

2nd Rpt

Space Below For Office Use Only

Colorado Secretary of State  
Elections Division  
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RECEIVED

OCT 10 2011

CITY MANAGER'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: SEPTEMBER 14, 2011 Through OCTOBER 6, 2011  
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 727.70

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 282.42
2	Total Monetary Contributions (line 11)	\$ 880.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1162.42
4	Total Monetary Expenditures (line 19)	\$ 727.70
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 434.72

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: \_\_\_\_\_

Registered Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Candidate Name: DAVE CHANDLER

Candidates Signature: Dave Chandler Date: 10/13/11

**DETAILED SUMMARY**

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

Current Reporting Period: SEPTEMBER 14, 2011 Through OCTOBER 6, 2011

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 282.42
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 880.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ -
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ -
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ -
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ -
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 880.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ -
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 880.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 727.70
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ -
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ -
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ -
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ -
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 727.70
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 727.70

**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> 9/17/11	4. Name (Last, First): <u>McAULEY, IRENE</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>1451 SE VANCE DR</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GRANTS PASS OR 97527</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9/22/11	4. Name (Last, First): <u>FEULNER, JACKIE</u>
2. <u>Contribution Amt.</u> \$ 20-	5. Address: <u>6038 OWENS ST</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: <u>PAYPAL</u>
	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 A – Itemized Contributions Statement (\$20 or more)**

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

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

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 9/24/11	4. Name (Last, First): <u>WEISFIELD, RUSSELL</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>7340 W. 74TH PLACE</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>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9/26/11	4. Name (Last, First): <u>HAND, BETSY JORDAN</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>880 SIXTH STREET</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>BOULDER CO 80302</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9/26/11	4. Name (Last, First): <u>VANCE, IRENE</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7058 PAREET CT</u>
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: <u>ARVADA, CO 80004</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> 9/27/11	4. Name (Last, First): <u>McNUTT, PETER</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>5600 DOVER ST</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ARVADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>NREL</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>ENGINEER</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: 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> 9/28/11	4. Name (Last, First): <u>HAUGHEY, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ <u>2500</u>	5. Address: <u>5556 W. 75TH DR</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>WESTMINSTER, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>PARKHURST, LYMAN</u>
2. <u>Contribution Amt.</u> \$ <u>250<sup>00</sup></u>	5. Address: <u>6352 VANCE 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>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>ENGINEER</u>

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>PLAGENZ-CHANDLER, KATHRYN</u>
2. <u>Contribution Amt.</u> \$ <u>100.<sup>00</sup></u>	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>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>JEFFERSON COUNTY PUBLIC LIBRARY</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>LIBRARIAN</u>

1. <u>Date Accepted</u> 10/1/11	4. Name (Last, First): <u>HURBUT, DAVE &amp; RINGHART, RUTH</u>
2. <u>Contribution Amt.</u> \$ <u>2500</u>	5. Address: <u>5646 POPPY CT</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GOLDEN, CO 80403</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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: 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> 10/1/11	4. Name (Last, First): <u>FLETT, MIKE</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>6997 W. 36TH AVE.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>WHEAT RIDGE, CO</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/1/11	4. Name (Last, First): <u>RUSSELL, W.L.</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>6233 W. 60TH AVE</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>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIRED</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> ): _____

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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: FRIENDS OF DAVE CHANDLER FOR MAYOR

PLEASE PRINT/TYPE

1. Date Expended <u>9/16/11</u>	4. Name: <u>TCF BANK</u>
2. Amount \$ <u>1795</u>	5. Address: <u>7790 W. 80TH AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA, CO 80005</u>
	7. Purpose of Expenditure: <u>CHECKS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/20/11</u>	4. Name: <u>ARVADA CITY CLERK</u>
2. Amount \$ <u>1150</u>	5. Address: <u>8101 RALSTON RD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVADA CO 80001</u>
	7. Purpose of Expenditure: <u>COPY OF CONTRIBUTION &amp; EXPENDITURES REPORT</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/29/11</u>	4. Name: <u>SIGNSONTHECHEAP.COM</u>
2. Amount \$ <u>526.43</u>	5. Address: <u>11525B STONEHOLLOW DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>AUSTIN TX 78758</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/29/11</u>	4. Name: <u>BANNERSONTHECHEAP.COM</u>
2. Amount \$ <u>162.79</u>	5. Address: <u>11525B STONEHOLLOW DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>AUSTIN TX 78758</u>
	7. Purpose of Expenditure: <u>BANNERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>TO DATE 10/6/11</u>	4. Name: <u>PAY PAL</u>
2. Amount \$ <u>9.03</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>TRANSACTION FEES</u>
	<input type="checkbox"/> Check box if Electioneering Communication