

4th Rpt

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Colorado Secretary of State
Elections Division
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Denver, CO 80290
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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 MAYOR
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: 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)	\$ 563.13
2 Total Monetary Contributions (line 11)	\$ -0-
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 563.13
4 Total Monetary Expenditures (line 19)	\$ 563.13
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

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: 11/30/11

Print Candidate Name: DAVE CHANDLER

Candidates Signature: David Chandler Date: 11/30/11

DETAILED SUMMARY

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

Current Reporting Period: OCTOBER 24, 2011 Through NOVEMBER 26, 2011

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	563.13
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	-0-
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)	\$	-0-
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	-0-
13	Total Contributions (Line 11 + line 12)	\$	-0-
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	563.13
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	-0-
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)	\$	563.13
20	Total Spending (Line 18 + line 19)	\$	563.13

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> 10/24	4. Name: <u>JO-ANN</u>
2. <u>Amount</u> \$ 1399	5. Address: <u>6795 W. 85TH AVE.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER CO 80031</u>
	7. Purpose of Expenditure: <u>GROMMET SUPPLIES FOR BANNERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/25	4. Name: <u>OFFICE MAX</u>
2. <u>Amount</u> \$ 1350	5. Address: <u>5275 WADSWORTH</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>COPIES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/25	4. Name: <u>BADGE-A-MINT</u>
2. <u>Amount</u> \$ 3500	5. Address: <u>345 N. LEWIS AVE.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>OGLESBY IL 61348</u>
	7. Purpose of Expenditure: <u>BUTTON MAKING PARTS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/26	4. Name: <u>FACE BOOK</u>
2. <u>Amount</u> \$ 8333	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> 10/31	4. Name: <u>FACE BOOK</u>
2. <u>Amount</u> \$ 8374	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

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

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

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 11/17	4. Name: <u>FACEBOOK</u>
2. <u>Amount</u> \$ <u>6357</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>ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> TO DATE 11/26	4. Name: <u>PAYPAL</u>
2. <u>Amount</u> \$ <u>320</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

1. <u>Date Expended</u> 11/26	4. Name: <u>ALZHEIMER'S ASSOCIATION OF COLORADO</u>
2. <u>Amount</u> \$ <u>266.80</u>	5. Address: <u>455 SHERMAN ST. SUITE 500</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80203</u>
	7. Purpose of Expenditure: <u>UNEXPENDED CAMPAIGN FUNDS DONATION</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