

Space Below for Office Use Only

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



SEP 22 2015

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Piko for Centennial/Stephanie Piko
As Shown On Registration	
Address of Committee/Person:	6053 S. Eagle St.
City, State & Zip Code:	Centennial, CO 80016
Committee Type:	Candidate Committee
Name and Address of Financial Institution	Wells Fargo 6686 S. Parker Road, Aurora CO 80016

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)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 3900.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3900.00
4	Total Monetary Expenditures (line 19)	\$ 3391.56
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 508.44

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: Stephanie piko

Registered Agent's Signature: _____ Date: 9/21/15

Print Candidate Name: Stephanie Piko FCPA Filing Code:

Candidates Signature: _____ Date: 9/21/15

DETAILED SUMMARY

Full Name of Committee/Person: Piko for Centennial/Stephanie Piko

Current Reporting Period: 2/10/2015 **Through** 9/21/2015

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 3900.00
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)	\$ 3900.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 3900.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 3304.10
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 87.46
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)	\$ 3391.56
20	Total Spending (Line 18 + line 19)	\$ 3391.56

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

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

Full Name of Committee/Person: Piko for Centennial, Stephanie Piko

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 3/11/15	4. Name (Last, First): <u>Gotto, Mark</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>5904 E. Irwin Place</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Centennial, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>City of Centennial</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Councilman</u>

1. <u>Date Accepted</u> 3/13/15	4. Name (Last, First): <u>Monson, Kim</u>
2. <u>Contribution Amt.</u> \$ 20	5. Address: <u>8173 Sweetwater Road</u>
3. <u>Aggregate Amt. *</u> \$ 20	6. City/State/Zip: <u>Lonetree, CO 80124</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self Employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Clothier</u>

1. <u>Date Accepted</u> 2/11/2015	4. Name (Last, First): <u>Piko, Stephanie</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>6053 s. Eagle St.</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>Centennial CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek Schools</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>substitute teacher</u>

1. <u>Date Accepted</u> 3/24/15	4. Name (Last, First): <u>Piko, Stephanie</u>
2. <u>Contribution Amt.</u> \$ 10.00	5. Address: <u>6053 S. Eagle St.</u>
3. <u>Aggregate Amt. *</u> \$ 60.00	6. City/State/Zip: <u>Centennial CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>cherry creek schools</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>substitute teacher</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: Piko for Centennial - Page 2

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 3/31/15	4. Name (Last, First): <u>Collins, David & Wendy</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>7253 South Perth Way</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>Aurora, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check #3917</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Tracom</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Publishing sales</u>

1. <u>Date Accepted</u> 5/27/15	4. Name (Last, First): <u>Judith Case</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>10081 E. Cornell Ave</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Denver, CO 80231</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>John Case, PC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Accountant</u>

1. <u>Date Accepted</u> 6/1/15	4. Name (Last, First): <u>Culbertson, Carol</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>6447 S. Potomac Ct.</u>
3. <u>Aggregate Amt. *</u> \$ 20.00	6. City/State/Zip: <u>Centennial CO 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 6/3/15	4. Name (Last, First): <u>Walcher, David</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>4047 S. Sable Cir.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Aurora, CO 80014</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Arapahoe County Sheriff's Office</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Sheriff</u>

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

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

Full Name of Committee/Person: Piko for Centennial - Stephanie Piko - Page 3

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/24/15	4. Name (Last, First): <u>Kiefer, Linda</u>
2. <u>Contribution Amt.</u> \$ 75.00	5. Address: <u>6064 S. Eagle St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Credit Card - Online</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>EPA</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Site Manager</u>

1. <u>Date Accepted</u> 7/7/15	4. Name (Last, First): <u>Stephanie Piko</u>
2. <u>Contribution Amt.</u> \$ 1,000.00	5. Address: <u>6053 S. Eagle St.</u>
3. <u>Aggregate Amt. *</u> \$ 1060.00	6. City/State/Zip: <u>Centennial CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek School District</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Substitute Teacher</u>

1. <u>Date Accepted</u> 7/20/15	4. Name (Last, First): <u>Grove, Steve</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>3924 Greenbrier Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 1000.00	6. City/State/Zip: <u>Dallas, TX 75225</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Owner</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Applegrove Restaurants</u>

1. <u>Date Accepted</u> 6/25/15	4. Name (Last, First): <u>Ellis, Patricia</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14772 E. Lake Place</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Centennial, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek Schools</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teaching Assistant</u>

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

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

Full Name of Committee/Person: Piko for Centennial - Page 4

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7/2/15	4. Name (Last, First): <u>Guthrie, Maria</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>1226 Austin Road</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Orlando, FL 32806</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>The College Map</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>College Consultant</u>

1. <u>Date Accepted</u> 7/2/15	4. Name (Last, First): <u>Boynton, Kim</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>7183 S. Poplar St.</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Englewood, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek School District</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1. <u>Date Accepted</u> 7/21/15	4. Name (Last, First): <u>Calbert, Brad</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>26 Niblick Lane</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Littleton CO 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Colliers</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Real Estate</u>

1. <u>Date Accepted</u> 7/21/15	4. Name (Last, First): <u>Heller, Jon</u>
2. <u>Contribution Amt.</u> \$ 25.	5. Address: <u>1643 S. Trenton St.</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>Denver, CO 80231</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek School District</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Computer Support</u>

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

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

Full Name of Committee/Person: Piko for Centennial - Page 5

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7/21/15	4. Name (Last, First): <u>Sevy, Jen</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>5840 S Walden Ct</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Aurora, CO 80015</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek School District</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1. <u>Date Accepted</u> 7/22/15	4. Name (Last, First): <u>Gem, Donna</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>3808 Rogers Ave.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Tampa, FL 33611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Chase</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Risk Security Manager</u>

1. <u>Date Accepted</u> 7/22/15	4. Name (Last, First): <u>Gem, Donna</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>3808 Rogers Ave.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Tampa, FL 33611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Chase</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Risk Security Manager</u>

1. <u>Date Accepted</u> 7/27/15	4. Name (Last, First): <u>Churchfield, Jennifer</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>5488 S. Iola Way</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Englewood, CO 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>AREA</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Communications Director</u>

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

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

Full Name of Committee/Person: Piko for Centennial - Page 6

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7/29/15	4. Name (Last, First): <u>Hinkston, Laura</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14820 E Maplewood Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Centennial CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>None</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Homemaker</u>

1. <u>Date Accepted</u> 8/16/15	4. Name (Last, First): <u>Camper, Leah</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>17980 E. Dorado Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Centennial, CO 80015</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cherry Creek School District</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1. <u>Date Accepted</u> 8/9/2015	4. Name (Last, First): <u>Luhnow, Lynette</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>14765 Aberdeen Ave</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Centennial, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>None</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u> 8/9/2015	4. Name (Last, First): <u>Martens, Theresa</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>7356 S. Garfield Ct.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self Employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Self Employed</u>

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

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

Full Name of Committee/Person: Piko for Centennial/Stephanie Plko - Page 7

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/11/2015	4. Name (Last, First): <u>Mueller, Suzanne</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>5986 S. Elkhart Ct.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Centennial, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>On-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Johnson & Johnson</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Pharmaceutical Sales</u>

1. <u>Date Accepted</u> 6/11/2015	4. Name (Last, First): <u>Pryor, Terri</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14929 E. Aberdeen Ave.</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Centennial, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>on-line Credit Card</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>5280 solutions</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</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>): _____

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

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

Piko for Centennial, Stephanie Plko

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 6/24/15	4. Name: TF Public Relations
2. <u>Amount</u> \$330.00	5. Address: 1880 Office Club Pointe
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Colorado Springs, CO 80920
	7. Purpose of Expenditure: Campaign Development
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/7/2015	4. Name: TF Public Relations
2. <u>Amount</u> \$660.00	5. Address: 1880 Office Club Pointe
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Colorado Springs, CO 80920
	7. Purpose of Expenditure: Campaign Development
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/7/2015	4. Name: Kara Mullane Photography
2. <u>Amount</u> \$199.00	5. Address: Fairplay
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Centennial CO 80016
	7. Purpose of Expenditure: Campaign Photos
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/24/2015	4. Name: TF Public Relations
2. <u>Amount</u> \$660.00	5. Address: 1880 Office Club Pointe
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Colorado Springs, CO 80920
	7. Purpose of Expenditure: Campaign Development
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/24/2015	4. Name: dFine Branding
2. <u>Amount</u> \$600.00	5. Address: 3457 Ringsby Ct. Taxi2 Unit 103
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Denver CO 80216
	7. Purpose of Expenditure: Design/Printing Walk Flyers
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: Piko for Centennial/Stephanie Piko - Page 2

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/11/2015	4. Name: <u>Life Light Creative</u>
2. <u>Amount</u> \$450.00	5. Address: <u>10924 Country Club Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Belle Fourche, SD 57717</u>
	7. Purpose of Expenditure: <u>Web Page Development</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/29/15	4. Name: <u>TF Public Relations</u>
2. <u>Amount</u> \$23.38	5. Address: <u>1880 Office Club Pointe</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80920</u>
	7. Purpose of Expenditure: <u>Face Book Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/29/2015	4. Name: <u>dFine Branding</u>
2. <u>Amount</u> \$381.72	5. Address: <u>3457 Ringsby Ct. Taxi 2 Unit 103</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80216</u>
	7. Purpose of Expenditure: <u>Design/Print Cards/Flyers</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