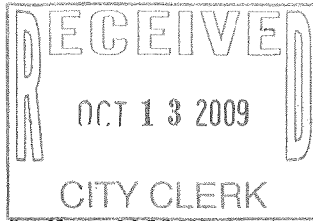


City of Littleton



Space Below For Office Use Only

➤ Candidates file this form with City Clerk Wendy Heffner, 2255 W. Berry Ave., Littleton, CO 80165

REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-108)

| | |
|--|------------------------------------|
| Full Name of Committee/Person: | JAMES TAYLOR FOR COUNCIL COMMITTEE |
| As Shown On Registration | |
| Address of Committee/Person: | 5951 S. MIDDLEFIELD RD #105 |
| City, State & Zip Code: | LITTLETON CO 80120 |
| Committee Type: | |
| Name and Address of Financial Institution: | U-S-BANK |

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: 9-18-09 Through 10-08-09

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) | \$ 1220 |
| 2 | Total Monetary Contributions (line 11) | \$ 275 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 1495 |
| 4 | Total Monetary Expenditures (line 19) | \$ — |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) | \$ 1495 |

The City Clerk shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)] [City of Littleton Ordinance 7, Series 2007]

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: WILLIAM G. LAJOIE

Registered Agent's Signature: *William G. Lajoie* Date: 10-17-09

Print Candidate Name: JAMES TAYLOR

DETAILED SUMMARY

Candidates _____

Signature: _____

James Taylor

Date: 10-11-09

Full Name of Committee/Person: JAMES TAYLOR FOR COUNCIL COMMITTEE

Current Reporting Period: 9-16-09 Through 10-11-09

| | | | |
|----|--|----|------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ | 1220 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 275 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ | |
| 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) | \$ | 275 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 275 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ | |
| 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) | \$ | |
| 20 | Total Spending (Line 18 + line 19) | \$ | |

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: JAMES TAYLOR FOR COUNCIL COMMITTEE

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> <u>10-1-09</u> | 4. Name (Last, First): <u>VERTNER, ROBERTO</u> |
| 2. <u>Contribution Amt.</u> \$ <u>15</u> | 5. Address: <u>2760 W. GREENS CT.</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <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> <u>10-1-09</u> | 4. Name (Last, First): <u>DEBUS, WILLIAM</u> |
| 2. <u>Contribution Amt.</u> \$ <u>50</u> | 5. Address: <u>5720 SNOWBERRY DR.</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <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> <u>10-1-09</u> | 4. Name (Last, First): <u>MARTIN, R. H.</u> |
| 2. <u>Contribution Amt.</u> \$ <u>50</u> | 5. Address: <u>5863 SHASTA CR.</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <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> <u>10-1-09</u> | 4. Name (Last, First): <u>PAGE, JACQUELINE F. WILLIAM</u> |
| 2. <u>Contribution Amt.</u> \$ <u>10</u> | 5. Address: <u>5296 S. JERRY ST.</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</u>): _____ |

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: JAMES TAYLOR FOR COUNCIL COMMITTEE

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> <u>10-1-09</u> | 4. Name (Last, First): <u>NOLL, CLIFFORD</u> |
| 2. <u>Contribution Amt.</u> \$ <u>50</u> | 5. Address: <u>5730 SNOWBERRY DR.</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <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> <u>10-1-09</u> | 4. Name (Last, First): <u>OSMANSKI, JOSEPH</u> |
| 2. <u>Contribution Amt.</u> \$ <u>50</u> | 5. Address: <u>5865 BELLFLOWER DR</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <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> <u>10-1-09</u> | 4. Name (Last, First): <u>BROOKS, V.M.</u> |
| 2. <u>Contribution Amt.</u> \$ <u>50</u> | 5. Address: <u>2720 W. RIVERWALK CR, UNIT D</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>LITTLETON CO 80120</u> |
| <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>): _____ |

Schedule C - Loans

Full Name of Committee/Person: JAMES TAYLOR FOR COUNCIL COMMITTEE

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): JAMES TAYLOR

Address: 2778 WEST RIVERWALK CIRCLE # B

City/State/Zip: LITTLETON CO 80123

Original Amount of Loan: \$ 3,000 Interest Rate: N/A

Loan Amount Received This Reporting Period: \$ 3,000

Total of All Loans This Reporting Period: \$ 3,000
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(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: \$ 3,000

TERMS OF LOAN: 9-15-09
Date Loan Received

ON DEMAND
Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN NONE

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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Returned Contributions

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

PLEASE PRINT/TYPER

Form with 7 fields: 1. Date Accepted, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 6. City/State/Zip, 7. Purpose.

Form with 7 fields: 1. Date Accepted, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 6. City/State/Zip, 7. Purpose.

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPER

Form with 7 fields: 1. Date Expended, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 6. City/State/Zip, 7. Comment (Optional).

Form with 7 fields: 1. Date Expended, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 6. City/State/Zip, 7. Comment (Optional).

N/A

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Provided</u> | 4. Name (Last, First): _____ |
| 2. <u>Fair Market Value</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>): _____ |
| | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

| | |
|--|--|
| 1. <u>Date Provided</u> | 4. Name (Last, First): _____ |
| 2. <u>Fair Market Value</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>): _____ |
| | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

| | |
|--|--|
| 1. <u>Date Provided</u> | 4. Name (Last, First): _____ |
| 2. <u>Fair Market Value</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>): _____ |
| | 10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."