**Debt \$500 or More and 30 or More Days Overdue**

List debts that are \$500 or more and thirty days or more overdue. [City Code Section 54-104(e)(7)]

Name	Address	Purpose	Due Date	Amount Past Due

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## Schedule B

### AGGREGATE CONTRIBUTIONS

List name and address of each person or organization that made a monetary contribution in this reporting period [City Code Section 54-104(e)]. Use additional pages as necessary.

Name of Contributor	Address Street, City, State, Zip	Date	Amount
Jessica Giammalvo	3378 S Malta Ct	6/15/2021	\$100.00
Natural Person	CACI	Product Owner	

1. Total Aggregate Contributions (Total of above and any additional pages)	\$100.00
2. Total Amount of New Loans to Campaign this Reporting Period (From Schedule A)	\$0.00
3. TOTAL CONTRIBUTIONS THIS REPORT (add lines 1-2) (Transfer to page 1, line 2)	\$100.00

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## Schedule C

### ITEMIZED EXPENDITURES

List the name and address of each person or organization to whom expenditures have been made by or on behalf of the candidate or issue committee in this reporting period. Use additional pages as necessary.

Name	Address Street, City, State, Zip	Date	Purpose of Expenditure	Amount
Key Bank	P.O Box 93885 Cleveland, OH 44101	6/23/2021	Check/Supply Purchase	\$51.23
Key Bank	P.O Box 93885 Cleveland, OH 44101	7/30/2021	Paper Statement Fee	\$3.00
Key Bank	P.O Box 93885 Cleveland, OH 44101	7/30/2021	Service Charge	\$5.00

1. Total Itemized Expenditures (Total of above and additional pages)	\$59.23
2. Total Loan Repayments this Reporting Period (From Schedule A)	\$0.00
3. Total Expenditures (Add lines 1 and 2) (Transfer amount to page 1, line 4)	\$59.23

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**Schedule D**  
**STATEMENT OF CONTRIBUTIONS IN-KIND**  
**[City Code Section 54-2(L)]**

NOTE: In-kind contributions are reported separately. Do not combine with other monetary contributions.

List name and address of each person or organization that made an aggregate in-kind contribution. Use additional pages as needed.

Name of Contributor	Address of Contributor	Date of Contribution	Description of Contribution	Fair Market Value

1. Total Itemized In-kind Contributions	\$0.00
2. Total Non-itemized In-kind Contributions	\$0.00
3. Total In-kind Contributions this report (Add lines 1 and 2) (Transfer to page 1, line 6)	\$0.00

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