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CITY CLERK

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

Full Name of Committee/Person:	Vote YES for Littleton
As Shown On Registration	
Address of Committee/Person:	236 W Delaware Circle
City, State & Zip Code:	Littleton, CO 80120
Committee Type:	Issue Committee
Name and Address of Financial Institution:	US Bank, 2701 Welton St., Denver, CO 80205
Email Address:	pbingham@central.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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 4,200.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4,200.00
4	Total Monetary Expenditures (line 19)	\$ 0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4,200.00

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 Bingham

Registered Agent's Signature: Paul E. Bingham Date: 9/21/2021

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: Vote Yes for Littleton

Current Reporting Period: 7/26/2021 Through 9/16/2021

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ 0
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 4,200.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 4,200.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 4,200.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 0
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 0
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 0



**Report of Contributions and Expenditures**  
 (1-45-108, C.R.S.)

Schedule A ▼

**Full Name of Committee/Person**

Vote YES for Littleton

**Itemized Contributions Statement (\$20 or more)**

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

Date Accepted *	Contribution Amt. *	Aggregate Amt. *	X
09/01/2021	\$ 50.00	\$ 50.00	

**Electioneering Communication \***

Yes  No

**Contributor Name \***

(Last, First)

McCrumb, JD

**Contributor Address \***

Street Address

5845 S Hickory Street

Address Line 2

City State / Province / Region

Littleton CO

Postal / Zip Code Country

80120 USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

**Date Accepted \***

**Contribution Amt. \***

**Aggregate Amt. \***

X

09/01/2021

\$ 100.00

\$ 100.00

**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Bingham, Paul

**Contributor Address \***

Street Address

236 W Delaware Circle

Address Line 2

City

Littleton

State / Province / Region

Colorado

Postal / Zip Code

80120

Country

United States

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

None

**Contributor Occupation**

(if applicable, mandatory)

Retired

**Date Accepted \***

09/01/2021

**Contribution Amt. \***

\$ 50.00

**Aggregate Amt. \***

\$ 50.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Miller, Barbara

**Contributor Address \***

Street Address

6474 S. Sycamore Street

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80120

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

**Date Accepted \***

09/01/2021

**Contribution Amt. \***

\$ 100.00

**Aggregate Amt. \***

\$ 100.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Cronenberg, Patricia

**Contributor Address \***

Street Address

5796 South Lakeview Street

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80120

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

None

**Contributor Occupation**

(if applicable, mandatory)

Retired

**Date Accepted \***

9/1/2021

**Contribution Amt. \***

\$ 100.00

**Aggregate Amt. \***

\$ 100.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Milliman, Kelly

**Contributor Address \***

Street Address

2282 W Briarwood Avenue

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80120

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

Childrens Hospital Colorado

**Contributor Occupation**

(if applicable, mandatory)

Healthcare

**Date Accepted \***

9/9/2021

**Contribution Amt. \***

\$ 100.00

**Aggregate Amt. \***

\$ 100.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Watson, Kay

**Contributor Address \***

Street Address

8084 E Orchard

Address Line 2

Suite 1100

City

Greenwood Village

State / Province / Region

CO

Postal / Zip Code

80111

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

Self

**Contributor Occupation**

(if applicable, mandatory)

Real Estate

**Date Accepted \***

09/09/2021

**Contribution Amt. \***

\$ 100.00

**Aggregate Amt. \***

\$ 100.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Fey, Carol



**Contributor Address \***

Street Address

759 E Phillips Drive S

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80122

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

Self

**Contributor Occupation**

(if applicable, mandatory)

Education

**Date Accepted \***

9/9/2021

**Contribution Amt. \***

\$ 500.00

**Aggregate Amt. \***

\$ 500.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Intergroup Inc

**Contributor Address \***

Street Address

2000 West Littleton Boulevard

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80120

Country

USA

**Contribution Description \***

Corporate contribution

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

**Date Accepted \***

09/09/2021

**Contribution Amt. \***

\$ 100.00

**Aggregate Amt. \***

\$ 100.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Conklin, Amy

**Contributor Address \***

Street Address

6795 S Elati Steet

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80120

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

Self

**Contributor Occupation**

(if applicable, mandatory)

Scientist

**Date Accepted \***

09/09/2021

**Contribution Amt. \***

\$ 2,500.00

**Aggregate Amt. \***

\$ 2,500.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Colorado Asphalt Pavement Association

**Contributor Address \***

Street Address

6880 S. Yosemite Street

Address Line 2

Suite 110

City

Centennial

State / Province / Region

CO

Postal / Zip Code

80112

Country

USA

**Contribution Description \***

Association Contribution

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

**Date Accepted \***

09/09/2021

**Contribution Amt. \***

\$ 200.00

**Aggregate Amt. \***

\$ 200.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Crossen, Karen

**Contributor Address \***

Street Address

1435 W Hinsdale Drive

Address Line 2

City

State / Province / Region

Littleton

CO

Postal / Zip Code

Country

80120

USA

**Contribution Description \***

Check - attempting to contact contributor for employer and occupation information

**Contributor Employer**

(if applicable, mandatory)

Contacting contributor for employer information

**Contributor Occupation**

(if applicable, mandatory)

Contacting contributor for occupation information

**Date Accepted \***

**Contribution Amt. \***

**Aggregate Amt. \***

X

9/15/2021

\$ 200.00

\$ 200.00

**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Altitude Signal LLC

**Contributor Address \***

Street Address

489 N Denver Ave

Address Line 2

City

Loveland

State / Province / Region

CO

Postal / Zip Code

80537

Country

USA

**Contribution Description \***

LLC Contribution - Check

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

**Date Accepted \***

09/15/2021

**Contribution Amt. \***

\$ 100.00

**Aggregate Amt. \***

\$ 100.00

X

**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Narde, Kelli

**Contributor Address \***

Street Address

12013 Blakeford Street

Address Line 2

City

Parker

State / Province / Region

CO

Postal / Zip Code

80134

Country

USA

**Contribution Description \***

Check

**Contributor Employer**

(if applicable, mandatory)

City of Littleton

**Contributor Occupation**

(if applicable, mandatory)

Communications

[Add another contribution](#)

Previous

Next

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

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

**Full Name of Committee/Person:** Note YES for Littleton

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u>	4. Name: <u>No Expenditures were made</u>
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication



Schedule C - Loans

Full Name of Committee/Person: Note YES for Littleton

**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): N/A

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: Note Yes for Littleton

**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): <u>N/A</u>
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) & 1-45-108(1), C.R.S.]

**Full Name of Committee/Person:** Vote Yes for Littleton

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u>	4. Name (Last, First): <u>N/A</u>
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."