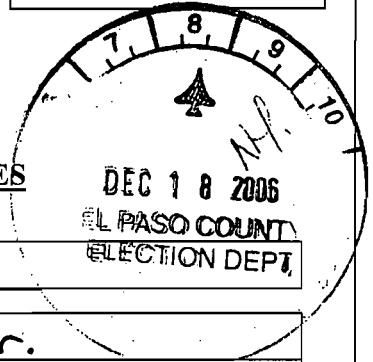


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	Paul Lastrella <small>As Shown On Registration</small>
Address of Committee/Person:	3450 E. Oak Creek Dr.
City, State & Zip Code:	C/S, CO 80906
Committee Type:	
Name and Address of Financial Institution:	UMB Bank of Colorado P.O. Box 22314 Denver, CO 80222

SOS ID NUMBER (state committees ONLY):

**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:  Through   
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)	\$ 44.00
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 44.00
4	Total Monetary Expenditures (line 19)	\$ 44.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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: Paul Lastrella

Candidates Signature: [Signature] Date: 12/11/06

**DETAILED SUMMARY**

Full Name of Committee/Person: Paul Lastrella

Current Reporting Period: Dec. 1, 2005 Through Nov. 1, 2006

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b> (Monetary Only)	\$	44.00
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	0
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	0
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	44.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	0
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	44.00
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	44.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$	44.00

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Paul Lastrella

**Returned Contributions**

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/11/05	4. Name (Last, First): <u>Lastrella, Sonny</u>
2. <u>Date Returned</u> 09/01/06	5. Address: <u>6944 S. Spruce Dr. East</u>
3. <u>Amount</u> \$ 44.00	6. City/State/Zip: <u>Centennial, CO 80012</u>
	7. Purpose: <u>Termination of Committee</u>

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): _____

TRANSMISSION VERIFICATION REPORT

TIME : 12/11/2006 13:29

DATE, TIME	12/11 13:27
FAX NO./NAME	917195207327
DURATION	00:01:39
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM