Return to:
Brenda Madison, City Clerk
13133 E. Arapahoe Rd.
Centennial, CO 80112
303-754-3302
Fax: 720-488-0933
bmadison@centennialcolorado.com

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RECEIVED
NOV 2015
City of Centennial, CO

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	Sharon Kellogg As Shown On Registration
Address of Committee/Person:	354 E Highline Circle
City, State & Zip Code:	Centennial, CO 80122
Committee Type:	City Council
Name and Address of Financial Institution	

SOS ID NUMBER (state and county committees):

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: 10/27/2015 (Date) **Through** 11/4/2015 (Date)

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] $47.89

		Totals Detailed Summary Page
1	*Funds on Hand at the Beginning of Reporting Period* (monetary only)	$ 0
2	Total Monetary Contributions (line 11)	$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 0
4	Total Monetary Expenditures (line 19)	$ 47.89
5	*Funds on Hand at the End of Reporting Period* (monetary) (line 3 – line 4)	$ -47.89

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: Sharon Kellogg

Registered Agent's Signature: _____ Date: 11/4/2015

Print Candidate Name: Sharon Kellogg

FCPA Filing Code:

Candidates Signature: _____ Date: 11/4/2015

DETAILED SUMMARY

Full Name of Committee/Person: Sharon Kellogg

Current Reporting Period: 10/27/15 **Through** 11/4/15

	Funds on hand at the beginning of reporting period (Monetary Only)	$ 0
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")	$ 0
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)	$ 0
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$ 0
13	**Total Contributions** (Line 11 + line 12)	$ 0
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)	$ 47.89
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**)	$ 0
19	**Total Monetary Expenditures** (Total of lines 14 through 17)	$ 47.89
20	**Total Spending** (Line 18 + line 19)	$ 47.89

Return to:
Barbara Setterlind, City Clerk
13133 E. Arapahoe Rd.
Centennial, CO 80112
303-754-3302
Fax: 720-488-0933
bsetterlind@centennialco.gov

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STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made *expenditures of personal funds.*

Name of Candidate: Sharon Kellogg

Address of Candidate: 354 E Highline Cir

City: Centennial State: CO Zip Code: 8012

Office: City Council District No.: 1 Elec./Yr.: 2015

Reporting Period: Beginning Date 10/27/2015 Ending Date 11/4/2015

Total amount of Non-Itemized Expenditures ($19.99 or less): $ 47.89

Expenditures exceeding $19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

Date Expended	Amount	Name of Recipient	Address
	$		

City	State	Zip	Comment / Purpose

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: AXXIU Date: 11/4/15