



REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Kelly Milliman
As Shown On Registration	
Address of Committee/Person:	2282 W. Briarwood Ave
City, State & Zip Code:	Littleton, CO 80120
Committee Type:	Candidate
Name and Address of Financial Institution:	Bank of Colorado 2679 W. Main St. Suite 100, Littleton, CO
Email Address:	kelly4littleton@gmail.com

Type of Report

Regularly Scheduled Filing.

Amended Filing. This amends previous report filed on

Choose your option ▼

(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:

Oct 24, 2019

Through

Nov 29, 2019

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)	\$3,166.45
2. Total Monetary Contributions (line 11)	\$1,690.33
3. Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$4,856.78
4. Total Monetary Expenditures (line 19)	\$4,856.78
5. Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	CALCULATED AUTOMATICALLY

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: _____

Registered
Agent's
Signature: _____

Date: _____

Print Candidate
Name: _____

Bill Schwanitz

Candidates
Signature: _____

Kelly Milliman

Date: 12/5/2019

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DETAILED SUMMARY

Full Name of Committee/Person:

Current Reporting Period:

Oct 24, 2019

Through

Nov 29, 2019

Funds on hand at the beginning of reporting period (Monetary Only)	3166.45
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6. Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$1690.3299999999997
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7. Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
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8. Loans Received (Please list on Schedule "C")	CALCULATED AUTOMATICALLY
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9. Total of Other Receipts (Interest, Dividends, etc.)	\$
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10. Returned Expenditures (from recipient) (Please list on Schedule "D")	CALCULATED AUTOMATICALLY
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11. Total Monetary Contributions (Total of lines 6 through 10)	\$1,690.33
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Funds on hand at the beginning of reporting period (Monetary Only)	3166.45
12. Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	CALCULATED AUTOMATICALLY
13. Total Contributions (Line 11 + line 12)	\$1,690.33
14. Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$1,032.49
15. Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16. Loan Repayments Made (Please list on Schedule "C")	CALCULATED AUTOMATICALLY
17. Returned Contributions (To donor) (Please list on Schedule "D")	\$3,824.29
18. Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19. Total Monetary Expenditures (Total of lines 14 through 17)	\$4,856.78
20. Total Spending (Line 18 + line 19)	\$4,856.78

Schedule A Instructions

NOTE: In addition to the reporting requirements of 1-45-108, C.R.S., please note provisions for specific Committee type, as follows:

No political party shall accept aggregate contributions from any person, other than a small donor committee as described in paragraph (b) of this subsection (3), that exceed three thousand dollars per year at the state, county, district, and local level combined, and of such amount no more than twentyfive hundred dollars per year at the state level [Art. XXVIII (Amendment 27)(Section 3. (3)(a)]

Candidate, Issue, Political Party and Political Committee (PC)

- Required to disclose occupation and employer for all \$100 or more contributions made by natural persons. (Art. XXVIII, Sec. 7)

Small Donor Committee

- Accepts contributions of no more than \$50 per year, FROM NATURAL PERSONS ONLY. [Art. XXVIII, Sec. 2(14)(a)]

Electioneering Communications Reporting

- Reporting required by persons spending \$1,000 or more on Electioneering Communications,
- Required to disclose occupation and employer for all \$250 or more contributions made by natural persons. (Art. XXVIII, Sec. 6)
- Corporate and Labor Organization funding are prohibited. (Art. XXVIII, Sec. 6)

Prohibitions on next page. Please refer to Article XXVIII, Section 3 of the Colorado Constitution for complete contribution limits and prohibited contributions.

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PROHIBITED CONTRIBUTIONS

[Art. XXVIII, Sec.3 & C.R.S. 1-45-105.5]

- No candidate's candidate committee shall accept contributions from, or make contributions to, another candidate committee.
- No person shall act as a conduit for a contribution to a candidate committee.
- It shall be unlawful for a corporation or labor organization to make contributions to a candidate committee or a political party, and to make expenditures expressly advocating the election or defeat of a candidate; except that a corporation or labor organization may establish a political committee or small donor committee which may accept contributions or dues from employees, officeholders, shareholders, or members.
- No candidate committee, political committee, small donor committee, or political party shall knowingly accept contributions from:
 - Any natural person who is not a citizen of the United States;
 - A foreign government; or
 - any foreign corporation that does not have the authority to transact business in this state pursuant to article 115 of title 7, C.R.S., or any successor section.
- No candidate committee, political committee, small donor committee, issue committee, or political party shall accept a contribution, or make an expenditure, in currency or coin exceeding one hundred dollars.
- No person shall make a contribution to a candidate committee, issue committee, political committee, small donor committee, or political party with the expectation that some or all of the amounts of such contribution will be reimbursed by another person. No person shall be reimbursed for a contribution made to any candidate committee, issue committee, political committee, small donor committee, or political party, nor shall any person make such reimbursement except as provided in subsection (8) of this section. [Art. XXVIII, Sec. 3(8)]

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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:

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

PLEASE PRINT/TYPE

<p>1. Date Accepted: Oct 24, 2019</p>	<p>4. Name (Last, First): Harrison, Robert</p>
<p>2. Contribution Amt.: 50</p>	<p>5. Address: 15041 E. Jarvis Pl.</p>
<p>3. Aggregate Amt. *: \$</p>	<p>6. City/State/Zip: Aurora, CO 80014</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: Democracy Engine</p> <p>8. Employer (if applicable, <u>mandatory</u>):</p> <p>9. Occupation (if applicable, <u>mandatory</u>):</p>

<p>1. Date Accepted: Oct 31, 2019</p>	<p>4. Name (Last, First): Furr, Steve</p>
<p>2. Contribution Amt.:</p>	<p>5. Address:</p>

<p>50</p> <hr/>	<p>207 East St.</p> <hr/>
<p>3. Aggregate Amt. *:</p> <p>\$</p> <hr/>	<p>6. City/State/Zip:</p> <p>Golden, CO 80403</p> <hr/>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description:</p> <p>Democracy Engine</p> <hr/> <p>8. Employer (if applicable, <u>mandatory</u>):</p> <hr/> <p>9. Occupation (if applicable, <u>mandatory</u>):</p> <hr/>

<p>1. Date Accepted:</p> <p>Nov 07, 2019</p> <hr/>	<p>4. Name (Last, First):</p> <p>Dalton, Paula</p> <hr/>
<p>2. Contribution Amt.:</p> <p>20</p> <hr/>	<p>5. Address:</p> <p>5833 S. Fox Way</p> <hr/>
<p>3. Aggregate Amt. *:</p> <p>\$</p> <hr/>	<p>6. City/State/Zip:</p> <p>Littleton, CO 80120</p> <hr/>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description:</p> <p>Democracy Engine</p> <hr/> <p>8. Employer (if applicable, <u>mandatory</u>):</p> <hr/> <p>9. Occupation (if applicable, <u>mandatory</u>):</p> <hr/>

<p>1. Date Accepted:</p>	<p>4. Name (Last, First):</p>
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Nov 07, 2019 <hr/>	Breinig-Glunz, Denise <hr/>
2. Contribution Amt.: 25 <hr/>	5. Address: 1188 E. Irwin Pl <hr/>
3. Aggregate Amt. *: \$ <hr/>	6. City/State/Zip: Centennial, CO 80122 <hr/>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Democracy Engine <hr/>
	8. Employer (if applicable, <u>mandatory</u>): <hr/>
	9. Occupation (if applicable, <u>mandatory</u>): <hr/>

1. Date Accepted: Nov 29, 2019 <hr/>	4. Name (Last, First): Milliman, Kelly <hr/>
2. Contribution Amt.: 367.84 <hr/>	5. Address: 2822 W. Briarwood Ave <hr/>
3. Aggregate Amt. *: \$ <hr/>	6. City/State/Zip: Littleton, CO 80120 <hr/>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check # 2415 <hr/>
	8. Employer (if applicable, <u>mandatory</u>): Children's Hospital <hr/>
	9. Occupation (if applicable, <u>mandatory</u>): Nurse <hr/>

<p>1. Date Accepted: Nov 07, 2019</p>	<p>4. Name (Last, First): Lieb, Michael</p>
<p>2. Contribution Amt.: 100</p>	<p>5. Address: 6915 S. Sycamore St</p>
<p>3. Aggregate Amt. *: \$</p>	<p>6. City/State/Zip: Littleton, CO 80120</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: Democracy Engine</p> <p>8. Employer (if applicable, <u>mandatory</u>): Self Employed</p> <p>9. Occupation (if applicable, <u>mandatory</u>): Contractor</p>

<p>1. Date Accepted: Nov 07, 2019</p>	<p>4. Name (Last, First): Cyran, Michele</p>
<p>2. Contribution Amt.: 25</p>	<p>5. Address: 925 Front Range Rd</p>
<p>3. Aggregate Amt. *: \$</p>	<p>6. City/State/Zip: Littleton, CO 80120</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: Democracy Engine</p> <p>8. Employer (if applicable, <u>mandatory</u>):</p> <p>9. Occupation (if applicable, <u>mandatory</u>):</p>

<p>1. Date Accepted: Nov 13, 2019</p>	<p>4. Name (Last, First): Reuter, Kirk</p>
<p>2. Contribution Amt.: 20</p>	<p>5. Address: 6. City/State/Zip: Littleton, CO 80120</p>
<p>3. Aggregate Amt. *: \$</p>	<p>7. Description: Cash Donation</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>8. Employer (if applicable, <u>mandatory</u>): 9. Occupation (if applicable, <u>mandatory</u>):</p>

<p>1. Date Accepted: Oct 28, 2019</p>	<p>4. Name (Last, First): Milliman, Kelly</p>
<p>2. Contribution Amt.: 43.65</p>	<p>5. Address: 2282 W. Briarwood Ave.</p>
<p>3. Aggregate Amt. *: \$</p>	<p>6. City/State/Zip: Littleton, CO 80120</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: RoboCall Time</p> <p>8. Employer (if applicable, <u>mandatory</u>): Children's Hospital</p> <p>9. Occupation (if applicable, <u>mandatory</u>): Nurse</p>

<p>1. Date Accepted: Oct 29, 2019</p>	<p>4. Name (Last, First): Milliman, Kelly</p>
<p>2. Contribution Amt.: 559.52</p>	<p>5. Address: 2282 W. Briarwood Ave.</p>
<p>3. Aggregate Amt. *: \$</p>	<p>6. City/State/Zip: Littleton, CO 80120</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: WizBang: Postage</p> <p>8. Employer (if applicable, <u>mandatory</u>): Children's Hospital</p> <p>9. Occupation (if applicable, <u>mandatory</u>): Nurse</p>

<p>1. Date Accepted: Oct 29, 2019</p>	<p>4. Name (Last, First): Milliman, Kelly</p>
<p>2. Contribution Amt.: 346.23</p>	<p>5. Address: 2282 W. Briarwood Ave</p>
<p>3. Aggregate Amt. *: \$</p>	<p>6. City/State/Zip: Littleton, CO 80120</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: Wizbang: Postage</p> <p>8. Employer (if applicable, <u>mandatory</u>): Children's Hospital</p>

	9. Occupation (if applicable, <u>mandatory</u>): Nurse _____
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1. Date Accepted: Nov 01, 2019 _____	4. Name (Last, First): Milliman, Kelly _____
2. Contribution Amt.: 25 _____	5. Address: 2282 W. Briarwood Ave _____
3. Aggregate Amt. *: \$ _____	6. City/State/Zip: Littleton, CO 80120 _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: FaceBook Ad _____
	8. Employer (if applicable, <u>mandatory</u>): Children's Hospital _____
	9. Occupation (if applicable, <u>mandatory</u>): Nurse _____

1. Date Accepted: Nov 04, 2019 _____	4. Name (Last, First): Milliman, Kelly _____
2. Contribution Amt.: 25 _____	5. Address: 2282 W. Briarwood Ave _____
3. Aggregate Amt. *: \$ _____	6. City/State/Zip: Littleton, CO 80120 _____
	7. Description: FaceBook Ad _____
	8. Employer (if applicable, <u>mandatory</u>):

Check box if Electioneering
Communication

Children's Hospital

9. Occupation (if applicable, mandatory):

Nurse

1. Date Accepted:

Nov 03, 2019

4. Name (Last, First):

Milliman, Kelly

5. Address:

2282 W. Briarwood Ave

2. Contribution Amt.:

25

6. City/State/Zip:

Littleton, CO 80120

3. Aggregate Amt. *:

\$

7. Description:

FaceBook Ad

8. Employer (if applicable, mandatory):

Children's Hospital

Check box if Electioneering
Communication

9. Occupation (if applicable, mandatory):

Nurse

1. Date Accepted:

Nov 04, 2019

4. Name (Last, First):

Milliman, Kelly

5. Address:

2282 W. Briarwood Ave

2. Contribution Amt.:

8.09

6. City/State/Zip:

Littleton, CO 80120

3. Aggregate Amt. *:

\$

7. Description:

<input type="checkbox"/> Check box if Electioneering Communication	FaceBook Ad _____ 8. Employer (if applicable, <u>mandatory</u>): Children's Hospital _____ 9. Occupation (if applicable, <u>mandatory</u>): Nurse _____
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* 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).

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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:

PLEASE PRINT/TYPE

<p>1. Date Expended: Nov 04, 2019</p>	<p>4. Name: Milliman, Kelly</p>
<p>2. Amount: 8.09</p>	<p>5. Address: 2282 W. Briarwood Ave</p>
<p>3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee</p>	<p>6. City/State/Zip: Littleton, CO 80120</p> <p>7. Purpose of Expenditure: FaceBook Ad</p> <p><input type="checkbox"/> Check box if Electioneering Communication</p>

<p>1. Date Expended: Nov 01, 2019</p>	<p>4. Name: Milliman, Kelly</p>
<p>2. Amount: 25</p>	<p>5. Address: 2282 W. Briarwood Ave</p>
<p>3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee</p>	<p>6. City/State/Zip: Littleton, CO 80120</p> <p>7. Purpose of Expenditure:</p>

	FaceBook Ad <hr/> <input type="checkbox"/> Check box if Electioneering Communication
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1. Date Expended: Nov 04, 2019 <hr/>	4. Name: Milliman, Kelly <hr/>
2. Amount: 25 <hr/>	5. Address: 2282 W. Briarwood Ave <hr/>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: Littleton, CO 80120 <hr/>
	7. Purpose of Expenditure: FaceBook Ad <hr/> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended: Nov 03, 2019 <hr/>	4. Name: Milliman, Kelly <hr/>
2. Amount: 25 <hr/>	5. Address: 2282 W. Briarwood Ave <hr/>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: Littleton, CO 80120 <hr/>
	7. Purpose of Expenditure: FaceBook Ad <hr/> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended:	4. Name:
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<p>Oct 29, 2019</p>	<p>Milliman, Kelly</p>
<p>2. Amount: 559.52</p>	<p>5. Address: 2282 W. Briarwood Ave</p>
<p>3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee</p>	<p>6. City/State/Zip: Littleton, CO 80120</p> <p>7. Purpose of Expenditure: WizBang: Postage</p> <p><input type="checkbox"/> Check box if Electioneering Communication</p>

<p>1. Date Expended: Oct 29, 2019</p>	<p>4. Name: Milliman, Kelly</p>
<p>2. Amount: 346.23</p>	<p>5. Address: 2282 W. Briarwood Ave</p>
<p>3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee</p>	<p>6. City/State/Zip: Littleton, CO 80120</p> <p>7. Purpose of Expenditure: WizBang: Postage</p> <p><input type="checkbox"/> Check box if Electioneering Communication</p>

<p>1. Date Expended: Oct 28, 2019</p>	<p>4. Name: Milliman, Kelly</p>
<p>2. Amount: 43.65</p>	<p>5. Address: 2282 W. Briarwood Ave</p>
	<p>6. City/State/Zip:</p>

3. Recipient is (optional):

- Committee
- Non-Committee

Littleton, CO 80120

7. Purpose of Expenditure:

RoboCall Time

Check box if Electioneering Communication

Colorado Secretary of State Form Rev. 04/19

Schedule C - Loans

Full Name of Committee/Person:

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution):

Address:

City/State/Zip:

Original Amount of Loan:

\$

Interest Rate:

Loan Amount Received This Reporting Period:

\$

Principal Amount Paid This Reporting Period:

\$

Interest Amount Paid This Reporting Period:

\$

Amount Repaid This Reporting Period:

\$

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total of All Loans This Reporting Period:

\$

(Place on line 8 of Detailed Summary Report)

Total Repayments Made:

\$

(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance:

\$

TERMS OF LOAN:

Date Loan Received

Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Colorado Secretary of State Form Rev. 04/19

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person:

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. Date Accepted: Oct 03, 2019 _____	4. Name: Milliman, Kelly _____
2. Date Returned: Oct 25, 2019 _____	5. Address: 2282 W. Briarwood Ave _____
3. Amount: 11 _____	6. City/State/Zip: Littleton, CO 80120 _____
	7. Purpose: Stamps Reimbursement _____

1. Date Accepted: _____	4. Name: Milliman, Kelly _____
2. Date Returned: _____	5. Address: 2282 W. Briarwood Ave _____
3. Amount: 2907.54 _____	6. City/State/Zip: Littleton, CO 80120 _____
	7. Purpose: Remaining A/P due Kelly Milliman through the : _____

1. Date Accepted: Oct 29, 2019 _____	4. Name: Milliman, Kelly _____
2. Date Returned: Nov 13, 2019 _____	5. Address: 2282 W. Briarwood Ave _____
3. Amount: 905.75 _____	6. City/State/Zip: Littleton, CO 80120 _____
	7. Purpose: Reimbursement of Wizbang expensed in Octok _____

Returned Expenditures

(Previously reported on Schedule B - Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. Date Accepted: _____	4. Name: _____
2. Date Returned: _____	5. Address: _____
3. Amount: \$ _____	6. City/State/Zip: _____
	7. Comment (Optional): _____

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Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person:

PLEASE PRINT/TYPE

1. Date Provided: <hr/>	4. Name (Last, First): <hr/>
2. Fair Market Value: \$ <hr/>	5. Address: <hr/>
3. Aggregate Amt. : \$ <hr/>	6. City/State/Zip: <hr/>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <hr/>
	8. Employer (if applicable, <u>mandatory</u>): <hr/>
	9. Occupation (if applicable, <u>mandatory</u>): <hr/>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

