

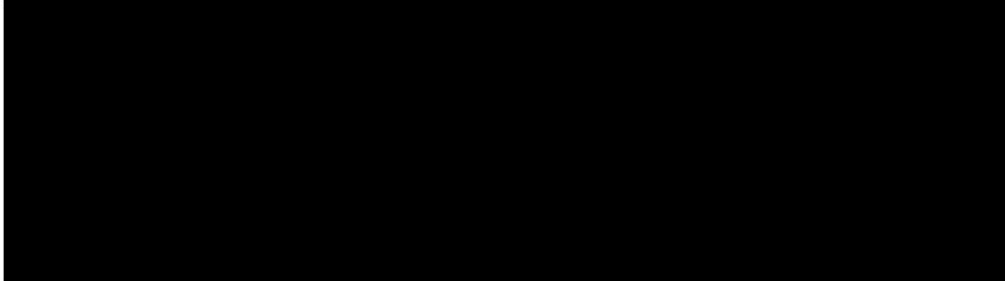


Report of Contributions and Expenditures (1-45-108, C.R.S.)

General Information

Full Name of Committee/Person *

Darren Lemorande

Committee/Person Address ***Committee Type ***

Candidate Committee

Financial Institution Address

Street Address

6701 s Wadsworth ave

Address Line 2

City

Littleton

Postal / Zip Code

80128

State / Province / Region

CO

Country

United States

Type of Report *

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

Reporting Period

From ***Through *****Covered**

Start Date 08/23/2025

End Date 09/16/2025

Funds on Hand at the Beginning of Reporting Period *

(monetary only)

\$ 0.00

Declared Total Spending

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

\$ 1,169 11

Non-Itemized Contributions *

(Contributions of \$19.99 or Less)

\$ 0.00

Total of Other Receipts *

(Interest, Dividends, etc.)

\$ 0.00

Non-Itemized Expenditures *

(Expenditures of \$19.99 or Less)

\$ 0.00

Schedule A

Full Name of Committee/Person

Darren Lemorande

Itemized Contributions Statement (\$20 or more)

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

Date Accepted *

mm/dd/yyyy

Contribution Amt. *

\$

Aggregate Amt. *

\$

Electioneering Communication *

☐ Yes

☐ No

Contributor Name *

(Last, First)

Contributor Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Contribution Description *

Contributor Employer

(if applicable, mandatory)

Contributor Occupation

(if applicable, mandatory)

[illegible]

Schedule B

Full Name of Committee/Person

Itemized Expenditures Statement (\$20 or more)

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

Date Expended *

Expenditure Amt *

\$

Recipient is (optional)

- ☐ Committee
☐ Non-Committee

Electioneering Communication *

- ☐ Yes
☐ No

Expenditure Name *

Expenditure Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Purpose of Expenditure *

this is a reimbursement for hand outs paid out of personal account.

Date Expended *

Expenditure Amt *

\$

Recipient is (optional)

- ☐ Committee
☐ Non-Committee

Electioneering Communication *

- ☐ Yes
☐ No

Expenditure Name *

Expenditure Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Purpose of Expenditure *

reimbursement for fund raiser apps paid out of personal account.

Schedule C

Full Name of Committee/Person

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

This Reporting Period

\$

Principal Amount Paid

This Reporting Period

\$

Interest Amount Paid

This Reporting Period

\$

Total Repayments Made

\$

Outstanding Balance

\$

Date Loan Received

Due Date for Final Payment

Total of All Loans

\$

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	Amount Guaranteed
			\$

Schedule D

Full Name of Committee/Person

Returned Contributions

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

Date Accepted	Date Returned	Amount Returned
		\$

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
		\$

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

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

\$

\$

Electioneering Communication

☐ Yes

☐ No

Non-Monetary Contribution Name

(Last, First)

Non-Monetary Contribution Address

Street Address

Address Line 2

City

State / Province / Region

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

☐ No

Contributions and Expenditures Detailed Summary

Full Name of Committee/Person

Darren Lemorande

Reporting Period

From

Through

Covered

Contributions

Beginning reporting period funds on hand

Provided on General Information

\$

Total Itemized Contributions (\$20 or more)

Provided on Schedule A

\$

Total Non-Itemized Contributions

Provided on General Information

\$

Loans Received

Provided on Schedule C

\$

Total of Other Receipts

Provided on General Information

\$

Returned Expenditures

Provided on Schedule D

\$

Total Monetary Contributions

Sum of above

\$

Expenditures

Itemized Expenditures (\$20 or more)

Provided on Schedule B

\$

Total of Non-Itemized Expenditures

Provided on General Information

\$

Loan Repayments Made

Provided on Schedule C

\$

Returned Contributions (To donor)

Provided on Schedule D

\$

Total Monetary Expenditures

Sum of above Expenditures

\$

Total Coordinated Non-Monetary Expenditures

(Candidate/Candidate Committee & Political Parties ONLY)

\$

Total Spending

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$

Authorization

Full Name of Committee/Person

Darren Lemorande

Funds on Hand at the Beginning of Reporting Period

(monetary only)

\$ 0.00

Total Monetary Contributions

From Detailed Summary Page

\$ 10,055.00

Total of Monetary Contributions & Beginning Amount

(sum of above)

\$ 10,055.00

Total Monetary Expenditures

From Detailed Summary Page

\$ 1,169.11

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

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 8,885.89

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 *

Darren Lemorande

Registered Agent's Signature *

Darren Lemorande

Candidates Name *

Darren Lemorande

Candidates Signature *

Darren Lemorande