

Return to:  
 Barbara Setterlind, City Clerk  
 13133 E. Arapahoe Rd.  
 Centennial, CO 80112  
 303-754-3324  
 Fax: 720-488-0933  
 bsetterlind@centennialco.gov



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RECEIVED  
 OCT 13 2015  
 City of Centennial, CO

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

Full Name of Committee/Person:	CANDACE MOON for CENTENNIAL <small>As Shown On Registration</small>
Address of Committee/Person:	1757 E. JAMISON AVE
City, State & Zip Code:	CENTENNIAL, CO 80122
Committee Type:	CANDIDATE
Name and Address of Financial Institution	1ST BANK P.O. BOX 150397, LAKEWOOD, CO 80215

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:  Date Through  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)	\$ 600.00
2	Total Monetary Contributions (line 11)	\$ 450.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1050.00
4	Total Monetary Expenditures (line 19)	\$ 260.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 790.00

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: CANDACE M. MOON

Registered Agent's Signature: \_\_\_\_\_ Date: 10-13-15

Print Candidate Name: CANDACE M. MOON FCPA Filing Code:

Candidates Signature: \_\_\_\_\_ Date: 10-13-15

**DETAILED SUMMARY**

Full Name of Committee/Person: CANDACE MOON FOR CONTEMPORARY

Current Reporting Period: 9-22-15 Through 10-12-15

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	600.00
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	450.00
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)	\$	450.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	450.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	260.00
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)	\$	260.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$	260.00

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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: CANDACE M. MOON  
 Address of Candidate: 1757 E. JAMISON AVE  
 City: CENTENNIAL State: CO Zip Code: 80122  
 Office: CITY COUNCIL District No.: 1 Elec./Yr.: 2015  
 Reporting Period: Beginning Date 9-22-15 Ending Date 10-12-15

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 0

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
9-24-15	\$ 61.95	FedEx Office	Highlands Ranch, CO
		City	State Zip
		Highlands Ranch	CO
			Comment / Purpose
			PRINTING STATIONERY

Date Expended	Amount	Name of Recipient	Address
10-1-15	\$ 192.15	MINUTEMAN PRESS	3929 E. ARAPAHOE RD #210
		City	State Zip
		CENTENNIAL	CO 80122
			Comment / Purpose
			PRINTING FLYERS

Date Expended	Amount	Name of Recipient	Address
10-2-15	\$ 150.00	ARAPAHOE CO. DEM	
		City	State Zip
		CU	
			Comment / Purpose
			PAT SCHOENEDER DINNER AD

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

Candidate Signature: Candace Moon Date: 10-13-15

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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: CANDACE M. MOON

Address of Candidate: 1757 E. Jamison Ave

City: CENTENNIAL State: CO Zip Code: 80122

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

Reporting Period: Beginning Date 9-22-15 Ending Date 10-12-15

Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ 0

Expenditures exceeding \$19.99 shall be itemized and listed below.

Date Expended	Amount	Name of Recipient	Address
10-12-15	\$ 177.00	VILLAGER NEWSPAPER	THE VILLAGER
City		State	Zip
GREENWOOD VILLAGE		CO	80111
			Comment / Purpose
			Display Ad

Date Expended	Amount	Name of Recipient	Address
10-12-15	\$ 232.92	CD Community Media	CCM
City		State	Zip
HIGHLANDS RANCH		CO	80129
			Comment / Purpose
			Display Ad

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: Candace Moon

Date: 10-13-15

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

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

Full Name of Committee/Person: CANDACE MOON FOR CENTENNIAL

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9-24-15</u>	4. Name (Last, First): <u>HINDRICKS, Jody</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>1664 E. Dry Creek Pl</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>CENTENNIAL, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Contribution</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Nurse</u>

1. Date Accepted <u>9-24-15</u>	4. Name (Last, First): <u>Johnson, Collis</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>1756 Vine St.</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>DENVER, CO 80206</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Contribution</u>
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>DENTIST</u>

1. Date Accepted <u>10-2-15</u>	4. Name (Last, First): <u>TALLEY, CHARLES J.</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>585 CARTERS GIN Rd.</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>TOWAY, AL 35773-9014</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Contribution</u>
	8. Employer (if applicable, mandatory): <u>Retiree</u>
	9. Occupation (if applicable, mandatory): <u>Air Force</u>

1. Date Accepted <u>10-6-15</u>	4. Name (Last, First): <u>KEABLES, Mike J.</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>6730 S. MARION Cir. W</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>CENTENNIAL, CO 80122-1305</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Contribution</u>
	8. Employer (if applicable, mandatory): <u>DU</u>
	9. Occupation (if applicable, mandatory): <u>PROFESSOR</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: CANDACE MOON FOR CENTENNIAL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10-6-15</u>	4. Name (Last, First): <u>ZELENOK, David S.</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>5380 BROADMOON BLUFFS DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>ENGINEER</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).

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

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

Full Name of Committee/Person: CANDACE MOON FOR CENTENNIAL

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9-25-15	4. Name: <u>MINUTEMAN PRESS</u>
2. <u>Amount</u> \$ 260.47	5. Address: <u>3929 E. ARAPAHO ROAD # 210</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CENTENNIAL, CO 80122</u>
	7. Purpose of Expenditure: <u>PRINTING FLYERS, POSTCARDS, STICKERS</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

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