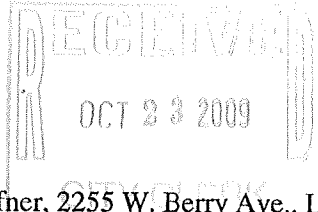


City of Littleton

W&H



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 NECKS <small>As Shown On Registration</small>
Address of Committee/Person:	7115 S. ARONA WAY
City, State & Zip Code:	LITTLETON, CO 80120
Committee Type:	CANDIDATE
Name and Address of Financial Institution:	CHASE BANK, 5734 S. PRINCE 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: OCTOBER 13TH 2009 Through OCTOBER 26TH 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)	\$ 1,043. ⁰⁹
2	Total Monetary Contributions (line 11)	\$ 3,307. ⁹⁶
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4,351. ⁰⁴
4	Total Monetary Expenditures (line 19)	\$ 3,743. ⁹⁶
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 607. ⁰⁸

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: ARON CHASE

Registered Agent's Signature: *Aron Chase* Date: 10/22/09

Print Candidate Name: TRAVIS NECKS

DETAILED SUMMARY

Candidates
Travis Nicks

Signature: [Signature]

Date: 10/22/09

Full Name of Committee/Person: TRAVIS NICKS

Current Reporting Period: OCTOBER 13th, 2009

Through OCTOBER 26th, 2009

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 1,043 ⁰⁸
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 3,307 ⁹⁶
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 3,307 ⁹⁶
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 3,307 ⁹⁶
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 3,743 ⁹⁶
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 3,743 ⁹⁶
20	Total Spending (Line 18 + line 19)	\$ 3,743 ⁹⁶

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>10/16/09</u>	4. Name (Last, First): <u>ARMON, FRANK</u>
2. Contribution Amt. \$ <u>1.250.⁰⁰</u>	5. Address: <u>7094 S. COSTILLA ST., LITTLETON CO 80120</u>
3. Aggregate Amt. * \$ <u>2,350.⁰⁰</u>	6. City/State/Zip: <u>LITTLETON, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK FOR AD</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted <u>10/16/09</u>	4. Name (Last, First): <u>BISHOP, DEB</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>300 S. QUAIL ST. #</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>LITTLEWOOD, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted <u>10/12/09</u>	4. Name (Last, First): <u>MITCHELL, DAVID</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>10000 W. RIDGE LN.</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>LITTLETON CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted <u>10/18/09</u>	4. Name (Last, First): <u>NICKS, TRAVIS</u>
2. Contribution Amt. \$ <u>210.⁰⁰</u>	5. Address: <u>7115 S. AZONA WAY</u>
3. Aggregate Amt. * \$ <u>389.⁶³</u>	6. City/State/Zip: <u>LITTLETON, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK FOR SUPPLIES</u>
	8. Employer (if applicable, mandatory): <u>CHARTER COMMUNICATIONS</u>
	9. Occupation (if applicable, mandatory): <u>TELECOMMUNICATIONS ENGINEER</u>

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

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

Full Name of Committee/Person: TRAVIS NEKES

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

PLEASE PRINT/TYPE

1. Date Accepted 10/20/09	4. Name (Last, First): <u>ARWOOD, FRANK</u>
2. Contribution Amt. \$ 1,250.00	5. Address: <u>7094 S. COSTILLA ST.</u>
3. Aggregate Amt. * \$ 3,600.00	6. City/State/Zip: <u>LITTLETON CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK FOR AD</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted 10/22/09	4. Name (Last, First): <u>LIBERTARIAN PARTY OF ARAPAHOE</u>
2. Contribution Amt. \$ 250.00	5. Address: <u>1081 VANADY ST. AURORA CO 80011</u>
3. Aggregate Amt. * \$ 250.00	6. City/State/Zip: <u>AURORA, CO 80011</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 10/21/09	4. Name (Last, First): <u>BRZECZEK, CAROL</u>
2. Contribution Amt. \$ 62.66	5. Address: <u>2000 W. ARAPAHOE RD.</u>
3. Aggregate Amt. * \$ 62.66	6. City/State/Zip: <u>LITTLETON CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK FOR ENVELOPES</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted 10/10/09	4. Name (Last, First): <u>BRZECZEK, CAROL</u>
2. Contribution Amt. \$ 135.76	5. Address: <u>2000 W. ARAPAHOE RD</u>
3. Aggregate Amt. * \$ 197.76	6. City/State/Zip: <u>LITTLETON CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK FOR ENVELOPES</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

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

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

Full Name of Committee/Person: TRAORS NICALS

PLEASE PRINT/TYPE

1. Date Expended <u>10/16/09</u>	4. Name: <u>UNITED STATES POSTAL SERVICE</u>
2. Amount \$ <u>836.⁰⁰</u>	5. Address: <u>8200 SHAEFER PKWY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LITTLETON, CO 80127</u>
	7. Purpose of Expenditure: <u>STAMPS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/16/09</u>	4. Name: <u>LITTLETON EXAMINER</u>
2. Amount \$ <u>1,250</u>	5. Address: <u>WWW.LITTLETONEXAMINER.COM</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LITTLETON, CO</u>
	7. Purpose of Expenditure: <u>AD</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/16/09</u>	4. Name: <u>LITTLETON EXAMINER</u>
2. Amount \$ <u>1,250</u>	5. Address: <u>WWW.LITTLETONEXAMINER.COM</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LITTLETON, CO</u>
	7. Purpose of Expenditure: <u>AD</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/20/09</u>	4. Name: <u>OFFICE DEPOT</u>
2. Amount \$ <u>135.¹⁰</u>	5. Address: <u>4400 HAVANA ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80239</u>
	7. Purpose of Expenditure: <u>ENVELOPES</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/21/09</u>	4. Name: <u>OFFICE DEPOT</u>
2. Amount \$ <u>62.66</u>	5. Address: <u>4400 HAVANA ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80239</u>
	7. Purpose of Expenditure: <u>ENVELOPES</u> <input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: TRAORS NICALS

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/18/09	4. Name: <u>FEDLEY VDUKOS</u>
2. <u>Amount</u> \$ 210. ²⁰	5. Address: <u>519 W. HIGHWAYS RANCH PIKE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>HIGHWAYS RANCH CO 80129</u>
	7. Purpose of Expenditure: <u>FLYERS</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: _____

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: _____

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: _____

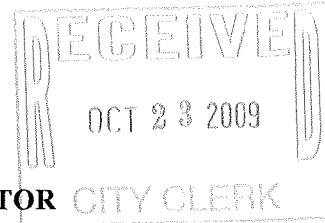
PLEASE PRINT/TYPE

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."



WJN

NOTICE OF MAJOR CONTRIBUTOR

[C.R.S. 1-45-108(2.5)]

This report is mandatory for all committees and political parties for contributions of \$1000 or more (monetary or non-monetary) received within 30 days immediately preceding a primary or general election. This report shall be filed with the City Clerk within 24 hours after receipt of the contribution.

NOTE NECKS

Name of Committee Receiving Contribution (Please type or print legibly)

7115 S. ACOMA WAY, LITTLETON, CO 80120

Full Address of Committee Receiving Contribution

Full Name and Address of Contributor:

FRANK ARBOLD

7094 S. COSTILLA ST. LITTLETON, CO 80120

Check Only One:

^{Receipts} Monetary

Non-Monetary

Date Contribution Was Made: 10/16/09 **Amount of Contribution:** \$ 1,250.00

Brief Description of Non-Monetary Donation:

for Advertising

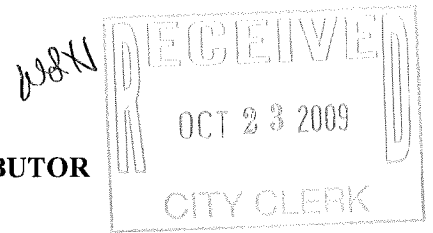
Authorization (Must be completed by either the Registered Agent OR the Candidate)

Print Registered Agent's Name: ARON CHASE

Registered Agent's Signature: [Signature] Date: 10/22/09

Print Candidate's Name: TRAVIS NECKS

Candidate's Signature: [Signature] Date: 10/22/09



NOTICE OF MAJOR CONTRIBUTOR
[C.R.S. 1-45-108(2.5)]

This report is mandatory for all committees and political parties for contributions of \$1000 or more (monetary or non-monetary) received within 30 days immediately preceding a primary or general election. This report shall be filed with the City Clerk within 24 hours after receipt of the contribution.

Vote Neckles

Name of Committee Receiving Contribution (Please type or print legibly)

7115 S. ACOMA WAY, LITTLETON, CO 80120

Full Address of Committee Receiving Contribution

Full Name and Address of Contributor:

FRANK ARONSON

7094 S. COSTILLA ST. LITTLETON, CO 80120

Check Only One:

^{caps} Monetary

Non-Monetary

Date Contribution Was Made: 10/20/09 **Amount of Contribution:** \$ 1,250.00

Brief Description of Non-Monetary Donation:

for Advertising

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

Print Registered Agent's Name: ARON CHASE

Registered Agent's Signature: [Signature] **Date:** 10/22/09

Print Candidate's Name: TRADES NECKLES

Candidate's Signature: [Signature] **Date:** 10/22/09