

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	ELECT BOB FIFER <small>As Shown On Registration</small>
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: 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)	\$ 5453
2	Total Monetary Contributions (line 11)	\$ 565
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 6018
4	Total Monetary Expenditures (line 19)	\$ 5678
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 340

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: 10/29/15

Print Candidate Name: BOB FIFER

Candidates Signature: [Signature] Date: 10/29/15

DETAILED SUMMARY

Full Name of Committee/Person: ELECT BOB FIFER

Current Reporting Period: 10/9/15 Through 10/25/15

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	5453
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	550
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	15
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)	\$	565
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	565
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	5662
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	16
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)	\$	5678
20	Total Spending (Line 18 + line 19)	\$	5678

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> 10/19/15	4. Name (Last, First): <u>Gagliardi, Sara E.</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>11854 W. 56TH Dr</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>Arvuda, 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>): _____

1. <u>Date Accepted</u> 10/17/15	4. Name (Last, First): <u>Kiljan, John P.</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>6185 Field St</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>Arvuda, CO 80004</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>	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> 10/15/15	4. Name: <u>C+D Printing Inc.</u>
2. <u>Amount</u> \$ 4111.47	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>Mail promotional cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/15/15	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 625.00	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 80219</u>
	7. Purpose of Expenditure: <u>Newspaper ads</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/22/15	4. Name: <u>Colorado Community Media</u>
2. <u>Amount</u> \$ 625.00	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 80219</u>
	7. Purpose of Expenditure: <u>Newspaper ads</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/16/15	4. Name: <u>Facebook Inc.</u>
2. <u>Amount</u> \$ 100	5. Address: <u>1601 Willow Rd</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> 10/19/15	4. Name: <u>Facebook Inc.</u>
2. <u>Amount</u> \$ 101	5. Address: <u>1601 Willow Rd</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

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> 10/23/15	4. Name: <u>Facebook Inc.</u>
2. <u>Amount</u> \$ 100	5. Address: <u>1601 Willow Rd</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>	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

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