

Colorado Secretary of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	ELECT BOB FIFER <small>As Shown On Registration</small>
Address of Committee/Person:	11762 W. 56TH CIR
City, State & Zip Code:	ARVADA, CO 80002
Committee Type:	CANDIDATE COMMITTEE
Name and Address of Financial Institution	1ST BANK 64TH/WARD, ARVADA

COMMITTEE ID NUMBER

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)	\$ 3340.51
2 Total Monetary Contributions (line 11)	\$ 1440.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4780.51
4 Total Monetary Expenditures (line 19)	\$ 478.39
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4302.12


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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: BOB FIFER

Candidates Signature:  Date: 10/14/19

DETAILED SUMMARY

Full Name of Committee/Person: ELECT BOB FIRER

Current Reporting Period: 9/19/19 Through 10/10/19

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 3340.51
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 1440.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (From Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (From Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1440.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 1440.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 459.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 19.39
16	Loan Repayments Made (From Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 478.39
20	Total Spending (Line 18 + line 19)	\$ 478.39

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

1

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> 9/19/19	4. Name (Last, First): <u>ARVADA PROFESSIONAL FIRE FIGHTERS</u>
2. <u>Contribution Amt.</u> \$ 750-	5. Address: <u>PO BOX 2174</u>
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: <u>ARVADA, CO 80001</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>ARVADA PROFESSIONAL FIRE FIGHTERS</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/21/19	4. Name (Last, First): <u>ANDERSON, LORRAINE</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>5645 DUOLEY ST</u>
3. <u>Aggregate Amt. *</u> \$ 50-	6. City/State/Zip: <u>ARVADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. <u>Date Accepted</u> 9/23/19	4. Name (Last, First): <u>HAYES, STAWN</u>
2. <u>Contribution Amt.</u> \$ 200-	5. Address: <u>1315 ELM ST</u>
3. <u>Aggregate Amt. *</u> \$ 200-	6. City/State/Zip: <u>EL PASO, TX 79930</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>MANAGEMENT</u>

1. <u>Date Accepted</u> 9/27/19	4. Name (Last, First): <u>FELNER, JACQUELINE</u>
2. <u>Contribution Amt.</u> \$ 20-	5. Address: <u>6038 OWENS ST</u>
3. <u>Aggregate Amt. *</u> \$ 20-	6. City/State/Zip: <u>ARVADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</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)

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> 9/28/19	4. Name (Last, First): <u>CARROLL, SUMMER</u>
2. <u>Contribution Amt.</u> \$ 20-	5. Address: <u>3638 FRANKLIN ST</u>
3. <u>Aggregate Amt. *</u> \$ 20-	6. City/State/Zip: <u>NANTAGH, NY 11753</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> 9/29/19	4. Name (Last, First): <u>MOHR, MINOY</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>10149 W. 55TH DR. UNIT 106</u>
3. <u>Aggregate Amt. *</u> \$ 50-	6. City/State/Zip: <u>ARVADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> 10/5/19	4. Name (Last, First): <u>ARNOLD-REICKER, HEATHER</u>
2. <u>Contribution Amt.</u> \$ 75-	5. Address: <u>8001 W. 57TH AVE.</u>
3. <u>Aggregate Amt. *</u> \$ 75-	6. City/State/Zip: <u>ARVADA, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u> 10/4/19	4. Name (Last, First): <u>GIRARD, JON</u>
2. <u>Contribution Amt.</u> \$ 200-	5. Address: <u>11970 W. 67TH AVE</u>
3. <u>Aggregate Amt. *</u> \$ 200-	6. City/State/Zip: <u>ARVADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

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

Full Name of Committee/Person:

ELEUT BOB FIFER

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10/8/19</u>	4. Name (Last, First): <u>RICHARDSON, JOYCE</u>
2. <u>Contribution Amt.</u> \$ <u>75</u>	5. Address: <u>6521 W. 69TH WAY</u>
3. <u>Aggregate Amt. *</u> \$ <u>75</u>	6. City/State/Zip: <u>ARVADA, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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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: ELEGT BOB FIFER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/10/19	4. Name: <u>Colorado Comm Media</u>
2. <u>Amount</u> \$ <u>459-</u>	5. Address: <u>750 W. Hampden Ave, Suite 225</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ENGLEWOOD CO 80110</u>
	7. Purpose of Expenditure: <u>MARKETING</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