

Received

Nov 04 2021

CITY CLERK

General Information

Full Name of Committee/Person *

Friends of Kafer for Littleton

Committee/Person Address*

Street Address

5316 S Crocker St

Address Line 2

City State / Province / Region

Littleton CO Postal / Zip Code Country

80120 **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 8012 USA

Type of Report *

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

Reporting Period

From * Through *

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

> 10/24/2021 11/2/2021

Funds on Hand at the Beginning of Reporting Period *

(monetary only)

\$ 2,346.01

Declared Total Spending [Art. XXVIII, Sec. 4(1)] \$ (Interest, Dividends, etc.) \$ 0.00 Non-Itemized Contributions* (Contributions of \$19.99 or Less) \$ 28.00 \$ 0.00

Schedule A

Full Name of Committee/Person

Friends of Kafer for Littleton

Itemized Contributions Statement (\$20 or more)

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

[1 10 100(1)(a), 0.14.0.]				
Date Accepted * 10/27/2021	Contribution Amt. \$ 50.00	*	Aggregate Amt.* \$ 50.00	
Electioneering Communication*				
O Yes		No		
Contributor Name * (Last, First) Stephen Keating				
Contributor Address * Street Address 3520 Mallard Dr., CO Address Line 2				
City		State / Province / R	Region	
Highlands Ranch		CO		
Postal / Zip Code		Country		
80126		USA		
Contribution Description * Credit card				
Contributor Employer (if applicable, mandatory) Get Team Go				
Contributor Occupation (if applicable, mandatory) CEO				
Date Accepted *	Contribution Amt.	*	Aggregate Amt.*	
10/20/2021	\$ 200.00		\$ 200.00	
Electioneering Communication* Yes		No		
Contributor Name * (Last, First) Karen Overton				

Contributor Address*				
Street Address				
10 Red Fox Lane				
Address Line 2				
City		State / Province / R	egion	
Greenwood Village		CO		
Postal / Zip Code		Country		
80111		USA		
Contribution Description*				
Check				
Contributor Employer				
(if applicable, mandatory)				
Retired				
Contributor Occupation				
(if applicable, mandatory)				
Retired				
Date Accepted *	Contribution Amt.	*	Aggregate Amt. *	
10/20/2021	\$ 100.00		\$ 100.00	
	ψ 100.00		Ψ 100.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name *				
(Last, First)				
Krista Kafer				
Contributor Address *				
Street Address				
5316 S Crocker St				
Address Line 2				
City		State / Province / R	egion	
Littleton		CO		
Postal / Zip Code		Country		
80120		USA		
Contribution Description *				
check				
Contributor Employer				
(if applicable, mandatory)				
Regis University				
Contributor Occupation (if applicable, mandatory)				
Professor				
1 10100001				

Schedule B

Full Name of Committee/Person

GOTV text and robocall campaign

Friends of Kafer for Littleton

Itemized Expenditures Statement (\$20 or more)

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

Date Expended * Expenditure Amt* 10/26/2021 \$ 2,703.00 Recipient is (optional) **Electioneering Communication*** Committee Yes Non-Committee No Expenditure Name * Curt Cervany Telephone Townhall Meeting Expenditure Address * Street Address 958 Coneflower Dr Address Line 2 City State / Province / Region Golden CO Postal / Zip Code Country 80401 USA Purpose of Expenditure *

Schedule C

Full Name of Committee/Person

Friends 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 Interest Rate

\$

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 Endorser or Guarantor Full Amount Guaranteed
Name Address

\$

Schedule D

Full Name of Committee/Person

Friends 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 Name of Committee/Person

Friends 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 Address						
Street Address						
Address Line 2						
City	State / Province / F	egion				
Postal / Zip Code	Country					
Description of Non-Monetary Contribution						
Employer						
(if applicable, mandatory)						
Occupation						
(if applicable, mandatory)						
Coordinated with a Candidate/Candidate Committee or Political Party						
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."						
○ Yes	O No					

Contributions and Expenditures Detailed Summary

Full Name of Committee/Person

Friends of Kafer for Littleton

Reporting Period

From Through

Covered 10/24/2021 11/2/2021

Contributions

Beginning reporting period funds on hand

Provided on General Information

\$ 2,346.01

Total Itemized Contributions (\$20 or more)

Provided on Schedule A

\$ 350.00

Loans Received

Provided on Schedule C

\$ 0.00

Returned Expenditures

Provided on Schedule D

\$ 0.00

Total Monetary Contributions

Sum of above

\$ 378.00

Itemized Expenditures (\$20 or more)

Provided on Schedule B

Expenditures

\$ 2,703.00

Loan Repayments Made

Provided on Schedule C

\$ 0.00

Total Monetary Expenditures

Sum of above Expenditures

\$ 2,703.00

Total Coordinated Non-Monetary Expenditures

(Candidate/Candidate Committee & Political Parties ONLY)

\$ 0.00

Total Spending

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$ 2,703.00

Total Non-Itemized Contributions

Provided on General Information

\$ 28.00

Total of Other Receipts

Provided on General Information

\$ 0.00

Total of Non-Itemized Expenditures

Provided on General Information

\$ 0.00

Returned Contributions (To donor)

Provided on Schedule D

\$ 0.00

Authorization

Full Name of Committee/Person

Friends of Kafer for Littleton

Funds on Hand at the Beginning of Reporting Period

(monetary only)

\$ 2,346.01

Total Monetary Contributions

From Detailed Summary Page

\$ 378.00

Total of Monetary Contributions & Beginning Amount

(sum of above)

\$ 2,724.01

Total Monetary Expenditures

From Detailed Summary Page

\$ 2,703.00

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

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 21.01

Authorization by both Registered Agent AND the Candidate are required:

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 *