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**Received**  
 SEP 26 2017  
 CITY CLERK

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

**Full Name of Committee/Person:** ElectKama4Council  
As Shown On Registration

**Address of Committee/Person:** Littleton, CO

**City, State & Zip Code:** 3080 W Prindle Ave, Unit J 80123

**Committee Type:** Candidate Committee

**Name and Address of Financial Institution:** Wells Fargo 5050 S Federal Blvd Englewood, CO 80110

**Email Address:** ElectKama4Council@gmail.com

**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:** August 18, 2017 Date **Through** 9/26/17 Date

**Declared Total Spending** (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 208

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 225
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 225
4	Total Monetary Expenditures (line 19)	\$ 208
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 17

**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: KAMA SUBBATH

Registered Agent's Signature: [Signature] Date: 9/26/17

Print Candidate Name: KAMA SUBBATH

Candidates Signature: [Signature] Date: 9/26/17

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

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

**Full Name of Committee/Person:** Elect Kama 4 Council

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/22/17	4. Name (Last, First): <u>Kama Suddath</u>
2. <u>Contribution Amt.</u> \$ <u>225<sup>00</sup></u>	5. Address: <u>3080 W. Prentice Ave Unit J</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Littleton 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Tri County Health</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Nurse</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> ): _____

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).

**DETAILED SUMMARY**

**Full Name of Committee/Person:** Elect KAMA 4 Council

**Current Reporting Period:** 8/18/2017 **Through** 9/26/17

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 0
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 225
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)	\$ 225
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 225
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 208
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")	\$ 0
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)	\$ 208
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 208

**Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Elect Kama 4 Council

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/23/17	4. Name: <u>Online Candidate.com</u>
2. <u>Amount</u> \$ 29	5. Address: <u>Po Box 402</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Montgomery, NY 12549</u>
	7. Purpose of Expenditure: <u>Website hosting and design</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/12/17	4. Name: <u>Cloud Print Production</u>
2. <u>Amount</u> \$ 150	5. Address: <u>5949 S Bemis St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, CO 80120</u>
	7. Purpose of Expenditure: <u>Photos, flyers, flyer design</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/23/17	4. Name: <u>Online Candidate.com</u>
2. <u>Amount</u> \$ 29	5. Address: <u>Po Box 402</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Montgomery, NY 12549</u>
	7. Purpose of Expenditure: <u>Website</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