



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

Authorization



**Full Name of Committee/Person**

Carol Fey 4 Mayor

**Funds on Hand at the Beginning of Reporting Period**

(monetary only)

\$ -1,326.00

**Total Monetary Contributions**

From Detailed Summary Page

\$ 624.00

**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*

x



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

Contributions and Expenditures Detailed Summary ▾

### Full Name of Committee/Person

Carol Fey 4 Mayor

### Reporting Period

	From	Through
Covered	09/17/2021	10/07/2021

## Contributions

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### 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

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**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

**Total of Non-Itemized Expenditures**

Provided on General Information

\$ 0.00

**Returned Contributions (To donor)**

Provided on Schedule D

\$ 0.00

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**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

**Total of Non-Itemized Expenditures**

Provided on General Information

\$ 0.00

**Returned Contributions (To donor)**

Provided on Schedule D

\$ 0.00

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

Schedule A ▼

### Full Name of Committee/Person

Carol Fey 4 Mayor

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

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

Date Accepted *	Contribution Amt. *	Aggregate Amt. * <span style="float: right;">X</span>
09/18/2021	\$ 50.00	\$ 50.00

### Electioneering Communication \*

Yes  No

### Contributor Name \*

(Last, First)

Lowry, George

### Contributor Address \*

Street Address

823 W. Geddes Ave

Address Line 2

City

Littleton

State / Province / Region

CO

Postal / Zip Code

80120

Country

Arapahoe

### Contribution Description \*

Check from family trust

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

<b>Date Accepted*</b>	<b>Contribution Amt.*</b>	<b>Aggregate Amt.*</b>	✕
09/26/2021	\$ 200.00	\$ 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)

**Date Accepted\***

09/21/2021

**Contribution Amt.\***

\$ 200.00

**Aggregate Amt.\***

\$ 200.00



**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)

<b>Date Accepted*</b>	<b>Contribution Amt.*</b>	<b>Aggregate Amt.*</b>	✕
09/27/2021	\$ 200.00	\$ 400.00	

**Electioneering Communication\***

Yes  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)

<b>Date Accepted*</b>	<b>Contribution Amt.*</b>	<b>Aggregate Amt.*</b>	✕
09/29/2021	\$ 200.00	\$ 500.00	

**Electioneering Communication\***

Yes  No



**Contributor Name \***

(Last, First)

Christiensen, Lynn & Dana

**Contributor Address \***

Street Address

600 E. Fremont Place

Address Line 2

City

Littleton

State / Province / Region

CO.

Postal / Zip Code

80122

Country

Arapahoe

**Contribution Description \***

Personal Check

**Contributor Employer**

(if applicable, mandatory)

Federal Highway Dept.

**Contributor Occupation**

(if applicable, mandatory)

Engineer. / Homemaker

**Date Accepted \***

09/29/2021

**Contribution Amt. \***

\$ 200.00

**Aggregate Amt. \***

\$ 200.00



**Electioneering Communication \***

Yes

No

**Contributor Name \***

(Last, First)

Atwood, Frank

**Contributor Address \***

Street Address

7094 Costilla St,

Address Line 2

City

Littleton

State / Province / Region

CO.

Postal / Zip Code

80120

Country

Arapahoe

**Contribution Description \***

Personal Check

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

[Add another contribution](#)

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

Schedule B ▼

**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

**State / Province / Region**

AZ.

**Postal / Zip Code**

85380

**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.

State / Province / Region

Value is required.

Postal / Zip Code

Value is required.

Country

Value is required.

**Purpose of Expenditure \***

Value is required.

[Add another expenditure](#)

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**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](#)

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