

REPORT OF CONTRIBUTIONS & EXPENDITURES

| | |
|--|---|
| Full Name of Committee / Person: | Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer |
| Address of Committee / Person: | 1665 W. Sterne Pkwy. |
| City, State & Zip Code: | Littleton, Colorado 80120 |
| Committee Type: | Candidate Committee |
| Name & Address of Financial Institution: | Colorado Business Bank, 2409 W. Main St., Littleton, Colorado 80201 |

SOS ID Number: 26-0419099

Type of Report

| | | |
|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | Regularly Scheduled Filing | |
| <input type="checkbox"/> | Amended Filing - This amends Previous report filed on: | |
| <input type="checkbox"/> | Termination Report | |
| <input type="checkbox"/> | Check this box if this report contains electioneering communications information. | |

Reporting Period Covered: 24-Oct-09 Through 28-Nov-09

Declared Total Spending: \$ 490.33

| | | Totals Detailed Summary Page | |
|---|--|------------------------------|----------|
| 1 | Funds on Hand at the Beginning of Reporting Period | \$ | 790.13 |
| 2 | Total Monetary Contributions | \$ | 908.00 |
| 3 | Total of Monetary Contributions & Beginning Amount | \$ | 1,698.13 |
| 4 | Total Monetary Expenditures | \$ | 490.33 |
| 5 | Funds on Hand at the End of Reporting Period | \$ | 1,207.80 |

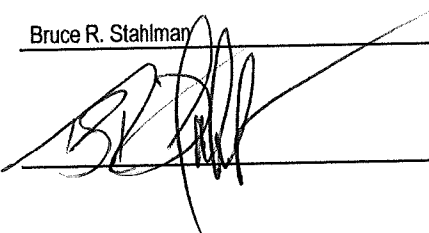
Authorization (Must be completed by either the Registered Agent or the Candidate)

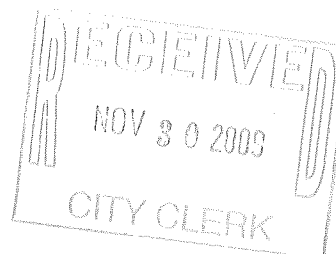
I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: Max D. Smith

Registered Agent's Signature: _____ Date: _____

Print Candidate's Name: Bruce R. Stahlman

Candidate's Signature:  _____ Date: 30 Nov. 2009



DETAILED SUMMARY

Full Name of Committee / Person:

Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

Current Reporting Period:

24-Oct-09

Through

28-Nov-09

| | | |
|--|---|-----------|
| Funds on Hand at the Beginning of Reporting Period (Monetary Only) | | \$ 790.13 |
| 6 | Itemized Contributions \$20 or More (See Schedule A) | \$ 803.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ - |
| 8 | Loans Received (See Schedule C) | \$ 105.00 |
| 9 | Total of Other Receipts | \$ - |
| 10 | Returned Expenditures (from Recipient) (See Schedule D) | \$ - |
| 11 | Total Monetary Contributions (Total of Lines 6 - 10) | \$ 908.00 |
| 12 | Total Non-Monetary Contributions (From Stmt. of Non-Monetary Contrib.) | \$ - |
| 13 | Total Contributions (Line 11 + Line 12) | \$ 908.00 |
| 14 | Itemized Expenditures \$20 or More (See Schedule B) | \$ 490.33 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ - |
| 16 | Loan Repayments made (See Schedule C) | \$ - |
| 17 | Returned Contributions (To Donor) (See Schedule D) | \$ - |
| 18 | Total Coordinated Non-Monetary Expenditures (Cand/CandCom/PolPty) | \$ - |
| 19 | Total Monetary Expenditures (Total of Lines 14 - 17) | \$ 490.33 |
| 20 | Total Spending (Line 18 + Line 19) | \$ 490.33 |

SCHEDULE A - ITEMIZED CONTRIBUTIONS STATEMENT (\$20 or MORE)

Full Name of Committee / Person:

Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

| | | | | |
|--|--------------------------|---|-----------------------------|---|
| 1 | <u>Date Accepted</u> | 4 | <u>Name, (Last, First):</u> | Littleton Fire Fighters IAFF Local 2086 - Paul DeSalvo Sec. Treasurer |
| | 29-Oct-09 | 5 | <u>Address:</u> | P.O. Box 620786 |
| 2 | <u>Contribution Amt.</u> | 6 | <u>City/State/Zip:</u> | Littleton, CO 80162 |
| | \$ 788.00 | 7 | <u>Description:</u> | Check |
| 3 | <u>Aggregate Amt.</u> | 8 | <u>Employer:</u> | Political Action Committee |
| | \$ 788.00 | 9 | <u>Occupation:</u> | Fire Fighters |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | | |

| | | | | |
|--|--------------------------|---|-----------------------------|---------------------|
| 1 | <u>Date Accepted</u> | 4 | <u>Name, (Last, First):</u> | Wilson, Martha |
| | 23-Nov-09 | 5 | <u>Address:</u> | 6174 Prince St. |
| 2 | <u>Contribution Amt.</u> | 6 | <u>City/State/Zip:</u> | Littleton, CO 80162 |
| | \$ 15.00 | 7 | <u>Description:</u> | Check |
| 3 | <u>Aggregate Amt.</u> | 8 | <u>Employer:</u> | None |
| | \$ 15.00 | 9 | <u>Occupation:</u> | Retired |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | | |

| | | | | |
|--|--------------------------|---|-----------------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | <u>Name, (Last, First):</u> | _____ |
| | | 5 | <u>Address:</u> | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | <u>City/State/Zip:</u> | _____ |
| | | 7 | <u>Description:</u> | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | <u>Employer:</u> | _____ |
| | \$ - | 9 | <u>Occupation:</u> | _____ |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | | |

| | | | | |
|--|--------------------------|---|-----------------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | <u>Name, (Last, First):</u> | _____ |
| | | 5 | <u>Address:</u> | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | <u>City/State/Zip:</u> | _____ |
| | | 7 | <u>Description:</u> | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | <u>Employer:</u> | _____ |
| | \$ - | 9 | <u>Occupation:</u> | _____ |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | | |

| | | | | |
|--|--------------------------|---|-----------------------------|-------|
| 1 | <u>Date Accepted</u> | 4 | <u>Name, (Last, First):</u> | _____ |
| | | 5 | <u>Address:</u> | _____ |
| 2 | <u>Contribution Amt.</u> | 6 | <u>City/State/Zip:</u> | _____ |
| | | 7 | <u>Description:</u> | _____ |
| 3 | <u>Aggregate Amt.</u> | 8 | <u>Employer:</u> | _____ |
| | \$ - | 9 | <u>Occupation:</u> | _____ |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | | |

| | | | | |
|----------------------------|----|--------|--|--|
| <u>Total Contributions</u> | | | | |
| | \$ | 803.00 | | |

SCHEDULE B - ITEMIZED EXPENDITURES STATEMENT (\$20 or MORE)

Full Name of Committee / Person: Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

| | | | | |
|-------------------------------------|----------------------|--------------------------|---|---------------------------------------|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Weebly Web Hosting</u> |
| | 30-Oct-09 | 5 | Address: | <u>San Francisco (www.weebly.com)</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Calif.</u> |
| | \$ 190.33 | 7 | Description: | <u>Bruce Stahlman - Personal Visa</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Web Site Hosting Service</u> |
| <input type="checkbox"/> | Committee | | | |
| <input checked="" type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|-------------------------------------|----------------------|--------------------------|---|--|
| 1 | <u>Date Expended</u> | 4 | Name: | <u>Merle's Restaurant</u> |
| | 3-Nov-09 | 5 | Address: | <u>2609 W. Main St.</u> |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | <u>Littleton, CO 80120</u> |
| | \$ 300.00 | 7 | Description: | <u>Committee to Elect Bruce Stahlman Check</u> |
| 3 | Recipient is: | 8 | Purpose: | <u>Post-Election Celebration</u> |
| <input type="checkbox"/> | Committee | | | |
| <input checked="" type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|-------------------------------------|----------------------|--------------------------|---|-------|
| 1 | <u>Date Expended</u> | 4 | Name: | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | _____ |
| | | 7 | Description: | _____ |
| 3 | Recipient is: | 8 | Purpose: | _____ |
| <input type="checkbox"/> | Committee | | | |
| <input checked="" type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | | | | |
|-------------------------------------|----------------------|--------------------------|---|-------|
| 1 | <u>Date Expended</u> | 4 | Name: | _____ |
| | | 5 | Address: | _____ |
| 2 | <u>Amount</u> | 6 | City/State/Zip: | _____ |
| | | 7 | Description: | _____ |
| 3 | Recipient is: | 8 | Purpose: | _____ |
| <input type="checkbox"/> | Committee | | | |
| <input checked="" type="checkbox"/> | Non-Committee | <input type="checkbox"/> | Ck. Box if Electioneering Communication | |

| | |
|---------------------------|--------|
| <u>Total Expenditures</u> | |
| \$ | 490.33 |

SCHEDULE C - LOANS

Full Name of Committee / Person: Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

LOAN SOURCE

Name (Last, First or Institution): Stahlman, Bruce

Address: 6192 S. Aberdeen St.

City / State / Zip: Littleton, CO 80120

Original Amount of Loan: \$ 105.00 Interest Rate: 0.00%

Loan Amount Received this Reporting Period: \$ 105.00 Total of All Loans This Reporting Period: \$ 105.00
Detailed Summary Report, Line 8

Principal Amount Paid This Reporting Period: \$ -

Interest Amount Paid This Reporting Period: \$ -

Amount Repaid This Reporting Period (P + I) \$ - Total Repayments Made \$ -
Detailed Summary Report, Line 16

Outstanding Balance: \$ 105.00

Terms of Loan: Various TBD
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

| Full Name | Address | City / State | Zip | Amount Guaranteed |
|-----------|---------|--------------|-----|-------------------|
| None | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |

SCHEDULE D - RETURNED CONTRIBUTIONS & EXPENDITURES

Full Name of Committee / Person: Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

Returned Contributions

(Previously reported on Schedule A - Contributions accepted and then returned to donors)

| | | | |
|---|----------------------|---|----------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: |
| | | 7 | Purpose: |
| 3 | <u>Amount</u> | | |
| | \$ - | | |

| | | | |
|---|----------------------|---|----------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: |
| | | 7 | Purpose: |
| 3 | <u>Amount</u> | | |
| | \$ - | | |

| | | | |
|---|----------------------|---|----------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: |
| | | 7 | Purpose: |
| 3 | <u>Amount</u> | | |
| | \$ - | | |

| | | | |
|---|----------------------|---|----------------------|
| 1 | <u>Date Accepted</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: |
| | | 7 | Purpose: |
| 3 | <u>Amount</u> | | |
| | \$ - | | |

| |
|-------------------------------------|
| <u>Total Returned Contributions</u> |
| \$ - |

SCHEDULE D - RETURNED CONTRIBUTIONS & EXPENDITURES

Full Name of Committee / Person: Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

Returned Expenditures

(Previously reported on Schedule B - Expenditures returned or refunded to the Committee)

| | | | | |
|---|----------------------|---|----------------------|--|
| 1 | <u>Date Expended</u> | 4 | Name, (Last, First): | |
| | | 5 | Address: | |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: | |
| | | 7 | Comment: | |
| 3 | <u>Amount</u> | | | |
| | \$ - | | | |

| | | | | |
|---|----------------------|---|----------------------|--|
| 1 | <u>Date Expended</u> | 4 | Name, (Last, First): | |
| | | 5 | Address: | |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: | |
| | | 7 | Comment: | |
| 3 | <u>Amount</u> | | | |
| | \$ - | | | |

| | | | | |
|---|----------------------|---|----------------------|--|
| 1 | <u>Date Expended</u> | 4 | Name, (Last, First): | |
| | | 5 | Address: | |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: | |
| | | 7 | Comment: | |
| 3 | <u>Amount</u> | | | |
| | \$ - | | | |

| | | | | |
|---|----------------------|---|----------------------|--|
| 1 | <u>Date Expended</u> | 4 | Name, (Last, First): | |
| | | 5 | Address: | |
| 2 | <u>Date Returned</u> | 6 | City/State/Zip: | |
| | | 7 | Comment: | |
| 3 | <u>Amount</u> | | | |
| | \$ - | | | |

| | |
|------------------------------------|--|
| <u>Total Returned Expenditures</u> | |
| \$ - | |

STATEMENT OF NON-MONETARY CONTRIBUTIONS

Full Name of Committee / Person:

Committee to Elect Bruce Stahlman, Max D. Smith - Treasurer

| | | | |
|--|--------------------------|--|----------------------|
| 1 | <u>Date Provided</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Fair Market Value</u> | 6 | City/State/Zip: |
| | \$ - | 7 | Description: |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: |
| | \$ - | 9 | Occupation: |
| | | <input type="checkbox"/> 10 Ck. Box if Coordinated with a Candidate / Candidate Committee or Political Party | |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | |

| | | | |
|--|--------------------------|--|----------------------|
| 1 | <u>Date Provided</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Fair Market Value</u> | 6 | City/State/Zip: |
| | \$ - | 7 | Description: |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: |
| | \$ - | 9 | Occupation: |
| | | <input type="checkbox"/> 10 Ck. Box if Coordinated with a Candidate / Candidate Committee or Political Party | |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | |

| | | | |
|--|--------------------------|--|----------------------|
| 1 | <u>Date Provided</u> | 4 | Name, (Last, First): |
| | | 5 | Address: |
| 2 | <u>Fair Market Value</u> | 6 | City/State/Zip: |
| | \$ - | 7 | Description: |
| 3 | <u>Aggregate Amt.</u> | 8 | Employer: |
| | \$ - | 9 | Occupation: |
| | | <input type="checkbox"/> 10 Ck. Box if Coordinated with a Candidate / Candidate Committee or Political Party | |
| <input type="checkbox"/> Ck. Box if Electioneering Communication | | | |

| | | | |
|---|--|--|--|
| <u>Total Non-Monetary Contributions</u> | | | |
| \$ - | | | |