

Colorado Secretary of State  
Elections Division  
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Denver, CO 80290  
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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:	11762 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:  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)	\$ 4769
2	Total Monetary Contributions (line 11)	\$ 2005
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 6774
4	Total Monetary Expenditures (line 19)	\$ 6961321
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 6078 5453

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: 10/12/15

Print Candidate Name: BOB FIFER

Candidates Signature: [Signature] Date: 10/12/15

**DETAILED SUMMARY**

Full Name of Committee/Person: ELECT BOB FIFER

Current Reporting Period:

9/15/15

Through

10/8/15

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	4769
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	2005
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)	\$	2005
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	2005
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	675 1300
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	21 <del>15</del>
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)	\$	696 1321
20	<b>Total Spending</b> (Line 18 + line 19)	\$	696 1321

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

Full Name of Committee/Person: ELECT BOB PIPER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/17/15	4. Name (Last, First): <u>Dennis Larsen</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6714 Field St</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	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> 10/1/15	4. Name (Last, First): <u>Patricia Connell</u>
2. <u>Contribution Amt.</u> \$ 30.00	5. Address: <u>7545 Ohs St</u>
3. <u>Aggregate Amt. *</u> \$ 30.00	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> 9/18/15	4. Name (Last, First): <u>Michael Jones</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>15802 W. 79TH Pl</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>Sansio</u>
	9. Occupation (if applicable, mandatory): <u>management</u>

1. <u>Date Accepted</u> 9/22/15	4. Name (Last, First): <u>Joan Armstrong</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>3202 Oakney Rd</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>El Paso, TX 79925</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> 10/1/15	4. Name (Last, First): <u>Sharee Wichmann</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6825 Dover St</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	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> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/2/15	4. Name (Last, First): <u>Lorraine Andersm</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>5645 Dudley St</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	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>RETIRED</u>

1. <u>Date Accepted</u> 9/28/15	4. Name (Last, First): <u>Fred Jacobsen, Jr</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>16987 W. 73RD Pl</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Spartine</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner /mgr</u>

1. <u>Date Accepted</u> 9/15/15	4. Name (Last, First): <u>METRO HOUSING COALITION</u>
2. <u>Contribution Amt.</u> \$ 750.00	5. Address: <u>9033 E. Easter Pl</u>
3. <u>Aggregate Amt. *</u> \$ 750.00	6. City/State/Zip: <u>Centennial, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CASH</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Business</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>POLITICAL COMMITTEE</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 FIFEL

**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>REAUTOR CANDIDATE POLITICAL ACTION</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>309 Invenness Way</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Englewood, CO 80112</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>Political Committee</u>

1. <u>Date Accepted</u> 9/17/15	4. Name (Last, First): <u>David J. Thomas</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>13040 W. 80TH AVE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	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>Self employed</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</u>

1. <u>Date Accepted</u> 9/15/15	4. Name (Last, First): <u>Jill Fellman</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>12659 W. 84TH Dr</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>CASH</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. <u>Date Accepted</u> 9/16/15	4. Name (Last, First): <u>Edward P. Lyons Jr</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>5703 Field St</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	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): _____

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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> 9/15/15	4. Name (Last, First): <u>Delia Stafford</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>13740 W. 59TH Dr</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.00</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> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/8/15	4. Name (Last, First): <u>BREG PHILLIPS</u>
2. <u>Contribution Amt.</u> \$ <u>25.00</u>	5. Address: <u>8478 Fenton St</u>
3. <u>Aggregate Amt. *</u> \$ <u>25.00</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, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9/17/15	4. Name (Last, First): <u>Larry Hoyer</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>8306 Zephyr St</u>
3. <u>Aggregate Amt. *</u> \$ <u>50.00</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> 9/16/15	4. Name (Last, First): <u>Sara E. Cagliari</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>11854 W. 56TH Dr</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: <u>CASH</u>
	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:** ELECT BOB FIFER

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 10/1/15	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 625	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> 10/7/15	4. Name: <u>Facebook, Inc.</u>
2. <u>Amount</u> \$ 50	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> 10/8/15	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 625	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>	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