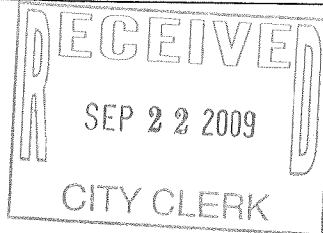


City of Littleton



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:	TRAVIS NICKS <small>As Shown On Registration</small>
Address of Committee/Person:	7115 S. Acoma Way
City, State & Zip Code:	LITTLETON, CO 80120
Committee Type:	CANDIDATE
Name and Address of Financial Institution	CHASE BANK, 5734 S. PRENCE ST., LITTLETON, CO 80120

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: SEPTEMBER 1st, 2009 Through SEPTEMBER 21st, 2009

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)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 1217.75 680.00 89.43
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1217.75 680.00 89.43
4 Total Monetary Expenditures (line 19)	\$ 289.85
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 527.88 390.15 50.58

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: ARLOW CHASE

Registered Agent's Signature: Date: 9/20/09

Print Candidate Name: TRAVIS NICKS

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

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

Full Name of Committee/Person: TRAVIS NICKS

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/8/09</u>	4. Name (Last, First): <u>RANDALL, RICK</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>200</u>	6. City/State/Zip: _____ ✓
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT</u>

1. Date Accepted <u>9/11/09</u>	4. Name (Last, First): <u>ATWOOD, FRANK</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>100</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted <u>9/10/09</u>	4. Name (Last, First): <u>SCHWAN SCOTT, DAVID</u>
2. Contribution Amt. \$ <u>40</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>40</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted <u>9/10/09</u>	4. Name (Last, First): <u>SHUMAKER, ERICK</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>200</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>OUTBACK STEAKHOUSE</u>
	9. Occupation (if applicable, mandatory): <u>SERVER</u>

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> 9/4/09	4. Name (Last, First): <u>NICKS, TRAVIS</u>
2. <u>Contribution Amt.</u> \$ 40	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ 40	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>CHARTER COMMUNICATIONS</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TELECOMMUNICATIONS ENGINEER</u>

1. <u>Date Accepted</u> 9/8/09	4. Name (Last, First): <u>ATWOOD, FRANK</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	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> 9/5/09	4. Name (Last, First): <u>NICKS, TRAVIS</u>
2. <u>Contribution Amt.</u> \$ 107.97	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ 107.97	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>CHARTER COMMUNICATIONS</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TELECOMMUNICATIONS ENGINEER</u>

1. <u>Date Accepted</u> 9/11/09	4. Name (Last, First): <u>NICKS, TRAVIS</u>
2. <u>Contribution Amt.</u> \$ 71.46	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ 71.46	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>CHARTER COMMUNICATIONS</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TELECOMMUNICATIONS ENGINEER</u>

Schedule B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: TRAVIS NICKS

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: <u>ARON CHASE</u>
2. <u>Amount</u> \$ <u>289.85</u>	5. Address: <u>8520 S. HOLLAND LN #205</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LITTLETON, CO 80128</u>
	7. Purpose of Expenditure: <u>REIMBURSEMENT FOR POLITICAL FLIERS</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

Schedule C - Loans

Full Name of Committee/Person: TRAUDS NICKS

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): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting
Period: \$ _____
(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: \$ _____
(Sum of Schedule C pages, Place on line 16 of
Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received

Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: TRAOPS NEWS

Returned Contributions

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

PLEASE PRINT/TYPE

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

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

Returned Expenditures

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

PLEASE PRINT/TYPE

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

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

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: TRAUES NECKS

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."