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

**Full Name of Committee/Person:** FRIENDS OF DAVE CHANDLER FOR OFFICE  
As Shown On Registration

**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: OCTOBER 7, 2011 Through OCTOBER 23, 2011  
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 141.59

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 434.72
2	Total Monetary Contributions (line 11)	\$ 270.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 704.72
4	Total Monetary Expenditures (line 19)	\$ 141.59
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 563.13

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 Hix

Registered Agent's Signature: *Hildegard Hix* Date: 10/28/11

Print Candidate Name: DAVE CHANDLER

Candidates Signature: *David J. Chandler* Date: 10/27/11

**DETAILED SUMMARY**

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

Current Reporting Period: OCTOBER 7, 2011 Through OCTOBER 23, 2011

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	434.72
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	270.00
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)	\$	270.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	-
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	270.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	141.59
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)	\$	141.59
20	<b>Total Spending</b> (Line 18 + line 19)	\$	141.59

**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> 10/9/11	4. Name (Last, First): <u>HUMBERSON, CHRISTOPHER</u>
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: <u>24217 SE 45TH STREET</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ISSAQUAH, WA 98029</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> 10/10/11	4. Name (Last, First): <u>HEDBERG, JOHN</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>7 HEATHER WAY</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GOLDEN, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>NEW WEST</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>PHYSICIAN</u>

1. <u>Date Accepted</u> 10/12/11	4. Name (Last, First): <u>HOFFMAN, THOMAS</u>
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: <u>430 ANTERO STREET</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>GOLDEN, CO 80401</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> 10/13/11	4. Name (Last, First): <u>PLAGENZ, RICHARD</u>
2. <u>Contribution Amt.</u> \$ 20 <sup>00</sup>	5. Address: <u>2000 COVENTRY ROAD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLUMBUS, OH 43212</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> ): _____

\* 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: 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> <u>10/17/11</u>	4. Name (Last, First): <u>DOYLE, KATHY</u>
2. <u>Contribution Amt.</u> \$ <u>5000</u>	5. Address: <u>607 CASCADE DRIVE</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>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> ):

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> 10/15/11	4. Name: <u>LOWE'S</u>
2. <u>Amount</u> \$ 11.00	5. Address: <u>5600 W 28TH AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO</u>
	7. Purpose of Expenditure: <u>BANNER FRAME MATERIALS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/17/11	4. Name: <u>OFFICE DEPOT</u>
2. <u>Amount</u> \$ 90.29	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>FLIERS - COPIES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/21/11	4. Name: <u>FACE BOOK</u>
2. <u>Amount</u> \$ 32.72	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>TO DATE</u> 10/23/11	4. Name: <u>PAYPAL</u>
2. <u>Amount</u> \$ 7.58	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

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