

4th Rep ✓

Colorado Secretary of State
Elections Division
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Space Below For Office Use Only

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: 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)	\$ 642.10
2	Total Monetary Contributions (line 11)	\$ 325.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 967.10
4	Total Monetary Expenditures (line 19)	\$ 967.10
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: Bob Fifer

Registered Agent's Signature: Date: 11/30/11

Print Candidate Name: Bob Fifer

Candidates Signature: Date: 11/30/11

DETAILED SUMMARY

Full Name of Committee/Person: Elect Bob Fifer

Current Reporting Period: 10/24/11 Through 11/26/11

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	642.10
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	325.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	
8	Loans Received (Please list on Schedule "C")	\$	
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	325.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	82.00
13	Total Contributions (Line 11 + line 12)	\$	407.00 325.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	875.75
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	1.03
16	Loan Repayments Made (Please list on Schedule "C")	\$	90.32
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	967.10
20	Total Spending (Line 18 + line 19)	\$	967.10

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> 10/24/11	4. Name (Last, First): <u>JDLI</u>
2. <u>Contribution Amt.</u> \$ 50 ⁰⁰	5. Address: <u>8745 W. 14th Ave #110</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>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/25/11	4. Name (Last, First): <u>Osher, Kathleen</u>
2. <u>Contribution Amt.</u> \$ 25 ⁰⁰	5. Address: <u>287 S. Clarkson Street</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver, CO 80209</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> 11/1/11	4. Name (Last, First): <u>Rocky Mountain Land Company</u>
2. <u>Contribution Amt.</u> \$ 100 ⁰⁰	5. Address: <u>5690 Webster 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>): _____

1. <u>Date Accepted</u> 11/1/11	4. Name (Last, First): <u>Remington Home Company</u>
2. <u>Contribution Amt.</u> \$ 150 ⁰⁰	5. Address: <u>9468 W. 58th Ave</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>): _____

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: Elect Bob Fifer

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 11/1/11	4. Name (Last, First): <u>Gagliardi, Sara</u>
2. <u>Fair Market Value</u> \$ <u>82⁰⁰</u>	5. Address: <u>11854 W 56th Drive</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>Get out the Vote - Cell phones</u>
	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. *

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 'e candidate committee.'"

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> 10/27/11	4. Name: <u>Robodial Org, Lld</u>
2. <u>Amount</u> \$ 100 ⁰⁰	5. Address: <u>P.O. Box 1393</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Media, PA 19063</u>
	7. Purpose of Expenditure: <u>advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/1/11	4. Name: <u>ProConnect Public Relations</u>
2. <u>Amount</u> \$ 150 ⁰⁰	5. Address: <u>P.O. Box 352103</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westminster, CO 80035</u>
	7. Purpose of Expenditure: <u>Public relations</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/4/11	4. Name: <u>Mara Williams For Mayor</u>
2. <u>Amount</u> \$ 240 ⁷⁵	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Reimb for shared expense party</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/25/11	4. Name: <u>Mile High Newspapers</u>
2. <u>Amount</u> \$ 385 ⁰⁰	5. Address: <u>110 N. Rubey Drive #120</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>	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

Schedule C - Loans

Full Name of Committee/Person: Elect Bob Fifer

LOANS - Loans Owed by the Committee
(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

*see next pages
for revision*

Name (Last, First or Institution): Fifer, Robert

Address: 11762 W 56th Circle

City/State/Zip: Arvada, CO 80002

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ 0

Total of All Loans This Reporting Period: \$ 0
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 90.32

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 90.32
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 90.32
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Elect Bob Fifer

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 4/18/11	4. Name (Last, First): <u>Fifer, Robert</u>
2. <u>Date Returned</u> 11/25/11	5. Address: <u>11762 W. 56th Circle</u>
3. <u>Amount</u> \$ 90 ⁰⁰	6. City/State/Zip: <u>Arvada, CO 80002</u>
	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

↑
This was never reported on Schedule A - It was reported on Schedule C Loans

Return

(Previously reported on Schedule B – Exp)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Schedule C - Loans

Full Name of Committee/Person: Elect Bob Fifer

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
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LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting
Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
(Sum of Schedule C pages, Place on line 16 of
Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed