

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:	CHANDLER FOR MAYOR
Address of Committee/Person:	7930 Kendall St.
City, State & Zip Code:	Arvada, CO 80033
Committee Type:	CANDIDATE
Name and Address of Financial Institution	

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: SEPTEMBER 15, 2015 Through OCTOBER 8, 2015
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)	\$ 1160.31
2	Total Monetary Contributions (line 11)	\$ 695.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1855.31
4	Total Monetary Expenditures (line 19)	\$ 208.61
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1646.70

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: 10/11/15

Print Candidate Name: DAVE CHANDLER

Candidates Signature: David Chandler Date: 10/11/15

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: **Through**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1160.31
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	695.00
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)	\$	695.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	200.89
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	7.72
16	Loan Repayments Made (Please list on Schedule "C")	\$	
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)	\$	208.61
20	Total Spending (Line 18 + line 19)	\$	208.61

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

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-15-15	4. Name (Last, First): <u>Tiner, Karen</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6407 Quail St. #157</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>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Safeway</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retail Clerk</u>

1. <u>Date Accepted</u> 9-15-15	4. Name (Last, First): <u>Bradley, Phil & Betty</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6158 Hoyt Ct.</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>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9-15-15	4. Name (Last, First): <u>Bishard, Mark</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>10452 W. 77th Pl</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	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>Exempla Lutheran Hospital</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Pharmacist</u>

1. <u>Date Accepted</u> 9-20-15	4. Name (Last, First): <u>Goodhart, Ray</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>P.O. Box 1267</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Golden, CO 80402</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Jeffco R-1</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teacher</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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9-21-15	4. Name (Last, First): <u>Graham, Thomas</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: <u>6080 Routt 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>): <u>Retiree</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9-30-15	4. Name (Last, First): <u>Saber, Don</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>11753 W. 75th 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: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9-30-15	4. Name (Last, First): <u>Shirley, Susan</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>6173 Allison St.</u>
3. <u>Aggregate Amt. *</u> \$ <u>100.00</u>	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Anedot</u>
	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> 9-30-15	4. Name (Last, First): <u>Carl, Susan</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>7294 Quartz St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Christ the King RC Church</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>musician</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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-1-15	4. Name (Last, First): <u>Humberson, Chris</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>24217 SE 45th St</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>Avedot</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Dept of Health WA State</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Executive Director, Pharmacy Commis.</u>

1. <u>Date Accepted</u> 10-1-15	4. Name (Last, First): <u>Dyer, Stan</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>5570 Dudley Ct.</u>
3. <u>Aggregate Amt. *</u> \$ <u>125.00</u>	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Avedot</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>retired</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>): _____

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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> 9-22-15	4. Name: <u>Hackberry Hill Communications</u>
2. <u>Amount</u> \$ 100.00	5. Address: <u>7629 Upham St.</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>Carsign, Small Banner</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9-28-15	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 25.00	5. Address: <u>1 Hacker Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Menlo Park, CA 94025</u>
	7. Purpose of Expenditure: <u>Ad.</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-5-15	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 25.89	5. Address: <u>1 Hacker Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Menlo Park, CA 94025</u>
	7. Purpose of Expenditure: <u>Ad</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-6-15	4. Name: <u>Facebook</u>
2. <u>Amount</u> \$ 50.00	5. Address: <u>1 Hacker Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Menlo Park, CA 94025</u>
	7. Purpose of Expenditure: <u>Ad</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