

Colorado Secretary of State  
 Elections Division  
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 Denver, CO 80290  
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 Fax: (303) 869-4861  
 Email: cphelp@sos.state.co.us  
 www.sos.state.co.us



Space Below For Office Use Only

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

<b>Full Name of Committee/Person:</b>	CHANDLER FOR MAYOR <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	7930 KENDALL STREET
<b>City, State &amp; Zip Code:</b>	ARVADA, CO 80003
<b>Committee Type:</b>	CANDIDATE
<b>Name and Address of Financial Institution</b>	USBANK; 9590 W. 58TH AVE, ARVADA CO 80002

**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:**  Date **Through**  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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 3090.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3090.00
4	Total Monetary Expenditures (line 19)	\$ 1929.69
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1160.31

**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: CYNTHIA KREUTZER  
 Registered Agent's Signature: Cynthia Kreutzer Date: 9/17/15  
 Print Candidate Name: DAVE CHANDLER  
 Candidates Signature: David J Chandler Date: 9.17.15

**DETAILED SUMMARY**

Full Name of Committee/Person: CHANDLER FOR MAYOR

Current Reporting Period: JUNE 17, 2015 Through SEPTEMBER 14, 2015

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	0
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	3090.00
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)	\$	3096.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	65.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	3155.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1894.99
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	34.70
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)	\$	1929.69
20	<b>Total Spending</b> (Line 18 + line 19)	\$	1929.69

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

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

Full Name of Committee/Person: Chandler for Mayor

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6-17-15</u>	4. Name (Last, First): <u>Chandler, Dave</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>7930 Kendall St.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>open bank account (U.S. Bank)</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>6-20-15</u>	4. Name (Last, First): <u>Chandler, David</u>
2. Contribution Amt. \$ <u>10.00</u>	5. Address: <u>7930 Kendall St</u>
3. Aggregate Amt. * \$ <u>35.00</u>	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>open bank account (Avedot)</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>6-20-15</u>	4. Name (Last, First): <u>Kreutzer, Cindi</u>
2. Contribution Amt. \$ <u>10.00</u>	5. Address: <u>9200 Grandview Ave.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>self-employed</u>
	9. Occupation (if applicable, mandatory): <u>business owner</u>

1. Date Accepted <u>6-20-15</u>	4. Name (Last, First): <u>Hix, Hildegard</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>8755 W. 68th Pl</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): _____

\* 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: Chandler for Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>6-20-15</u>	4. Name (Last, First): <u>Baker, Bruce</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>14761 Kalamath Circle</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Westminster CO 80023</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Westminster</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>City council member</u>

1. <u>Date Accepted</u> <u>6-22-15</u>	4. Name (Last, First): <u>Smith, Barbara</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>7606 Robinson Way</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> <u>6-23-15</u>	4. Name (Last, First): <u>Doyle, Kathleen</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>607 Cascade Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Golden, CO 80403-1543</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> <u>6-24-15</u>	4. Name (Last, First): <u>Dyer, Joan-Marie</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>5570 Dudley Ct</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</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: Chandler For Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>6-30-15</u>	4. Name (Last, First): <u>Dale, Jim</u>
2. <u>Contribution Amt.</u> \$ <u>20.00</u>	5. Address: <u>323 Ptarmigan St.</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> <u>07-04-15</u>	4. Name (Last, First): <u>Parkhurst, Lyman</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Engineer</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>L P enterprises</u>

1. <u>Date Accepted</u> <u>7-15-15</u>	4. Name (Last, First): <u>Russell, WL</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>P O Box 2058</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80001</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> <u>7-25-15</u>	4. Name (Last, First): <u>Bruce, Geoffrey</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>6703 Grandview 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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</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: Chandler For Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 7/28/15	4. Name (Last, First): <u>Dyer, Stan</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>5570 Dudley Ct.</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 7-27-15	4. Name (Last, First): <u>Murray, Nancy</u>
2. <u>Contribution Amt.</u> \$ 75.00	5. Address: <u>8253 Kline St.</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>self-employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>consulting</u>

1. <u>Date Accepted</u> 7-28-15	4. Name (Last, First): <u>Earley, Joni</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6050 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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 7-28-15	4. Name (Last, First): <u>Runkles, Gail</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6197 Dudley 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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>RTD - P/T retired</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: Chandler for Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8-3-15	4. Name (Last, First): <u>McCullough, Joe &amp; Ellen</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6320 Reed 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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 8-5-15	4. Name (Last, First): <u>O'Toole, Neil</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>226 W. 12th Ave</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver, CO 80204</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>attorney</u>

1. <u>Date Accepted</u> 8-13-15	4. Name (Last, First): <u>Shirley, Susan</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6173 Allison 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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>self-employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retail</u>

1. <u>Date Accepted</u> 8-14-15	4. Name (Last, First): <u>Hall, Carol</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>8505 W. 64th Pl</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</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: Chandler For Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8-17-15	4. Name (Last, First): <u>Sprey, Linda</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6220 Ammons Dr.</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Nemacity Realty, LLC</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Realtor</u>

1. <u>Date Accepted</u> 8-21-15	4. Name (Last, First): <u>United Food &amp; Commercial Workers Local 7</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>7760 W. 36<sup>th</sup> Ave, Suite 400</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Wheat Ridge, CO 80033</u>
<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> 8-22-15	4. Name (Last, First): <u>Allport, Tim</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>11652 W. 75<sup>th</sup> Circle</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Set Apart Treatment</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>CAC III Counselor</u>

1. <u>Date Accepted</u> 8-22-15	4. Name (Last, First): <u>Hurlbut, Dave, Rinehart, Ruth</u>
2. <u>Contribution Amt.</u> \$ 100.00	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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>NREL (Dave) Boulder Valley Universalist Fellowship Ruth</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Economist - Dave Minister - Ruth</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: Chandler For Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8-22-15	4. Name (Last, First): <u>Bachman, James</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>5608 Zephyr 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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 8-22-15	4. Name (Last, First): <u>Garretson, Tom</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>6703 Grandview # A</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Charles D Jones Company</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Commercial Sales Manager</u>

1. <u>Date Accepted</u> 8-22-15	4. Name (Last, First): <u>D'Lallo, Antonio</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>9012 Gale Blvd Unit 5</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Thornton, CO 80260</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Adams 12 FiveStar Schools</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>teacher</u>

1. <u>Date Accepted</u> 8-22-15	4. Name (Last, First): <u>Bruce, Geoffrey</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>6703 Grandview Ave</u>
3. <u>Aggregate Amt. *</u> \$ <u>200.00</u>	6. City/State/Zip: <u>Arvada, CO 80002</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> ): _____

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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: Chandler For Mayor

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

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1. <u>Date Accepted</u> 8-22-15	4. Name (Last, First): <u>Bishard, Mark</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>10452 W. 77th Pl</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Exempla Lutheran Hospital</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Pharmacist</u>

1. <u>Date Accepted</u> 8-26-15	4. Name (Last, First): <u>Hoffman, Michelle</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>14420 W. 71st Ave</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>U.S. Dept of Interior, Office of Natural Resources</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Budget Analyst</u>

1. <u>Date Accepted</u> 9-2-15	4. Name (Last, First): <u>Kreutzer, Cynthia</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>9200 Grandview Ave</u>
3. <u>Aggregate Amt. *</u> \$ 510.00	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self-employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Business Owner</u>

1. <u>Date Accepted</u> 9-3-15	4. Name (Last, First): <u>Young, Nancy</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7706 Robinson Way</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: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</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: Chandler for Mayor

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-4-15	4. Name (Last, First): <u>Wright, Lance</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>1960 South Gilpin St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver, CO 80210</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>self-employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>consultant</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: Chandler For Mayor

PLEASE PRINT/TYPE

1. Date Expended <u>7-22-15</u>	4. Name: <u>Vistaprint</u>
2. Amount \$ <u>66.47</u>	5. Address: <u>www.vistaprint.com</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Business Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7-17-15</u>	4. Name: <u>U.S. P.O.</u>
2. Amount \$ <u>68.60</u>	5. Address: <u>7765 Wadsworth Blvd - Indian Tree Branch</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80003</u>
	7. Purpose of Expenditure: <u>postage</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7-13-15</u>	4. Name: <u>U.S. Post Office - Indian Tree Branch</u>
2. Amount \$ <u>70.00</u>	5. Address: <u>7765 Wadsworth Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80003</u>
	7. Purpose of Expenditure: <u>postage</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8-19-15</u>	4. Name: <u>Creative Advertising and Printing</u>
2. Amount \$ <u>265.71</u>	5. Address: <u>5840 Olde Wadsworth Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO, 80003</u>
	7. Purpose of Expenditure: <u>Flyer Printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8-22-15</u>	4. Name: <u>Sprouts</u>
2. Amount \$ <u>20.91</u>	5. Address: <u>7725 Wadsworth Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80003</u>
	7. Purpose of Expenditure: <u>Food for August 22, 2015 Campaign Party</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: Chandler For Mayor

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>8-21-15</u>	4. Name: <u>King Scoopers</u>
2. <u>Amount</u> \$ <u>79.17</u>	5. Address: <u>8055 Sheridan Blvd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80003</u>
	7. Purpose of Expenditure: <u>Food/Supplies for Aug 22, 2015 campaign party</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>8-25-15</u>	4. Name: <u>Think! Office Solutions</u>
2. <u>Amount</u> \$ <u>188.35</u>	5. Address: <u>6461 E. Hampton Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80333</u>
	7. Purpose of Expenditure: <u>Printing</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-2-15</u>	4. Name: <u>Super Cheap Signs</u>
2. <u>Amount</u> \$ <u>924.89</u>	5. Address: <u>9200 Waterford Center Blvd. Suite 100</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. <u>Date Expended</u> <u>9-3-2015</u>	4. Name: <u>Banners on the Cheap.com</u>
2. <u>Amount</u> \$ <u>210.89</u>	5. Address: <u>11525 B Stonehollow Dr. Suite 220</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. <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

**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: CHANDLER FOR MAYOR

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 6/1/15	4. Name (Last, First): <u>CHANDLER, DAVE</u>
2. <u>Fair Market Value</u> \$ 6500	5. Address: <u>7930 KENDALL 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>WEB PUBLISHING-HOSTING; TYPEPAD ACCOUNT</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CANDIDATE</u>
	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 the candidate committee."