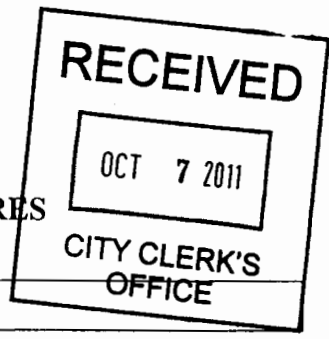


Space Below For Office Use Only

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



### REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

**Full Name of Committee/Person:** Elect Bob Fifer  
As Shown On Registration

**Address of Committee/Person:** P.O. Box 121

**City, State & Zip Code:** Arvada, CO 80001

**Committee Type:**

**Name and Address of Financial Institution:** 1st Bank - 64th + Ward Arvada, CO 80004

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: 9/15/11 Date Through 10/6/11 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)	\$	1815.75
2	Total Monetary Contributions (line 11)	\$	1665.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$	3480.75
4	Total Monetary Expenditures (line 19)	\$	2747.86
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$	732.89

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: ROBERT FIFER

Registered Agent's Signature: Date: 10/7/11

Print Candidate Name: ROBERT FIFER (BOB)

Candidates Signature: Date: 10/7/11

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

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

Full Name of Committee/Person: Elect Bob Fifer

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/20/11	4. Name (Last, First): <u>Wichmann, Sharee</u>
2. <u>Contribution Amt.</u> \$ <u>25<sup>00</sup></u>	5. Address: <u>6825 Dover 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>check</u>
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 9/20/11	4. Name (Last, First): <u>Barone, Frank</u>
2. <u>Contribution Amt.</u> \$ <u>100<sup>00</sup></u>	5. Address: <u>12946 W. 81st Place</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80005</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>Business Owner</u>

1. <u>Date Accepted</u> 9/20/11	4. Name (Last, First): <u>Sisroy, Daniel</u>
2. <u>Contribution Amt.</u> \$ <u>100<sup>00</sup></u>	5. Address: <u>11147 Detroit Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Northglenn, Co 80233</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>King Scoopers</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>transportation</u>

1. <u>Date Accepted</u> 9/20/11	4. Name (Last, First): <u>Lyons, Edward</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>5703 Field Street</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>check</u>
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

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

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

**Full Name of Committee/Person:** Elect Bob Fifer

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/20/11	4. Name (Last, First): <u>Arnold, Karen</u>
2. <u>Contribution Amt.</u> \$ <u>25<sup>00</sup></u>	5. Address: <u>8201 W 67<sup>th</sup> Drive</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>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 9/20/11	4. Name (Last, First): <u>Cooke, David</u>
2. <u>Contribution Amt.</u> \$ <u>60<sup>00</sup></u>	5. Address: <u>7746 Oak Street</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80005</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> 9/29/11	4. Name (Last, First): <del>Robert</del> <u>Vanderkolk, Maria</u>
2. <u>Contribution Amt.</u> \$ <u>100<sup>00</sup></u>	5. Address: <u>6733 Zinnia Street</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>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Line Energy</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Comm Manager</u>

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <del>Mary</del> <u>Patee, Mary</u>
2. <u>Contribution Amt.</u> \$ <u>75<sup>00</sup></u>	5. Address: <u>9452 W 64<sup>th</sup> 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: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

**Schedule A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Elect Bob Fifer

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <del>Robin</del> Dodich, Robin
2. <u>Contribution Amt.</u> \$ 30 <sup>00</sup>	5. Address: 6370 DeFrame Way
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Arvada, Co 80004
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check
	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): Ma Goff, R. Mark
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: 7855 Allison Court
3. <u>Aggregate Amt. *</u> \$ 150 <sup>00</sup>	6. City/State/Zip: Arvada, Co 80005
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u> ): Retired
	9. Occupation (if applicable, <u>mandatory</u> ): Retired

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): Tate, Lois
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: 1395 Lee Street
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Lakewood, Co 80215
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check
	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): Bentzen, Nancy
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: 6784 Tabar St.
3. <u>Aggregate Amt. *</u> \$ 75 <sup>00</sup>	6. City/State/Zip: Arvada, Co 80004
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

**Schedule A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Elect Bob Fifer

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>Phillips, Gregory</u>
2. <u>Contribution Amt.</u> \$ <u>25<sup>00</sup></u>	5. Address: <u>8478 Fenton Street</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> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>Litzau, Michael</u>
2. <u>Contribution Amt.</u> \$ <u>50<sup>00</sup></u>	5. Address: <u>10716 Zuni Drive</u>
3. <u>Aggregate Amt. *</u> \$ <u>125<sup>00</sup></u>	6. City/State/Zip: <u>Denver, Co 80234</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Sooper Credit Union</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Management</u>

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>Thomas, Shirley</u>
2. <u>Contribution Amt.</u> \$ <u>50<sup>00</sup></u>	5. Address: <u>13040 W. 80<sup>th</sup> Ave</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, Co 80005</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> 9/29/11	4. Name (Last, First): <u>Anderson, Lorraine</u>
2. <u>Contribution Amt.</u> \$ <u>100<sup>00</sup></u>	5. Address: <u>5645 Dudley Street</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>cash</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Business Owner</u>

**Schedule A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Elect Bob Fifer

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>McCaughey, Timothy</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>9860 W. 11<sup>th</sup> Avenue</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Lakewood, Co 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Century Link</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Product Manager</u>

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>Armstrong, Roger</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>3202 Orkney</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>El Paso, TX 79925</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> ): <u>Retired</u>

1. <u>Date Accepted</u> 9/29/11	4. Name (Last, First): <u>Pullen, Douglas</u>
2. <u>Contribution Amt.</u> \$ 25 <sup>00</sup>	5. Address: <u>7117 Dudley Drive</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>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

1. <u>Date Accepted</u> 10/6/11	4. Name (Last, First): <u>Evans, Frances</u>
2. <u>Contribution Amt.</u> \$ 25 <sup>00</sup>	5. Address: <u>9530 W. 56<sup>th</sup> Place</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>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

**Schedule A – Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Elect Bob Fifer

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/6/11	4. Name (Last, First): <u>Realtor Candidate Political Action Committee</u>
2. <u>Contribution Amt.</u> \$ 500 <sup>00</sup>	5. Address: <u>309 Inverness Way South</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Englewood, CO 80112</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>	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> ): _____

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

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

**Full Name of Committee/Person:** Elect Bob Fifer

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 9/20/11	4. Name: <u>Pro Connect Public Relations</u>
2. <u>Amount</u> \$ 250 <sup>00</sup>	5. Address: <u>3552 W 100<sup>th</sup> Place</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>Public Relations</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/20/11	4. Name: <u>Mile High Newspapers</u>
2. <u>Amount</u> \$ 1540 <sup>00</sup>	5. Address: <u>110 N. Rubey Drive</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Golden, Colo. 80403</u>
	7. Purpose of Expenditure: <u>Advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/15/11	4. Name: <u>Big Sky Outdoor Advertising</u>
2. <u>Amount</u> \$ 560 <sup>00</sup>	5. Address: <u>2331 W. Hampden Ave. #119</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO 80110</u>
	7. Purpose of Expenditure: <u>Advertising - bus benches</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/4/11	4. Name: <u>Mile High Newspapers</u>
2. <u>Amount</u> \$ 200 <sup>00</sup>	5. Address: <u>110 N Rubey Drive</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Golden, CO 80403</u>
	7. Purpose of Expenditure: <u>Advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/4/11	4. Name: <u>Pro Connect Public Relations</u>
2. <u>Amount</u> \$ 176 <sup>11</sup>	5. Address: <u>3552 W. 100<sup>th</sup> Place</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>Public Relations</u> <input type="checkbox"/> Check box if Electioneering Communication



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

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

Full Name of Committee/Person: Elect Bob Fifer

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/2/11	4. Name: <u>Constant Contact</u>
2. <u>Amount</u> \$ 20 <sup>00</sup>	5. Address: <u>Internet Company</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Advertising</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

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