Full Name of Committee/Person
Carol Fey 4 Mayor

Funds on Hand at the Beginning of Reporting Period
(monetary only)
$ -1,326.00

Total of Monetary Contributions & Beginning Amount
(sum of above)
$ -702.00

Total Monetary Expenditures
From Detailed Summary Page
$ 390.00

Funds on Hand at the End of Reporting Period (monetary)
Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures
$ -1,092.00

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.

Registered Agent's Name *
Paul E. Bingham

Registered Agent's Signature *

Paul E. Bingham
Full Name of Committee/Person
Carol Fey 4 Mayor

Reporting Period

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered</td>
<td>09/17/2021</td>
</tr>
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</table>

Contributions

Beginning reporting period funds on hand
Provided on General Information
$ -1,326.00

Total Itemized Contributions ($20 or more)
Provided on Schedule A
$ 1,050.00

Loans Received
Provided on Schedule C
$ 0.00

Total Non-Itemized Contributions
Provided on General Information
$ 0.00

Total of Other Receipts
Provided on General Information
$ 900.00

Returned Expenditures
Provided on Schedule D
$ 0.00

Total Monetary Contributions
Sum of above
$ 624.00

Expenditures
Itemized Expenditures ($20 or more)
  Provided on Schedule B
$ 390.00

Loan Repayments Made
  Provided on Schedule C
$ 0.00

Total Monetary Expenditures
  Sum of above Expenditures
$ 390.00

Total Coordinated Non-Monetary Expenditures
  (Candidate/Candidate Committee & Political Parties ONLY)
$ 0.00

Total Spending
  Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures
$ 390.00
Itemized Expenditures ($20 or more)
  Provided on Schedule B
$ 390.00

Loan Repayments Made
  Provided on Schedule C
$ 0.00

Total Monetary Expenditures
  Sum of above Expenditures
$ 390.00

Total Coordinated Non-Monetary Expenditures
  (Candidate/Candidate Committee & Political Parties ONLY)
$ 0.00

Total Spending
  Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures
$ 390.00
Full Name of Committee/Person

Carol Fey 4 Mayor

Itemized Contributions Statement ($20 or more)

Date Accepted * | Contribution Amt. * | Aggregate Amt. *
--- | --- | ---
3/18/2021 | $ 50.00 | $ 50.00

Electioneering Communication *

☐ Yes  ☐ No

Contributor Name *

(Last, First)

Lowry, George

Contributor Address *

Street Address

323 W. Geddes Ave

City

Littleton

Postal / Zip Code

80120

State / Province / Region

CO.

Country

Arapahoe

Contribution Description *

Check from family trust
Contributor Employer
(if applicable, mandatory)

Contributor Occupation
(if applicable, mandatory)

Date Accepted *
09/26/2021

Contribution Amt. *
$ 200.00

Aggregate Amt. *
$ 400.00

Electioneering Communication *
○ Yes
○ No

Contributor Name *
(Last, First)
Hoadly, Lou

Contributor Address *
Street Address
681 E. Nichols Dr.

Address Line 2

City
Littleton

State / Province / Region
CO.

Postal / Zip Code
80122

Country
Arapahoe

Contribution Description *
Personal Check

Contributor Employer
(if applicable, mandatory)
**Contributor Occupation**

(If applicable, mandatory)

<table>
<thead>
<tr>
<th>Date Accepted *</th>
<th>Contribution Amt. *</th>
<th>Aggregate Amt. *</th>
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</thead>
<tbody>
<tr>
<td>09/21/2021</td>
<td>$ 200.00</td>
<td>$ 200.00</td>
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</table>

**Electioneering Communication** *

- Yes
- No

**Contributor Name** *

(Last, First)
Hoffelt, Meralee

**Contributor Address** *

Street Address
5865 S. Lupine Dr.

Address Line 2

City
Littleton

State / Province / Region
CO

Postal / Zip Code
80123

Country
Arapahoe

**Contribution Description** *

Personal Check

**Contributor Employer**

(If applicable, mandatory)

**Contributor Occupation**

(If applicable, mandatory)
<table>
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<tr>
<th>Date Accepted</th>
<th>Contribution Amt.</th>
<th>Aggregate Amt.</th>
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<tr>
<td>09/27/2021</td>
<td>$200.00</td>
<td>$400.00</td>
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</table>

Electioneering Communication
- [ ] Yes
- [x] No

Contributor Name
(Last, First)
Fife, Greg

Contributor Address
Street Address
8197 S. Pennsylvania

Address Line 2

City
Littleton

State / Province / Region
CO

Postal / Zip Code
80122

Country
Arapahoe

Contribution Description
Personal Check

Contributor Employer
(if applicable, mandatory)

Contributor Occupation
(if applicable, mandatory)

<table>
<thead>
<tr>
<th>Date Accepted</th>
<th>Contribution Amt.</th>
<th>Aggregate Amt.</th>
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</thead>
<tbody>
<tr>
<td>09/29/2021</td>
<td>$200.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

Electioneering Communication
- [ ] Yes
- [ ] No
Contributor Name*
(Last, First)
Christiensen, Lynn & Dana

Contributor Address*
Street Address
600 E. Fremont Place
Address Line 2

City
Littleton
Postal / Zip Code
80122

State / Province / Region
CO.
Country
Arapahoe

Contribution Description*
Personal Check

Contributor Employer
(if applicable, mandatory)
Federal Highway Dept.

Contributor Occupation
(if applicable, mandatory)
Engineer / Homemaker

Date Accepted*  Contribution Amt.*  Aggregate Amt.*
09/29/2021  $ 200.00  $ 200.00

Electioneering Communication*
○ Yes  ☐ No

Contributor Name*
(Last, First)
Atwood, Frank
Contributor Address *

Street Address
7094 Costilla St.
Address Line 2

<table>
<thead>
<tr>
<th>Qty</th>
<th>State / Province / Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Littleton</td>
<td>CO.</td>
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</table>

Postal / Zip Code
80120

<table>
<thead>
<tr>
<th>Contribution Description *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Check</td>
</tr>
</tbody>
</table>

Contributor Employer
(if applicable, mandatory)

Contributor Occupation
(if applicable, mandatory)

Add another contribution
Full Name of Committee/Person
Carol Fey 4 Mayor

Itemized Expenditures Statement ($20 or more)
[1-45-108(1)(a), C.R.S.]

Date Expended *
10/01/2021

Expenditure Amt *
$ 390.00

Recipient is (optional)
☐ Committee
☐ Non-Committee

Electioneering Communication *
☐ Yes
☒ No

Expenditure Name *
Lisa Magrane

Expenditure Address *
Street Address
13235 W. Milton Dr,
Address Line 2

City
Peopia
Postal / Zip Code
85380

State / Province / Region
AZ.
Country
Maricopa

Purpose of Expenditure *
Facebook updates, website updates & additions
Date Expended *
mm/dd/yyyy

Expenditure Amt *

Value is required.

Recipient is (optional)
☐ Committee
☐ Non-Committee

Electioneering Communication *
☐ Yes
☐ No

Expenditure Name *

Value is required.

Expenditure Address *
Street Address:

Value is required.
Address Line 2

City

Value is required.
Postal / Zip Code:

Value is required.

State / Province / Region

Value is required.
Country

Value is required.

Purpose of Expenditure *

Value is required.

Add another expenditure

Previous

Next
Date Expended*
mm/dd/yyyy

Expenditure Amt*

Value is required.

Recipient is (optional)

- Committee
- Non-Committee

Expenditure Name*

Value is required.

Expenditure Address*

Street Address

Value is required.

Address Line 2

City

Value is required.

Postal / Zip Code

Value is required.

Purpose of Expenditure*

Value is required.

Add another expenditure

Electioneering Communication*

- Yes
- No

State / Province / Region

Value is required.

Country

Value is required.