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 CITY CLERK

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

Full Name of Committee/Person:	CAROL FEY 4 MAYOR <small>As Shown On Registration</small>
Address of Committee/Person:	759 E. PHILLIPS DR.S.
City, State & Zip Code:	LITTLETON, CO. 80120
Committee Type:	CANDIDATE
Name and Address of Financial Institution:	BANK OF COLORADO
Email Address:	CAROL @ CAROL FEY. COM

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: Through
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)	\$ ~3070.46
2	Total Monetary Contributions (line 11)	\$ 5466.76
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2396.30
4	Total Monetary Expenditures (line 19)	\$ 2396.30
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

**The appropriate officer (city clerk) shall impose a penalty of \$50 per day for each day that a report is filed late.
 (Littleton Municipal Code 1-7-7)**

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: PAUL E. BINGHAM
 Registered Agent's Signature: *Paul E. Bingham* Date: 11/30/2021
 Print Candidate Name: CAROL FEY
 Candidates Signature: *C Fey* Date: 12/1/2021

DETAILED SUMMARY

Full Name of Committee/Person: CAROL FEY 4 MAYOR

Current Reporting Period: OCT 22, 2021 Through 11/30/2021

Funds on hand at the beginning of reporting period (Monetary Only)		\$ -3070.46
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 5466.76
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)	\$ 5466.76
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0.
13	Total Contributions (Line 11 + line 12)	\$ 5466.76
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 2396.30
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)	\$ 2366.30 2396.30
20	Total Spending (Line 18 + line 19)	\$ 2366.30 2396.30

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: CAROL FEY & MAYOR

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/25/21</u>	4. Name (Last, First): <u>FIFE, GREG</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>8197 S. PENNSYLVANA CT.</u>
3. Aggregate Amt. * \$ <u>400.00</u>	6. City/State/Zip: <u>LITTLETON, CO. 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PERSONAL CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/28/21</u>	4. Name (Last, First): <u>FONTENOT, TAMMY</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAYPAL</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/29/21</u>	4. Name (Last, First): <u>BROWN, NORM</u>
2. Contribution Amt. \$ <u>400.00</u>	5. Address: <u>5705 S. CLARKSON ST.</u>
3. Aggregate Amt. * \$ <u>400.00</u>	6. City/State/Zip: <u>GREENWOOD VILLAGE, CO. 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PERSONAL CHECK</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CONTRACTOR</u>

1. Date Accepted <u>11/2/21</u>	4. Name (Last, First): <u>FEY CAROL</u>
2. Contribution Amt. \$ <u>4816.76</u>	5. Address: <u>759 E. PHILLIPS DR. S.</u>
3. Aggregate Amt. * \$ <u>4816.76</u>	6. City/State/Zip: <u>LITTLETON, CO. 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PERSONAL CHECK</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>TECHNICAL INSTRUCTOR, E. WRITER</u>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

Full Name of Committee/Person: CAROL FEY 4 MAYOR

PLEASE PRINT/TYPE

1. Date Expended <u>10/21/21</u>	4. Name: <u>CAROL FEY</u>
2. Amount <u>\$ 25.00</u>	5. Address: <u>759 E. PHILLIPS DR. S.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LITTLETON, CO. 80120</u>
	7. Purpose of Expenditure: <u>DOUGLAS COUNTY VOTER LIST</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/25/21</u>	4. Name: <u>CAROL FEY</u>
2. Amount <u>\$ 2275.80</u>	5. Address: <u>" SAME "</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>" "</u>
	7. Purpose of Expenditure: <u>PRINT & MAIL SECOND CARD</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/2/21</u>	4. Name: <u>CAROL FEY</u>
2. Amount <u>\$ 62.50</u>	5. Address: <u>" SAME "</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>" "</u>
	7. Purpose of Expenditure: <u>POST CARD #2 DESIGN</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>11/2/21</u>	4. Name: <u>CAROL FEY</u>
2. Amount <u>\$ 32.91</u>	5. Address: <u>" SAME "</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>" "</u>
	7. Purpose of Expenditure: <u>ELECTION NIGHT GATHERING</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount	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