

1st Rpt

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us



Space Below For Office Use Only

RECEIVED

SEP 15 2011

CITY CLERK'S
OFFICE

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

Full Name of Committee/Person:	FRIENDS OF DAVE CHANDLER FOR MAYOR <small>As Shown On Registration</small>
Address of Committee/Person:	7930 KENDALL STREET
City, State & Zip Code:	ARVADA, CO 80003
Committee Type:	CANDIDATE
Name and Address of Financial Institution	TCF BANK 7790 W. 80TH AVE, ARVADA CO 80005

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-
2	Total Monetary Contributions (line 11)	\$ 404.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 404.00
4	Total Monetary Expenditures (line 19)	\$ 121.58
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 282.42

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: Hildegard F. Hix

Registered Agent's Signature: Hildegard F. Hix Date: 9/15/11

Print Candidate Name: DAVE CHANDLER

Candidates Signature: Dave Chandler Date: 9/15/11

DETAILED SUMMARY

Full Name of Committee/Person: FRIEND OF DAVE CHANDER FOR MAYOR

Current Reporting Period: AUGUST 17, 2011

Through SEPTEMBER 14, 2011

	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")	\$ 404.00
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)	\$ 404.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 60.00
13	Total Contributions (Line 11 + line 12)	\$ 464.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 121.58
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
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)	\$ 121.58
20	Total Spending (Line 18 + line 19)	\$ 121.58

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

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

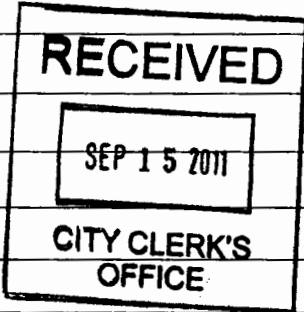
Full Name of Committee/Person: Friends of Dave Chandler for Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/17/11	4. Name (Last, First): <u>Chander, Dave</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7930 kendall St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>open bank account</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 8/24/11	4. Name (Last, First): <u>Hix, Hildegard</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>8755 W 68th Place</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<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> 9/3/11	4. Name (Last, First): <u>Vance, Irene</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>7058 Parfet Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<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> 9/8/11	4. Name (Last, First): <u>Harlow, Mary</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6280 W 68th Place</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<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).

over

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

1. <u>Date Accepted</u> 9/9/11	4. Name (Last, First): <u>Perl, Don</u>
2. <u>Contribution Amt.</u> \$ <u>54.00</u>	5. Address: <u>2424 22nd Ave.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Greeley, CO 80631</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>UNC</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/14/11	4. Name (Last, First): <u>Fitzpatrick, Barbara</u>
2. <u>Contribution Amt.</u> \$ <u>50⁰⁰</u>	5. Address: <u>8758 Chase Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<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)

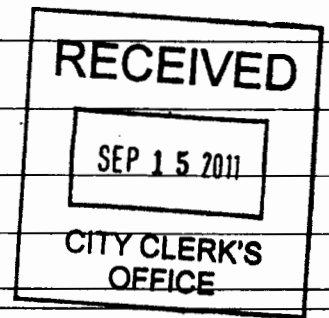
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Friends of Dave Chandler for Mayor

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>Aug. 22, 2011</u>	4. Name: <u>Go Daddy, com</u>
2. <u>Amount</u> <u>\$ 8.98</u>	5. Address: <u>14455 N. Hayden Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Scottsdale AZ 85260</u>
	7. Purpose of Expenditure: <u>Domain Names</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9, 8, 11</u>	4. Name: <u>Office Depot</u>
2. <u>Amount</u> <u>\$ 112.60</u>	5. Address: <u>7390 W. 52nd. Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80002</u>
	7. Purpose of Expenditure: <u>Printing - Fliers</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

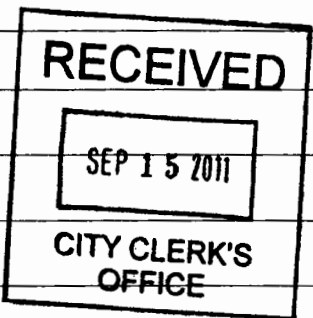
Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: FRIENDS OF DAVE CHANDLER FOR MAYOR

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 8/8/11	4. Name (Last, First): <u>CHANDLER, DAVE</u>
2. <u>Fair Market Value</u> \$ <u>\$6000</u>	5. Address: <u>7930 KENDALL STREET</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>ARVADA CO 80003</u>
<input checked="" type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>WEB PUBLISHING-HOSTING; TYPEPAD ACCOUNT</u>
	8. Employer (if applicable, mandatory): <u>Self Employed</u>
	9. Occupation (if applicable, mandatory): <u>Candidate</u>
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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): _____
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	



1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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): _____
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."