

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



Space Below For Office Use Only

RECEIVED

OCT 27 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 |
| Address of Committee/Person: | As Shown On Registration |
| City, State & Zip Code: | 1757 E. JAMISON AVE 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: Through
Date 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) | \$ 790.00 |
| 2 Total Monetary Contributions (line 11) | \$ 150.00 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 940.00 |
| 4 Total Monetary Expenditures (line 19) | \$ 790.00 |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 150.00 |

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: 10-27-15

Print Candidate Name: CANDACE M. MOON

Candidates Signature: _____ Date: 10-27-15

FCPA Filing Code:

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

Space Below For Office Use Only



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: Carolace M. Moon

Address of Candidate: 1257 E. Jamison Ave

City: CENTENNIAL State: CO Zip Code: 80122

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

Reporting Period: Beginning Date 10-13-15 Ending Date 10-26-15

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 | |
|---------------|-----------------------|-------------------|-------------------------|--------------------|
| 10-16-15 | \$1594. ⁵⁴ | Cottrell Printing | 7255 S. Havana St, #150 | |
| | | City | State | Zip |
| | | CENTENNIAL | CO | 80122 |
| | | | | Comment / Purpose |
| | | | | PRINT/MAIL BECAUSE |

| 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: Carolace Moon Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: CANDACE MOON FOR CONTEMPORIAL

Current Reporting Period: 10-13-15 Through 10-26-15

| | | | |
|--|---|----|--------|
| Funds on hand at the beginning of reporting period (Monetary Only) | | \$ | 790.00 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 150.00 |
| 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) | \$ | 150.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | 0 |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 150.00 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 790.00 |
| 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) | \$ | 0 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 790.00 |
| 20 | Total Spending (Line 18 + line 19) | \$ | 790.00 |

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> 10-15-15 | 4. Name (Last, First): <u>MOON, EDWARD & BONITA MOON</u> |
| 2. <u>Contribution Amt.</u> \$ 100.00 | 5. Address: <u>8701 Hidden Hills Lane</u> |
| 3. <u>Aggregate Amt. *</u> \$ 100.00 | 6. City/State/Zip: <u>POTOMAC, MD 20854</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>CONTRIBUTION</u> |
| | 8. Employer (if applicable, mandatory): <u>DHS</u> |
| | 9. Occupation (if applicable, mandatory): <u>ATTORNEY</u> |

| | |
|--|--|
| 1. <u>Date Accepted</u> 10-15-15 | 4. Name (Last, First): <u>Stokey, William C.</u> |
| 2. <u>Contribution Amt.</u> \$ 50.00 | 5. Address: <u>7816 S. Elizabeth Way</u> |
| 3. <u>Aggregate Amt. *</u> \$ 100.00 | 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>Retired</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, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

| | |
|--|---|
| 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, mandatory): _____ |
| | 9. Occupation (if applicable, mandatory): _____ |

* 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> <u>12/16-15</u> | 4. Name: <u>COTTRELL PRINTING</u> |
| 2. <u>Amount</u> <u>\$ 790.00</u> | 5. Address: <u>7255 S. HAVANA ST.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>CENTENNIAL, CO 80112</u> |
| | 7. Purpose of Expenditure: <u>PRINT/MAIL BROCHURE</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 |