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Received
OCT 17 2017
CITY CLERK

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

Full Name of Committee/Person: ElectKam4 Council
Address of Committee/Person: 3080 W Prantice Ave Unit J
City, State & Zip Code: Littleton, Co 80123
Committee Type: Candidate Committee
Name and Address of Financial Institution: Wells Fargo 5050 S Federal Blvd Englewood, CO 80110
Email Address: ElectKam4 Council@gmail.com

Type of Report

- Regularly Scheduled Filing.
Amended Filing. This amends previous report filed on (date)
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: 9/27/17 Through 10/12/17

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 840.18

Table with 5 rows and 3 columns: Line number, Description, and Amount. Totals Detailed Summary Page.

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 Suddath
Registered Agent's Signature: [Signature] Date: 10/17/17
Print Candidate Name: Kama Suddath
Candidates Signature: [Signature] Date: 10/17/17

DETAILED SUMMARY

Full Name of Committee/Person: Elect Kamay/Council Candidate Committee

Current Reporting Period: 9/27/17 **Through** 10/12/17

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	17
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	850.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	N/A
8	Loans Received (Please list on Schedule "C")	\$	N/A
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	N/A
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	N/A
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	850 7.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	N/A
13	Total Contributions (Line 11 + line 12)	\$	850.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	822.03
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	18.15
16	Loan Repayments Made (Please list on Schedule "C")	\$	N/A
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	N/A
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	N/A
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	840.18
20	Total Spending (Line 18 + line 19)	\$	840.18

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

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

Full Name of Committee/Person: ElectKama4 Council

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/21/17	4. Name (Last, First): <u>Suddath, Kama</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: <u>3080 W Prindice Ave Unit J</u>
3. <u>Aggregate Amt. *</u> \$ <u>425</u>	6. City/State/Zip: <u>Littleton, Co 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>TCHD</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Nurse</u>

1. <u>Date Accepted</u> 10/8/17	4. Name (Last, First): <u>Stokes, Bonda</u>
2. <u>Contribution Amt.</u> \$ <u>300</u>	5. Address: <u>5949 S Benis St</u>
3. <u>Aggregate Amt. *</u> \$ <u>300</u>	6. City/State/Zip: <u>Littleton, Co 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 9289</u>
	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).

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

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

Full Name of Committee/Person: ElectKama4Council

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/2/17	4. Name (Last, First): <u>Suddath, Barbara</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>10405 W Red Mtn</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Littleton, Co 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 10/4/17	4. Name (Last, First): <u>Alt, Kathleen</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>2885 17th St.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Boulder, Co 80304</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>BHGR</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Attorney</u>

1. <u>Date Accepted</u> 10/6/17	4. Name (Last, First): <u>Reedy, Stephanie</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>2035 Hudson St.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Denver, Co 80207</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 10/12/17	4. Name (Last, First): <u>Kehoe, James</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>P.O. Box 3371</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>Aspen, Co 81612</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>CCA Architects</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Architect</u>

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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> 10/11/17	4. Name: <u>Cloud Stitch Productions</u>
2. <u>Amount</u> \$ <u>793.09</u>	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>Brochures, Flyers, printing, signs</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/12/17	4. Name: <u>Online Candidate.com</u>
2. <u>Amount</u> \$ <u>29</u>	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 Design/hosting</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

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