

Received

Oct 12 2021

**CITY CLERK** 

# **General Information**

Full Name of Committee/Person \*

Friends of Kafer for Littleton

Committee/Person Address\*

Street Address PO Box 422 Address Line 2

City State / Province / Region

Littleton CO Postal / Zip Code Country

80160 **United States** 

Committee Type \*

Candidate Committee

**Financial Institution Address** 

Street Address

5800 S Broadway

Address Line 2

City State / Province / Region

Littleton CO Postal / Zip Code Country

80121

# Type of Report \*

- Regularly Scheduled Filing
- Amended Filing
- Termination Report
- Report Contains Electioneering Communications Information

# Reporting Period

From \* Through \*

Start Date mm/dd/yyyy Covered End Date mm/dd/yyyy

> 09/19/2021 10/10/2021

Funds on Hand at the Beginning of Reporting Period \*

(monetary only)

\$ 6,240.11

### **Declared Total Spending**

[Art. XXVIII, Sec. 4(1)]

\$ 3,339.49

# Non-Itemized Contributions \*

(Contributions of \$19.99 or Less)

\$ 0.00

# Total of Other Receipts \*

(Interest, Dividends, etc.)

\$ 0.11

# Non-Itemized Expenditures \*

(Expenditures of \$19.99 or Less)

\$ 93.06

# Schedule A

# Full Name of Committee/Person

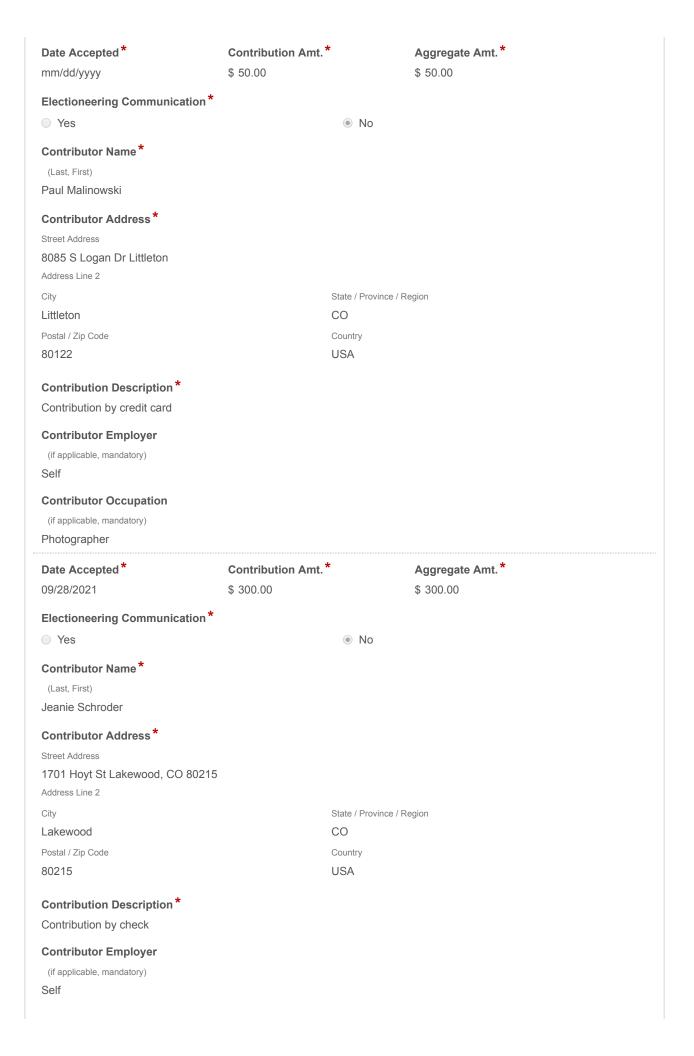
Firends of Kafer for Littleton

# Itemized Contributions Statement (\$20 or more)

[1-45-108(1)(a), C.R.S.]			
<b>Date Accepted*</b> 09/21/2021	Contribution Amt. 5	<b>k</b>	Aggregate Amt.* \$ 1,500.00
Electioneering Communication *			
○ Yes		No	
Contributor Name *  (Last, First)  Metro Housing Coalition Political Cor	mmittee		
Contributor Address * Street Address 9033 E Easter place Address Line 2			
City		State / Province / Re	egion
Centennial		CO	
Postal / Zip Code 80112		Country	
Contribution Description * Check contribution  Contributor Employer (if applicable, mandatory) Metro Housing Coalition Political Cor	mmittee		
Contributor Occupation (if applicable, mandatory) Metro Housing Coalition Political Cor	mmittee		
<b>Date Accepted *</b> 09/24/2021	Contribution Amt. 5	<b>+</b>	Aggregate Amt.* \$ 50.00
Electioneering Communication*			
Yes		No	
Contributor Name *  (Last, First)  Robert Abbott			

Contributor Address*				
Street Address				
7242 S Sundown Cir Littleton				
Address Line 2				
City		State / Province / Re	egion	
Littleton		CO	39.5	
Postal / Zip Code		Country		
80120		USA		
Contribution Description*				
Contribution by credit card				
Contributor Employer				
(if applicable, mandatory)				
Retired				
Contributor Occupation				
(if applicable, mandatory)				
Retired				
Date Accepted *	Contribution Amt. *	*	Aggregate Amt. *	
09/26/2021	\$ 500.00		\$ 500.00	
Electioneering Communication *				
Yes		<ul><li>No</li></ul>		
Contributor Name *				
(Last, First)				
Ron Ikard				
Contributor Address*				
Street Address				
7260 S Polo Ridge Dr				
Address Line 2				
City		State / Province / Re	egion	
Littleton		CO		
Postal / Zip Code		Country		
80128		USA		
Contribution Description *				
Contribution by credit card				
Contributor Employer				
(if applicable, mandatory)				
FirstBank				
Contributor Occupation				
(if applicable, mandatory)				
Banker				
Date Accepted *	Contribution Amt. *	······································	Aggregate Amt. *	
09/27/2021	\$ 200.00		\$ 200.00	
	<del></del>			
Electioneering Communication*				
Yes		No		

Contributor Name *			
(Last, First)			
George Sparks			
Contributor Address*			
Street Address			
1401 S Saint Paul St			
Address Line 2			
City		State / Province / Region	
Denver Postal / Zip Code		Country	
80210		USA	
Contribution Description *			
Contribution by credit card			
Contributor Employer			
(if applicable, mandatory)			
Denver Museum of Nature & Scien	ce		
Contributor Occupation			
(if applicable, mandatory)			
President and CEO			
Date Accepted *	Contribution Amt.	* Aggregate Amt.	ř.
09/27/2021	\$ 100.00	\$ 100.00	
Electioneering Communication*			
Electioneering Communication*  Yes		<ul><li>No</li></ul>	
○ Yes		No	
<ul><li>Yes</li><li>Contributor Name *</li></ul>		No	
Yes Contributor Name * (Last, First)		No	
Contributor Name *  (Last, First)  Ron Sandgrund		No	
Yes Contributor Name *     (Last, First) Ron Sandgrund Contributor Address *		No	
Contributor Name *  (Last, First)  Ron Sandgrund		No	
Contributor Name*  (Last, First)  Ron Sandgrund  Contributor Address*  Street Address		No	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct		No  State / Province / Region	
Contributor Name*  (Last, First)  Ron Sandgrund  Contributor Address*  Street Address  546 Donn Ct  Address Line 2			
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2  City Boulder Postal / Zip Code		State / Province / Region CO Country	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2  City Boulder		State / Province / Region	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2  City Boulder Postal / Zip Code		State / Province / Region CO Country	
Contributor Name * (Last, First) Ron Sandgrund  Contributor Address * Street Address 546 Donn Ct Address Line 2 City Boulder Postal / Zip Code 80303		State / Province / Region CO Country	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2  City Boulder Postal / Zip Code 80303  Contribution Description *  Contribution by credit card		State / Province / Region CO Country	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2  City Boulder Postal / Zip Code 80303  Contribution Description *		State / Province / Region CO Country	
Contributor Name* (Last, First) Ron Sandgrund  Contributor Address* Street Address 546 Donn Ct Address Line 2 City Boulder Postal / Zip Code 80303  Contribution Description* Contribution by credit card  Contributor Employer		State / Province / Region CO Country	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2  City Boulder Postal / Zip Code 80303  Contribution Description *  Contribution by credit card  Contributor Employer  (if applicable, mandatory)		State / Province / Region CO Country	
Contributor Name *  (Last, First) Ron Sandgrund  Contributor Address *  Street Address 546 Donn Ct Address Line 2 City Boulder Postal / Zip Code 80303  Contribution Description *  Contribution by credit card  Contributor Employer  (if applicable, mandatory) Burg Simpson Law Firm		State / Province / Region CO Country	
Contributor Name* (Last, First) Ron Sandgrund  Contributor Address* Street Address 546 Donn Ct Address Line 2 City Boulder Postal / Zip Code 80303  Contribution Description* Contribution by credit card  Contributor Employer (if applicable, mandatory) Burg Simpson Law Firm  Contributor Occupation		State / Province / Region CO Country	



# **Contributor Occupation** (if applicable, mandatory) Musician Date Accepted \* Contribution Amt. \* Aggregate Amt. \* 09/28/2021 \$ 100.00 \$ 100.00 **Electioneering Communication\*** No Contributor Name \* (Last, First) TK Smith Contributor Address\* Street Address 7134 Cedarwood Cir Boulder Address Line 2 City State / Province / Region Boulder CO Postal / Zip Code Country USA 80301 Contribution Description\* Contribution by check **Contributor Employer** (if applicable, mandatory) Retired **Contributor Occupation** (if applicable, mandatory) Retired Contribution Amt. \* Date Accepted \* Aggregate Amt. \* 09/28/2021 \$ 50.00 \$ 50.00 **Electioneering Communication\*** Yes No Contributor Name \* (Last, First) Curt Samuelson Contributor Address\* Street Address 7961 S Cedar St Address Line 2 City State / Province / Region Littleton CO Postal / Zip Code Country 80120 USA Contribution Description \* Contribution by credit card

Contributor Employer				
(if applicable, mandatory)  Retired				
Contributor Occupation				
(if applicable, mandatory)				
Retired				
Date Accepted *	Contribution Amt.	*	Aggregate Amt. *	
09/28/2021	\$ 100.00		\$ 100.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name *				
(Last, First)				
Bob Swank				
Contributor Address*				
Street Address				
3581 CR 51 Address Line 2				
City		State / Province / R	Region	
Keensburg		CO		
Postal / Zip Code		Country		
80643		USA		
Contribution Description *				
Contribution by check				
Contributor Employer				
(if applicable, mandatory)				
Farmer				
Contributor Occupation				
(if applicable, mandatory)				
Farmer				
Date Accepted *	Contribution Amt.	*	Aggregate Amt. *	
09/29/2021	\$ 200.00		\$ 200.00	
Electioneering Communication *				
Lieutioneering Communication				
Yes		No		
		No		
Yes Contributor Name * (Last, First)		No		
<ul><li>Yes</li><li>Contributor Name *</li></ul>		No		
Yes Contributor Name *     (Last, First) Stephen Brett Contributor Address *		No		
Contributor Name*  (Last, First) Stephen Brett  Contributor Address*  Street Address		No		
Contributor Name *  (Last, First) Stephen Brett  Contributor Address *  Street Address 45 Bellevue Drive		No		
Contributor Name*  (Last, First) Stephen Brett  Contributor Address*  Street Address 45 Bellevue Drive  Address Line 2			tegion	
Contributor Name *  (Last, First) Stephen Brett  Contributor Address *  Street Address 45 Bellevue Drive		No  No  State / Province / R  CO	tegion	
Contributor Name* (Last, First) Stephen Brett  Contributor Address* Street Address 45 Bellevue Drive Address Line 2 City		State / Province / R	tegion	

Contribution Description * Contribution by check				
Contributor Employer (if applicable, mandatory) Retired				
Contributor Occupation (if applicable, mandatory) Retired				
<b>Date Accepted *</b> 09/29/2021	Contribution Amt. 3	k	Aggregate Amt. * \$ 100.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name *  (Last, First)				
Jody Randall				
Contributor Address*  Street Address				
5901 S Windermere St Address Line 2				
City		State / Province / R	Region	
Littleton		CO		
Postal / Zip Code 80120		Country		
Contribution Description * Contribution by credit card				
Contributor Employer				
(if applicable, mandatory)				
American Civil Contractors				
Contributor Occupation (if applicable, mandatory)				
Business operations				
Date Accepted *	Contribution Amt.	*	Aggregate Amt. *	
10/02/2021	\$ 100.00		\$ 100.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name *				
(Last, First)				
Pam Benigno				

	Contributor Address*				
	Street Address				
	15349 W 64th Dr Unit C				
	Address Line 2				
	City		State / Province / R	egion	
	Arvada		CO		
	Postal / Zip Code		Country		
	80007		USA		
	Contribution Description*				
	Contribution by check				
	Contributor Employer				
	(if applicable, mandatory)				
	Independence Institutet				
	Contributor Occupation				
	(if applicable, mandatory)				
	Policy Analyst				
-	Date Accepted *	Contribution Amt.	*	Aggregate Amt.*	
	mm/dd/yyyy	\$ 25.00		\$ 25.00	
		Ų <b>2</b> 0.00		Ų <b>2</b> 0.00	
	Electioneering Communication *				
	O Yes		No		
	Contributor Name *				
	(Last, First)				
	Benjamin Austin				
	Contributor Address*				
	Street Address				
	6412 S Lakeview St Littleton				
	Address Line 2				
	City		State / Province / R	egion	
	Littleton		CO		
	Postal / Zip Code		Country		
	80120		USA		
	Contribution Description *				
	Contribution by credit card				
	Contributor Employer				
	(if applicable, mandatory)				
	Aurora City Police				
	Contributor Occupation				
	(if applicable, mandatory)				
	Police officer				
-					

# Schedule B

### Full Name of Committee/Person

Firends of Kafer for Littleton

# Itemized Expenditures Statement (\$20 or more)

[1-45-108(1)(a), C.R.S.] Date Expended \* Expenditure Amt\* 09/14/2021 \$ 359.25 Recipient is (optional) **Electioneering Communication\*** Committee Yes Non-Committee No Expenditure Name \* Super Cheap Signs Expenditure Address\* Street Address 9200 Waterford Centre Blvd., Suite #100 Address Line 2 City State / Province / Region Austin TX Postal / Zip Code Country 78759 USA Purpose of Expenditure \* Signs Date Expended \* Expenditure Amt\* 10/05/21 \$ 368.08 Recipient is (optional) Electioneering Communication\* Committee Yes Non-Committee No Expenditure Name\* Super Cheap Signs Expenditure Address\*

Street Address

9200 Waterford Centre Blvd., Suite #100

Address Line 2

City State / Province / Region

 Austin
 TX

 Postal / Zip Code
 Country

 78759
 USA

Purpose of Expenditure \*

Signs

Date Expended *	Expenditure Amt *
10/06/2021	\$ 261.88
Recipient is (optional)	Electioneering Communication *
<ul><li>Committee</li></ul>	Yes
Non-Committee	O No
Expenditure Name *	
Vistaprint	
Expenditure Address *	
Street Address	
275 Wyman St	
Address Line 2	
City	State / Province / Region
Waltham	MA
Postal / Zip Code	Country
02451	USA
Purpose of Expenditure *	
Door hangers	
	<u>.</u>
Date Expended *	Expenditure Amt *
10/07/2021	\$ 179.63
Recipient is (optional)	Electioneering Communication *
<ul><li>Committee</li></ul>	Yes
<ul><li>Non-Committee</li></ul>	○ No
Expenditure Name *	
Vistaprint	
Expenditure Address*	
Street Address 275 Wyman St	
Address Line 2	
City	State / Province / Region
Waltham	MA
Postal / Zip Code	Country
02451	USA
Purpose of Expenditure *	
Door hangers	
Date Expended *	Expenditure Amt *
10/07/2021	\$ 2,170.65
Recipient is (optional)	Electioneering Communication *
Committee	Yes
Non-Committee	No
	₩ 110
Expenditure Name *	
Paragon Printing	

Street Address		
2175 S Jasmine St # 107, Denver, CO 80222		
address Line 2		
City	State / Province / Region	
Denver	CO	
Postal / Zip Code	Country	
30222	USA	
Purpose of Expenditure *		
Printing/Mailing		

# Schedule C

### Full Name of Committee/Person

Firends of Kafer for Littleton

### Loans

#### **Lender Name**

(Last, First or Institution)

#### **Lender Address**

Street Address Address Line 2

City State / Province / Region

Postal / Zip Code Country

### Original Amount of Loan

\$

### Loan Amount Received Principal Amount Paid

This Reporting Period This Reporting Period

\$

Interest Amount Paid Total Repayments Made

This Reporting Period

\$

### Outstanding Balance Date Loan Received

\$ mm/dd/yyyy

### **Due Date for Final Payment**

mm/dd/yyyy

### Total of All Loans Amount Repaid

\$

### List of Endorsers or Guarantors

Provide for all loans listed above

Loan Source Endorser or Guarantor Full

Name

Endorser or Guarantor Full Address

**Interest Rate** 

**Amount Guaranteed** 

\$

# Schedule D

### Full Name of Committee/Person

Firends of Kafer for Littleton

### **Returned Contributions**

(Previously reported on Schedule A - Contributions accepted and then returned to donors)

Date Accepted Date Returned Amount Returned

\$

mm/dd/yyyy mm/dd/yyyy

Name returned contribution to

(Last, First)

Address returned contribution to

Street Address Address Line 2

City State / Province / Region

Postal / Zip Code Country

Reason contribution returned

# **Returned Expenditures**

(Previously reported on Schedule B - Expenditures returned or refunded to the committee)

Date Expended Date Returned Amount Returned

mm/dd/yyyy mm/dd/yyyy \$

Name returned expenditure to

(Last, First)

Address returned expenditure to

Street Address Address Line 2

City State / Province / Region

Postal / Zip Code Country

Reason expenditure returned

# Statement of Non-Monetary Contributions

Full	Namo	of	Com	mittaa	/Person
ı uıı	Name	OI.	CUIII	IIIILLEE	FEISUII

Firends of Kafer for Littleton

# Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)] 1-45-108(1), C.R.S.]

Date Provided	Fair Market Value	Aggregate Amount			
mm/dd/yyyy	\$	\$			
Electioneering Communication					
Yes	□ No				
Non-Monetary Contribution Name					
(Last, First)					
Non-Monetary Contribution Addre	SS				
Street Address					
Address Line 2					
City	State / Province /	Region			
Postal / Zip Code	Country				
Description of Non-Monetary Conf	tribution				
Employer					
(if applicable, mandatory)					
Occupation					
(if applicable, mandatory)					
Coordinated with a Candidate/Candidate Committee or Political Party					
	nated with a candidate or candidate's agent are	retailed Summary. Art. XXVIII, Sec. 2(9) states: " e deemed to be both contributions by the maker of the			
○ Yes	○ No				

# Contributions and Expenditures Detailed Summary

#### **Full Name of Committee/Person**

Firends of Kafer for Littleton

# Reporting Period

From

**Through** 

Covered

09/19/2021

10/10/2021

### Contributions

#### Beginning reporting period funds on hand

Provided on General Information

\$ 6,240.11

### **Total Itemized Contributions (\$20 or more)**

Provided on Schedule A

\$ 3,375.00

#### **Loans Received**

Provided on Schedule C

\$ 0.00

#### **Returned Expenditures**

Provided on Schedule D

\$ 0.00

### **Total Monetary Contributions**

Sum of above

\$ 9,615.22

# Expenditures

### Itemized Expenditures (\$20 or more)

Provided on Schedule B

\$ 3,339.49

### Loan Repayments Made

Provided on Schedule C

\$ 0.00

### **Total Monetary Expenditures**

Sum of above Expenditures

\$ 3,432.55

# **Total Coordinated Non-Monetary Expenditures**

(Candidate/Candidate Committee & Political Parties ONLY)

\$ 0.00

### **Total Spending**

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$ 3,432.55

#### **Total Non-Itemized Contributions**

Provided on General Information

\$ 0.00

#### **Total of Other Receipts**

Provided on General Information

\$ 0.11

### **Total of Non-Itemized Expenditures**

Provided on General Information

\$ 93.06

### **Returned Contributions (To donor)**

Provided on Schedule D

\$ 0.00

# Authorization

### Full Name of Committee/Person

Firends of Kafer for Littleton

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

(monetary only)

\$ 6,240.11

#### **Total Monetary Contributions**

From Detailed Summary Page

\$ 9,615.22

### **Total of Monetary Contributions & Beginning Amount**

(sum of above)

\$ 15,855.33

### **Total Monetary Expenditures**

From Detailed Summary Page

\$ 3,432.55

#### Funds on Hand at the End of Reporting Period (monetary)

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 12,422.78 \$6,182.56

# 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 \*

Krista Kafer

Registered Agent's Signature \*

Krista Kafer

Krista Kafer

Candidates Name\*

Krista Kafer

Candidates Signature \*