

Space Below For Office Use Only

Colorado Secretary of State
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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:	11702 W. 56TH Cir
City, State & Zip Code:	Arvada, CO 80002
Committee Type:	CANDIDATE
Name and Address of Financial Institution:	FIRSTBANK, PO Box 150097, Lakewood, CO 80215

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 9/14/15 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)	\$ 7963
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 7963
4	Total Monetary Expenditures (line 19)	\$ 3194
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4769

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: [Signature] Date: 9/17/15

Print Candidate Name: Bob Fifer

Candidates Signature: [Signature] Date: 9/17/15

DETAILED SUMMARY

Full Name of Committee/Person: Elect Bob Filer

Current Reporting Period: Through 9/14/15

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	3,953
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	10
8	Loans Received (Please list on Schedule "C")	\$	4,000
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)	\$	7,963
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	7,963
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	3,163
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	31
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)	\$	3,194
20	Total Spending (Line 18 + line 19)	\$	3,194

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> 6/4/15	4. Name (Last, First): <u>Miller, Vesta</u>
2. <u>Contribution Amt.</u> \$ <u>20</u>	5. Address: <u>6191 Flower St</u>
3. <u>Aggregate Amt. *</u> \$ <u>20</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Barone, Frank</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>12946 W. 81st Pl</u>
3. <u>Aggregate Amt. *</u> \$ <u>100</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, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Denham, Judith</u>
2. <u>Contribution Amt.</u> \$ <u>25</u>	5. Address: <u>5224 Cody St</u>
3. <u>Aggregate Amt. *</u> \$ <u>25</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Varse, Diane</u>
2. <u>Contribution Amt.</u> \$ <u>25</u>	5. Address: <u>6347 DeFrame Way</u>
3. <u>Aggregate Amt. *</u> \$ <u>25</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, mandatory): _____
	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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Albrandt, Alan</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>13991 W. 87TH Dr</u>
3. <u>Aggregate Amt. *</u> \$ 50	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Litzau, Michael</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>10716 Zuni Drive</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Denver, CO 80234</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>Sooper Credit Union</u>
	9. Occupation (if applicable, mandatory): <u>Executive VP</u>

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Marks, Gerald</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>8250 Garland Dr</u>
3. <u>Aggregate Amt. *</u> \$ 200	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, mandatory): <u>CES</u>
	9. Occupation (if applicable, mandatory): <u>President</u>

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Anderson, Lorraine</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>5645 Dudley St</u>
3. <u>Aggregate Amt. *</u> \$ 100	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, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Henry, Gwa</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>4455 E. 115TH Ave</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>Thornton, CO 80233</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Kraft-Tharp, Tracy</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>12083 W. 84TH Pl</u>
3. <u>Aggregate Amt. *</u> \$ 50	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 6/4/15 99	4. Name (Last, First): <u>McGoff, Mark</u>
2. <u>Contribution Amt.</u> \$ 99	5. Address: <u>7855 Allism Court</u>
3. <u>Aggregate Amt. *</u> \$ 99	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 6/4/15	4. Name (Last, First): <u>Wright, Dot</u>
2. <u>Contribution Amt.</u> \$ 150	5. Address: <u>7187 W. 79TH Dr</u>
3. <u>Aggregate Amt. *</u> \$ 150	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>CIAC</u>
	9. Occupation (if applicable, mandatory): <u>CEO</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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>Gagliardi, Sara</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: <u>11854 W. 56TH Dr</u>
3. Aggregate Amt. * \$ <u>100</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, mandatory): <u>Kaiser Permanente</u>
	9. Occupation (if applicable, mandatory): <u>LPN</u>

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>St Clair, Donald</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: <u>8323 Sheridan Ct</u>
3. Aggregate Amt. * \$ <u>200</u>	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>6/15/200</u>	4. Name (Last, First): <u>Permuter, Edwin</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: <u>14446 W. 57TH Pl</u>
3. Aggregate Amt. * \$ <u>200</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, mandatory): <u>US Govt</u>
	9. Occupation (if applicable, mandatory): <u>Congressman</u>

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>Sheer, Connie</u>
2. Contribution Amt. \$ <u>25</u>	5. Address: <u>8757 W. 75TH Way</u>
3. Aggregate Amt. * \$ <u>25</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>Tighe, Casey</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: <u>14505 Toothill Rd</u>
3. Aggregate Amt. * \$ <u>100</u>	6. City/State/Zip: <u>Golden, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>Jefferson County</u>
	9. Occupation (if applicable, mandatory): <u>Commissioner</u>

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>Percy, C. Heretford</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: <u>11365 W. 76TH Way</u>
3. Aggregate Amt. * \$ <u>200</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, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>O'Dorisio, Steven</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: <u>7403 Race St</u>
3. Aggregate Amt. * \$ <u>100</u>	6. City/State/Zip: <u>Wetly, CO 80229</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>Adams County</u>
	9. Occupation (if applicable, mandatory): <u>Commissioner</u>

1. Date Accepted <u>6/4/15</u>	4. Name (Last, First): <u>Bentzen, Nancy</u>
2. Contribution Amt. \$ <u>25</u>	5. Address: <u>6784 Tabor St</u>
3. Aggregate Amt. * \$ <u>25</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6/29/15</u>	4. Name (Last, First): <u>Wilson, RE</u>
2. Contribution Amt. \$ <u>25</u>	5. Address: <u>11400 W. 66TH PI</u>
3. Aggregate Amt. * \$ <u>25</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>7/10/15</u>	4. Name (Last, First): <u>Larsen, Dennis</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>6714 Field St</u>
3. Aggregate Amt. * \$ <u>50</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>7/20/15</u>	4. Name (Last, First): <u>Plumbers Local No 3</u>
2. Contribution Amt. \$ <u>500</u>	5. Address: <u>17100 E. 32ND PI</u>
3. Aggregate Amt. * \$ <u>500</u>	6. City/State/Zip: <u>Aurora, CO 80011</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>Business</u>
	9. Occupation (if applicable, mandatory): <u>Plumbers Union local 3</u>

1. Date Accepted <u>8/27/15</u>	4. Name (Last, First): <u>Patee, Mary</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>9452 W. 64TH PI</u>
3. Aggregate Amt. * \$ <u>50</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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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: ELECT BOB FIFER

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PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Youse, Dvane</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>6347 DeFrame Way</u>
3. <u>Aggregate Amt. *</u> \$ 50	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Evans, Frances</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>9530 W. 56TH Pl</u>
3. <u>Aggregate Amt. *</u> \$ 25	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Williams, Richard M</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>7910 Ralston Rd</u>
3. <u>Aggregate Amt. *</u> \$ 100	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, mandatory): <u>City of Arvada</u>
	9. Occupation (if applicable, mandatory): <u>Mayor</u>

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Anderson, Myrta</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>6445 Newland St</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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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: ELECT BOB FIFER

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PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Anderson, Charles</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>6445 Newland St</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Young, Marilyn</u>
2. <u>Contribution Amt.</u> \$ 30	5. Address: <u>7592 Kee Dr</u>
3. <u>Aggregate Amt. *</u> \$ 30	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Geislerman, Anthony</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>6937 Dudley Dr</u>
3. <u>Aggregate Amt. *</u> \$ 25	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/27/15	4. Name (Last, First): <u>Weisheit, Allen</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>2837 N. Torrey Peak Dr</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>Superior, CO 80027</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/27/15</u>	4. Name (Last, First): <u>Gagliardi, Sara</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>11854 W. 56TH Dr</u>
3. Aggregate Amt. * \$ <u>150</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>8/27/15</u>	4. Name (Last, First): <u>Laidig, Eldon</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>6392 Coors Lane</u>
3. Aggregate Amt. * \$ <u>50</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>8/27/15</u>	4. Name (Last, First): <u>Larsen, Dennis L.</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>6714 Field St</u>
3. Aggregate Amt. * \$ <u>55/100</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>9/8/15</u>	4. Name (Last, First): <u>Dahlkemper, Lesley</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>12854 W. Harvard Ave</u>
3. Aggregate Amt. * \$ <u>50</u>	6. City/State/Zip: <u>Lakewood, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): _____
	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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Pierson, Jim</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>10480 W. 820 Pl</u>
3. <u>Aggregate Amt. *</u> \$ 100	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, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Rafkovich, D. Ronald</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>8164 Varrow St</u>
3. <u>Aggregate Amt. *</u> \$ 50	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Windels, Sue</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>13925 W. 73RD Ave</u>
3. <u>Aggregate Amt. *</u> \$ 50	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Pollen, Douglas E.</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>7117 Dudley Dr</u>
3. <u>Aggregate Amt. *</u> \$ 25	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, mandatory): _____
	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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Stipech, Doris</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>3545 W. 110TH Pl</u>
3. <u>Aggregate Amt. *</u> \$ 25	6. City/State/Zip: <u>Westminster, CO 80031</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/31/15	4. Name (Last, First): <u>McClaffin, Andy</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>13319 W. 87TH Dr</u>
3. <u>Aggregate Amt. *</u> \$ 250	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, mandatory): <u>Aspen Wealth Mgmt</u>
	9. Occupation (if applicable, mandatory): <u>CEO</u>

1. <u>Date Accepted</u> 8/31/15	4. Name (Last, First): <u>Podich, Nicholas</u>
2. <u>Contribution Amt.</u> \$ 30	5. Address: <u>6370 DeFrame St</u>
3. <u>Aggregate Amt. *</u> \$ 30	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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 8/31/15	4. Name (Last, First): <u>Giddings, David</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>7022 Quail St</u>
3. <u>Aggregate Amt. *</u> \$ 25	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, mandatory): _____
	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).

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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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/27/15</u>	4. Name (Last, First): <u>Parsons, Cindy</u>
2. Contribution Amt. \$ <u>99</u>	5. Address: <u>24240 NE 5TH PL</u>
3. Aggregate Amt. * \$ <u>99</u>	6. City/State/Zip: <u>Sammamish, WA 98074</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>7/20/15</u>	4. Name (Last, First): <u>Azari, Aaron</u>
2. Contribution Amt. \$ <u>125</u>	5. Address: <u>P O Box 13991</u>
3. Aggregate Amt. * \$ <u>125</u>	6. City/State/Zip: <u>Denver, CO 80201</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>Colo St BK + Trust</u>
	9. Occupation (if applicable, mandatory): <u>Trust manager</u>

1. Date Accepted <u>9/14/14</u>	4. Name (Last, First): <u>Peaker, Trent S</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>1710 S. Newport Way</u>
3. Aggregate Amt. * \$ <u>50</u>	6. City/State/Zip: <u>Denver CO 80224</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>8/3/15</u>	4. Name (Last, First): <u>Paul, Adam</u>
2. Contribution Amt. \$ <u>50</u>	5. Address: <u>1837 S. Cole</u>
3. Aggregate Amt. * \$ <u>50</u>	6. City/State/Zip: <u>Lakewood, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	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: ELECT BOB FIFER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/8/15	4. Name (Last, First): <u>Jacobson, Ralph</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>2861 Kendrick St</u>
3. <u>Aggregate Amt. *</u> \$ <u>50</u>	6. City/State/Zip: <u>Golden, CO 80401</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>	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: ELECT BOB FIFER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 0/26/15	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 437	5. Address: <u>9137 Ridgeline Blvd, Ste. 210</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Highlands Ranch, CO 80129</u>
	7. Purpose of Expenditure: <u>Newspaper Ads</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 5/4/15	4. Name: <u>Facebook, Inc.</u>
2. <u>Amount</u> \$ 25	5. Address: <u>1601 Menlo Road</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>Advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 5/6/15	4. Name: <u>Facebook, Inc.</u>
2. <u>Amount</u> \$ 35	5. Address: <u>1601 Willow Road</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>Advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 7/3/15	4. Name: <u>Gameday Media</u>
2. <u>Amount</u> \$ 350	5. Address: <u>PO Box 2269</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lake Oswego, OR 97035</u>
	7. Purpose of Expenditure: <u>Advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 0/10/15	4. Name: <u>CD Printing Inc</u>
2. <u>Amount</u> \$ 1847.00	5. Address: <u>5351 Tennyson St, Unit 1</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80212</u>
	7. Purpose of Expenditure: <u>Mailers</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: ELECT BOB FIFER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/3/15	4. Name: <u>Signs by Tomorrow</u>
2. <u>Amount</u> \$ 109	5. Address: <u>8785 Sheridan Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westminster, CO 80003</u>
	7. Purpose of Expenditure: <u>Decals</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 5/15/15	4. Name: <u>C+D Printing Inc.</u>
2. <u>Amount</u> \$ 209	5. Address: <u>5351 Tennyson St, Unit 1</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80212</u>
	7. Purpose of Expenditure: <u>Envelopes for donations</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 5/16/15	4. Name: <u>Beau Jo's Arvada</u>
2. <u>Amount</u> \$ 2 151	5. Address: <u>7525 53RD St</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>Campaign Kick off</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

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

Name (Last, First or Institution): Fifer, Bob
 Address: 11762 W. 56TH Cir
 City/State/Zip: Arvada, CO 80002
 Original Amount of Loan: \$ 4000 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 4000

Total of All Loans This Reporting Period: \$ 4000
 (Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0
 (Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0
 (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 4000

TERMS OF LOAN: 4/21/15
 Date Loan Received

NONE
 Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
<u>NONE</u>		