



Space Below For Office Use Only

Received
SEP 28 2017
CITY CLERK

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

Full Name of Committee/Person: STEVEN T. ESSES
As Shown On Registration

Address of Committee/Person: 792. W. EUCLID AVE

City, State & Zip Code: LITTLETON CO 80120-3407

Committee Type: _____

Name and Address of Financial Institution: CHASE

Email Address: ESSES@SOFTBALL@aol.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: 9-28-17 Date Through 10-17-17 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	Total Monetary Contributions (line 11)	\$ <u>500.00</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>500.00</u>
4	Total Monetary Expenditures (line 19)	\$ <u>0</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>500.00</u>

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: STEVEN T. ESSES

Candidates Signature: [Signature] Date: 9-28-17

DETAILED SUMMARY

Full Name of Committee/Person: STEVEN T. EGGER

Current Reporting Period: 9-28-17

Through 11-7-17

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	500 ⁰⁰
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	0
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	500 ⁰⁰
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)	\$	500
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	500
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	0
20	Total Spending (Line 18 + line 19)	\$	0

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

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

Full Name of Committee/Person: STEVEN T. CASAS

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-21-17	4. Name (Last, First): <u>CASAS, STEVEN T</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>792 W. Euclid ave</u>
3. <u>Aggregate Amt. *</u> \$ <u>1</u>	6. City/State/Zip: <u>LITTLETON, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>self - loan</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>retired.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>-</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).