

Received

Sept. 22, 2025

General Information

CITY CLERK

Full Name of Committee/Person*

Joel for Littleton

Committee/Person Address*



Candidate Committee

Financial Institution Address

Street Address

5800 S Broadway

Address Line 2

State / Province / Region

CO Littleton Postal / Zip Code Country 80120 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

> 05/06/2025 09/16/2025

Funds on Hand at the Beginning of Reporting Period*

(monetary only)

\$ 0.00

Declared Total Spending

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

\$ 1,409 62

Non-Itemized Contributions *

(Contributions of \$19.99 or Less)

\$ 0.00

Total of Other Receipts *

(Interest, Dividends, etc.)

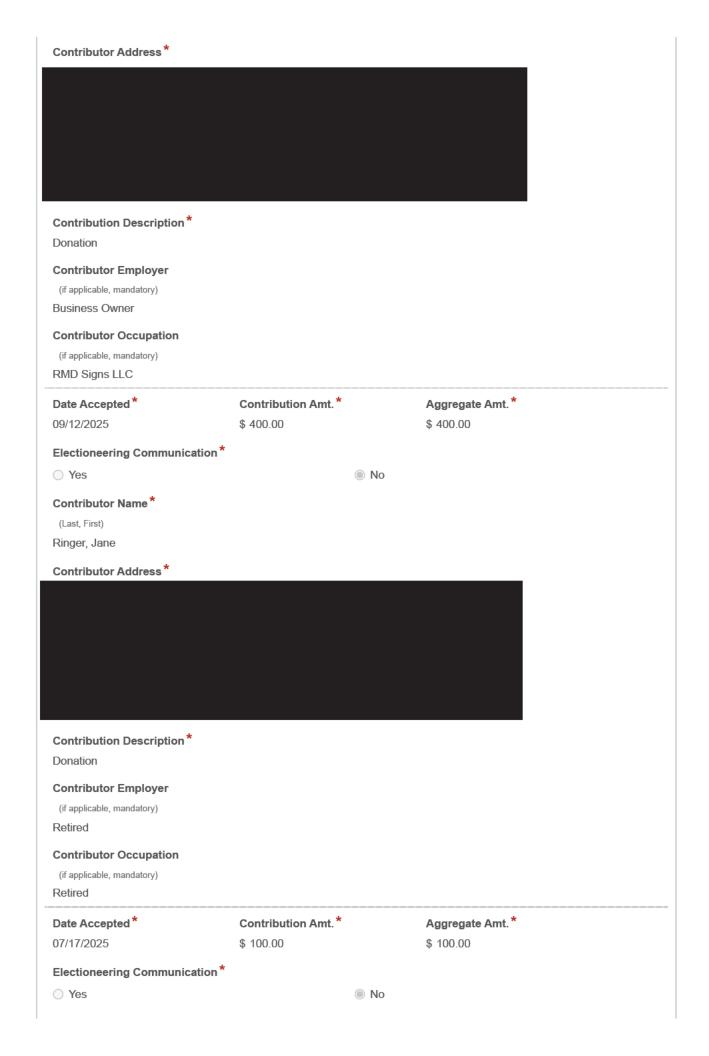
\$ 0.00

Non-Itemized Expenditures *

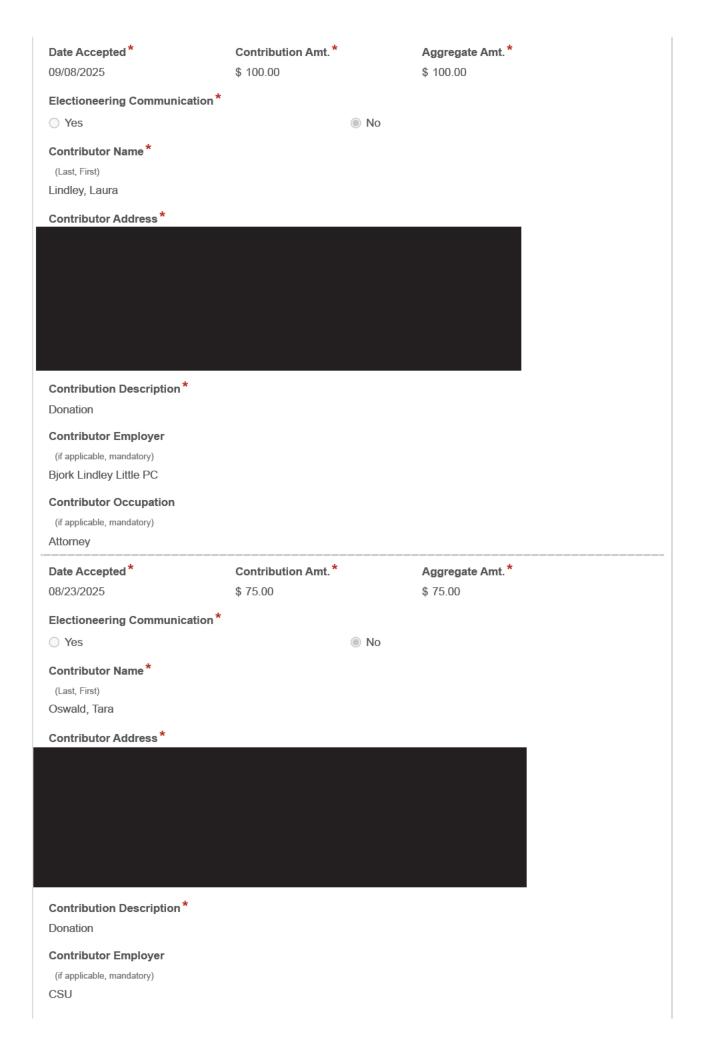
(Expenditures of \$19.99 or Less)

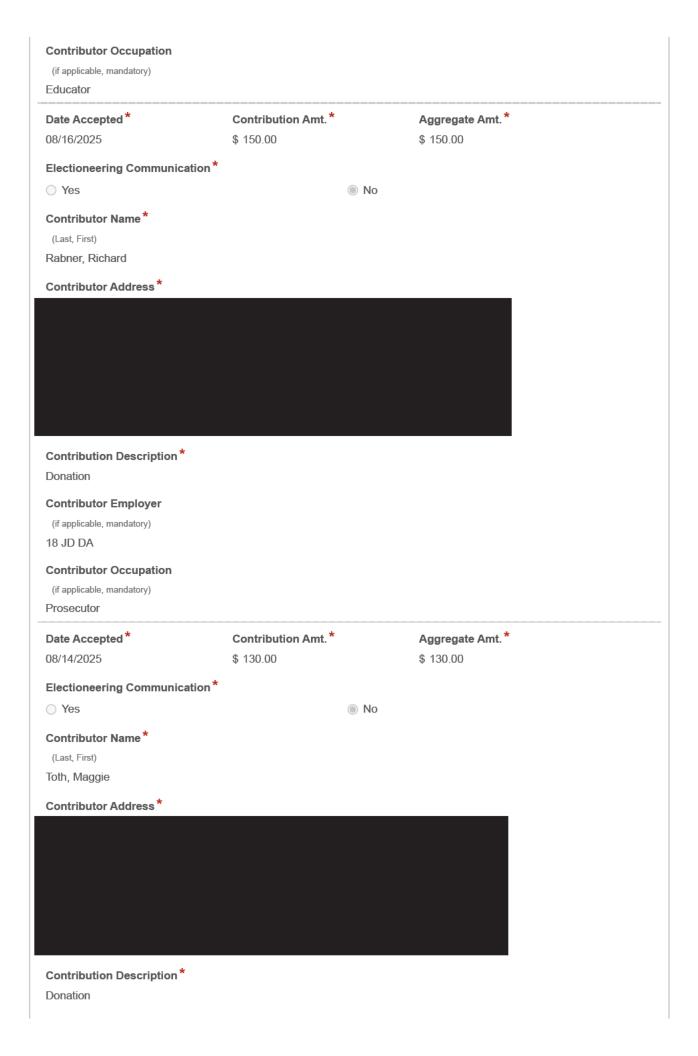
\$ 0.00

Schedule A				
Full Name of Committee/Person Joel for Littleton				
Itemized Contributions St [1-45-108(1)(a), C.R.S.]	atement (\$20 or m	ore)		
Date Accepted * 08/29/2025	Contribution Amt.* \$ 225.00		Aggregate Amt. * \$ 225.00	
Electioneering Communication * Yes) No		
Contributor Name * (Last, First) Taylor, James		,		
Contributor Address*				
Contribution Description * Donation				
Contributor Employer (if applicable, mandatory) Retired				
Contributor Occupation (if applicable, mandatory) Retired				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
07/17/2025 Electioneering Communication * Yes	\$ 200.00) No	\$ 200.00	
Contributor Name * (Last, First) McDaniel, Barbara				

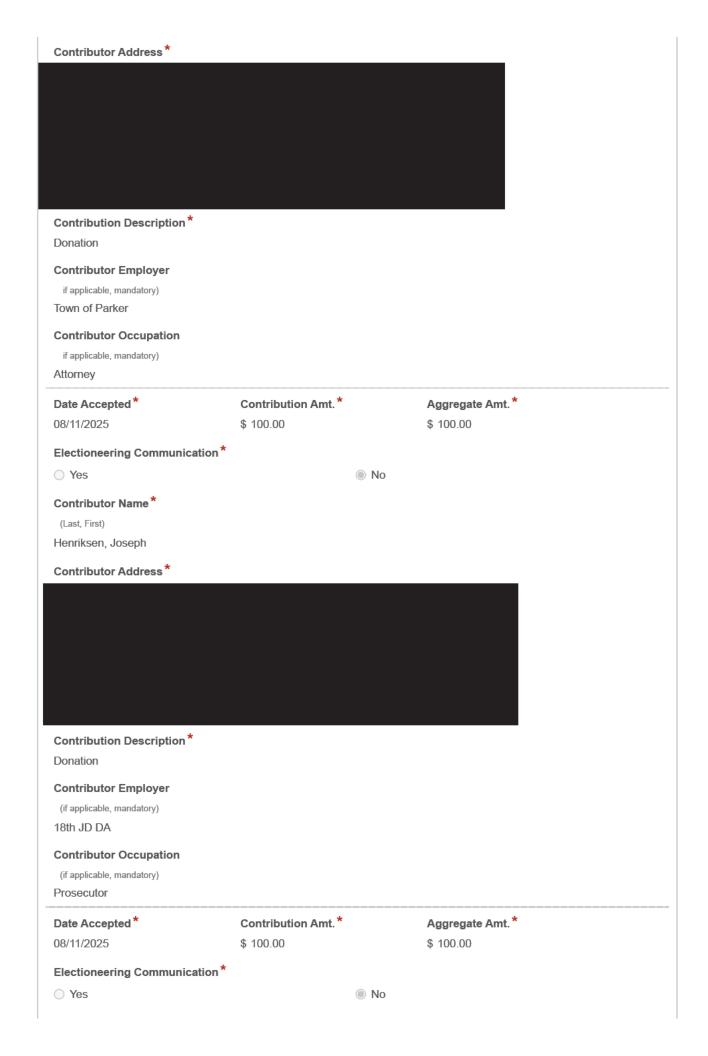


Contributor Name *			
(Last, First) Santana, Patrick			
Contributor Address*			
Contribution Description * Donation			
Contributor Employer			
(if applicable, mandatory)			
Self			
Contributor Occupation			
(if applicable, mandatory) Graphic Designer			
Date Accepted *	Contribution Amt. *	Aggregate Amt.	·
07/17/2025	\$ 100.00	\$ 100.00	
Electioneering Communication *			
•			
○ Yes	No		
○ Yes Contributor Name *			
Yes Contributor Name * (Last, First)			
Contributor Name* (Last, First) Cronenberger, Patricia			
YesContributor Name* (Last, First)Cronenberger, Patricia			
Contributor Name* (Last, First) Cronenberger, Patricia			
Contributor Name* (Last, First) Cronenberger, Patricia			
Contributor Name* (Last, First) Cronenberger, Patricia			
Contributor Name* (Last, First) Cronenberger, Patricia			
Contributor Name* (Last, First) Cronenberger, Patricia Contributor Address*			
Contributor Name* (Last, First) Cronenberger, Patricia			
Contributor Name* (Last, First) Cronenberger, Patricia Contributor Address* Contribution Description* Donation			
Contributor Name * (Last, First) Cronenberger, Patricia Contributor Address * Contribution Description * Donation Contributor Employer (if applicable, mandatory)			
Contributor Name * (Last, First) Cronenberger, Patricia Contributor Address * Contribution Description * Donation Contributor Employer (if applicable, mandatory) Retired			
Contributor Name* (Last, First) Cronenberger, Patricia Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Retired Contributor Occupation			
Contributor Name * (Last, First) Cronenberger, Patricia Contributor Address * Contribution Description * Donation Contributor Employer (if applicable, mandatory) Retired			

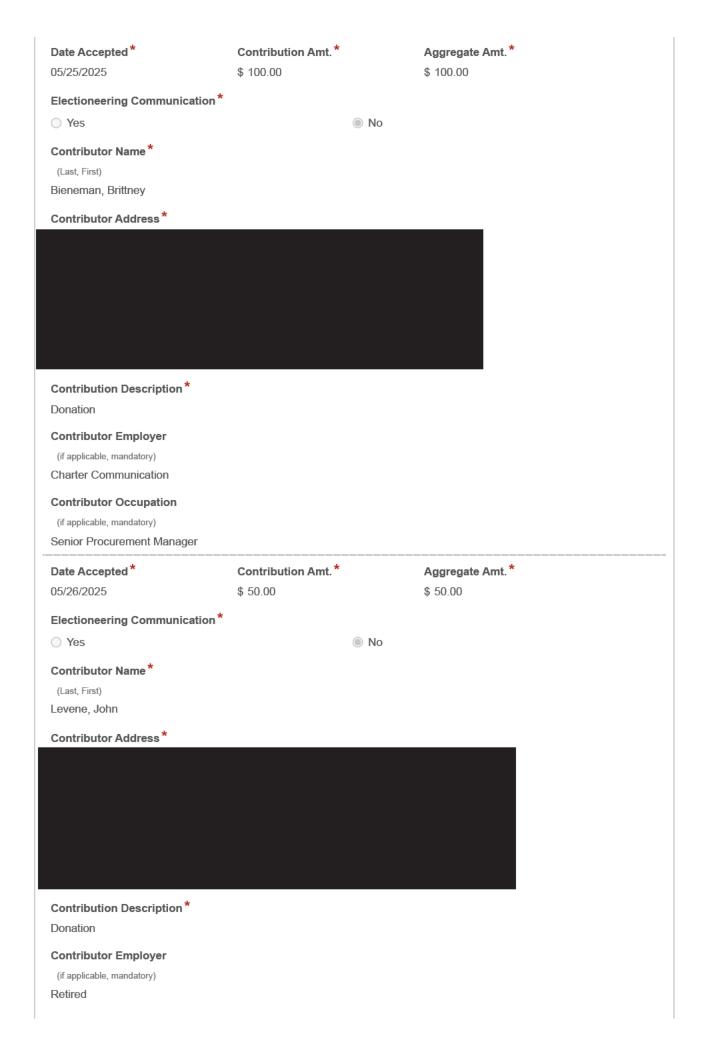


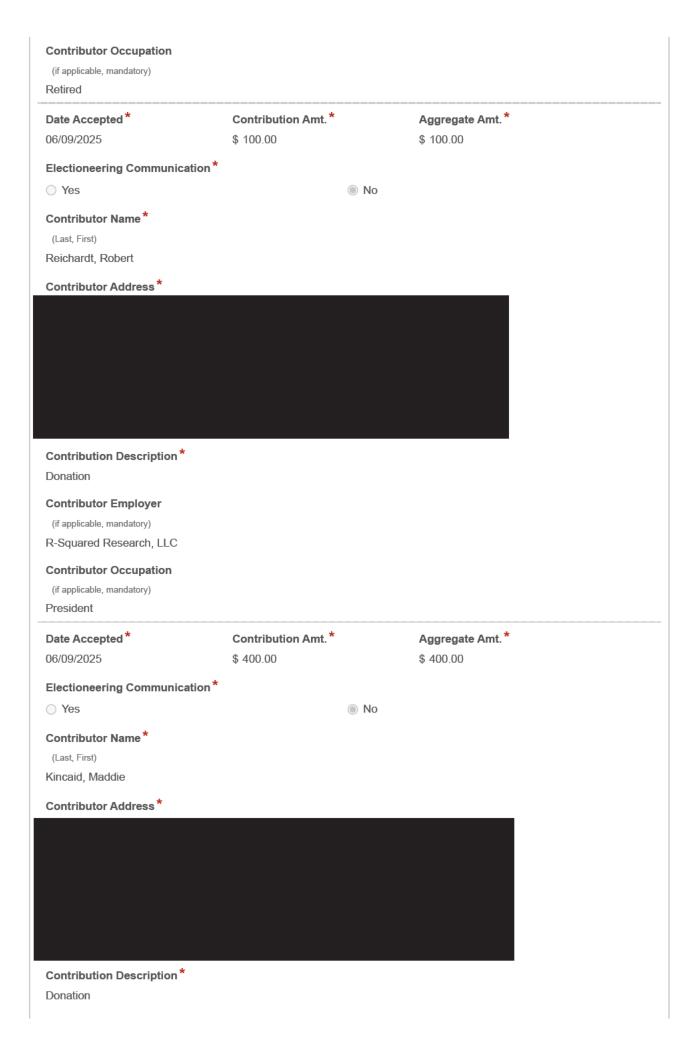


Contributor Employer			
(if applicable, mandatory)			
Maricopa County			
Contributor Occupation			
(if applicable, mandatory)			
Prosecutor			
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
08/01/2025	\$ 100.00	\$ 100.00	
	Ψ 100.00	¥ 100.00	
Electioneering Communication*			
○ Yes	No		
Contributor Name *			
(Last, First)			
Thornton, Susan			
Contributor Address *			
Contribution Decement +			
Contribution Description*			
Donation			
Contributor Employer			
(if applicable, mandatory)			
Self			
Contributor Occupation			
(if applicable, mandatory)			
Writer			
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
08/11/2025	\$ 100 00	\$ 100 00	
	•		
Electioneering Communication *			
○ Yes	No		
Contributor Name*			
(Last, First)			
Gramer, Lisa			

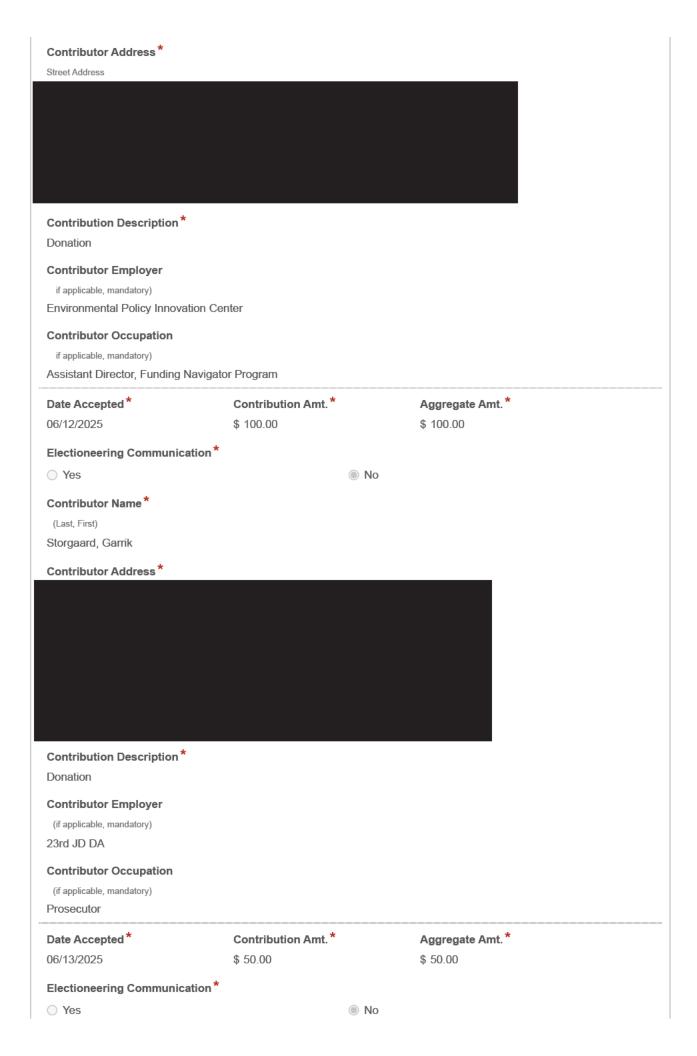


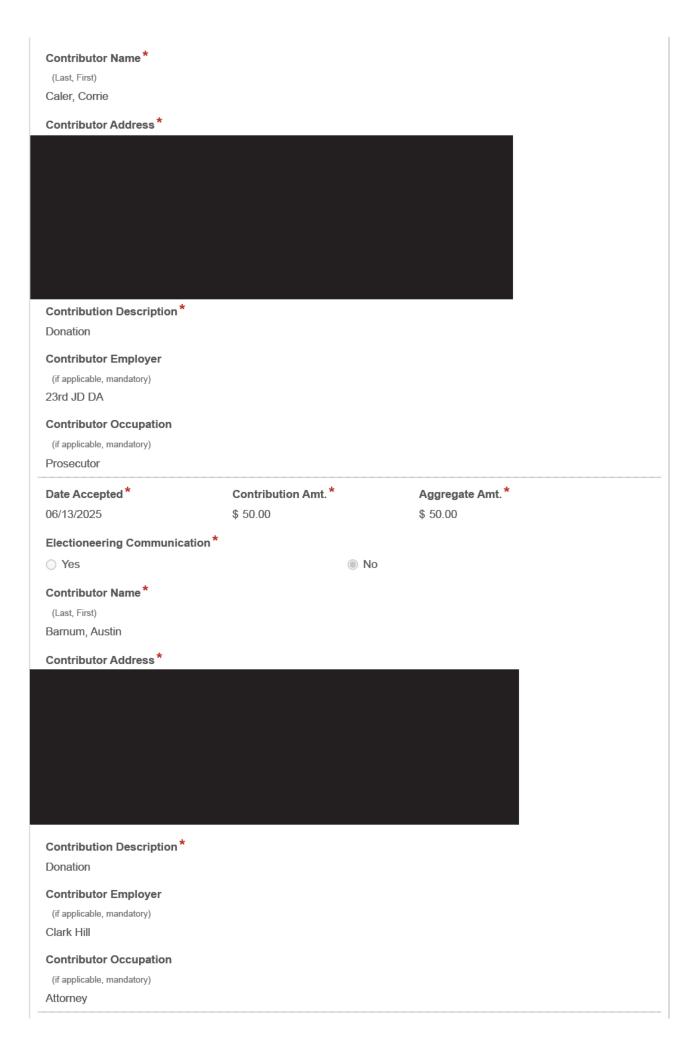
Contributor Name*			
Last, First) Lucero, Renee			
Contributor Address*			
Contributor Address			
Contribution Description * Donation			
Contributor Employer			
if applicable, mandatory)			
18th JD DA			
Contributor Occupation			
if applicable, mandatory) Victim Witness Specialist Superviso	ır		
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
08/29/2025	\$ 150.00	\$ 150.00	
Electioneering Communication*			
Electioneering Communication* Yes	No		
	No		
○ Yes Contributor Name * (Last, First)	No		
Contributor Name * (Last, First) Barker, Jeffrey	No		
○ Yes Contributor Name * (Last, First)	No		
Contributor Name * (Last, First) Barker, Jeffrey	No		
Contributor Name * (Last, First) Barker, Jeffrey	No		
Contributor Name * (Last, First) Barker, Jeffrey	No		
Contributor Name * (Last, First) Barker, Jeffrey	No		
Contributor Name * (Last, First) Barker, Jeffrey Contributor Address *	No		
Contributor Name* (Last, First) Barker, Jeffrey Contributor Address* Contribution Description*	No		
Contributor Name* (Last, First) Barker, Jeffrey Contributor Address* Contribution Description* Donation	No		
Contributor Name* (Last, First) Barker, Jeffrey Contributor Address* Contribution Description*	No		
Contributor Name * (Last, First) Barker, Jeffrey Contributor Address * Contribution Description * Donation Contributor Employer	No		
Contributor Name * (Last, First) Barker, Jeffrey Contributor Address * Contribution Description * Donation Contributor Employer (if applicable, mandatory) BDO LLC Contributor Occupation	No		
Contributor Name * (Last, First) Barker, Jeffrey Contributor Address * Contribution Description * Donation Contributor Employer (if applicable, mandatory) BDO LLC	No		

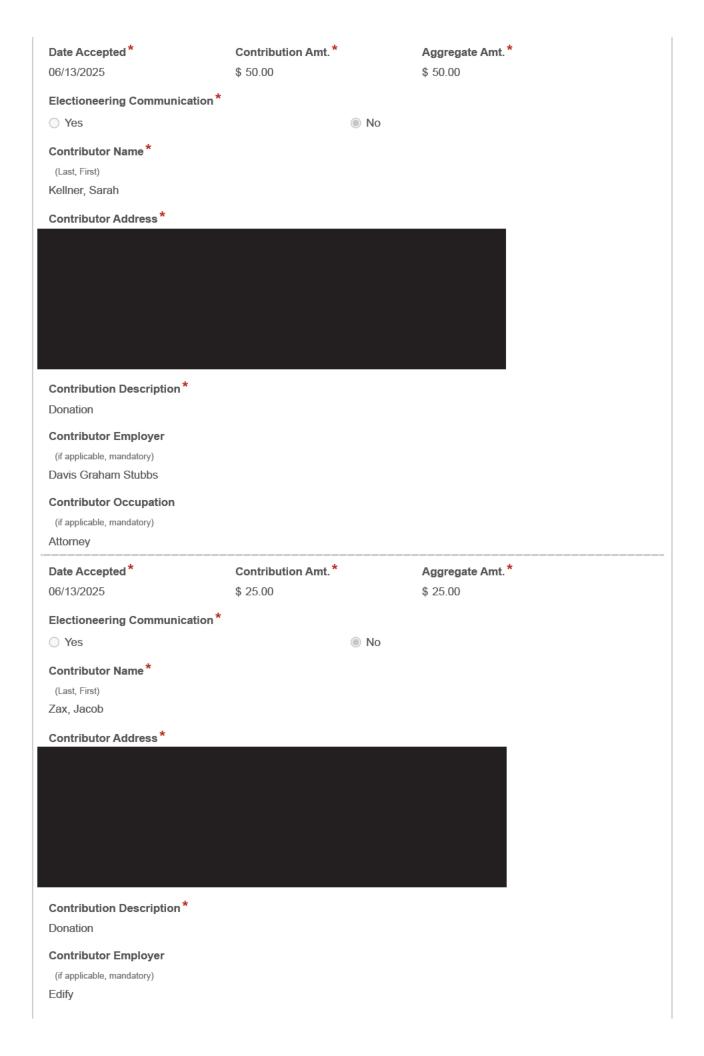


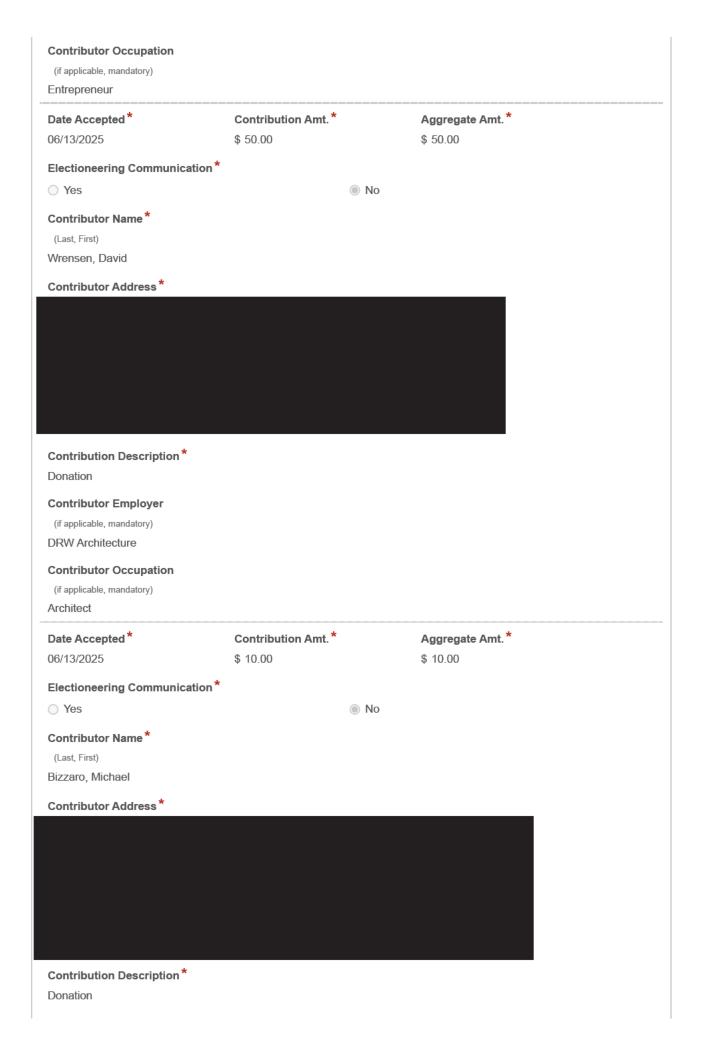


Contributor Employer			
(if applicable, mandatory)			
Husch Blackwell			
Contributor Occupation			
(if applicable, mandatory)			
Attorney			
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
06/11/2025	\$ 100.00	\$ 100.00	
Electioneering Communication*			
○ Yes		lo	
· · · · · · · · · · · · · · · · · · ·			
Contributor Name *			
(Last, First)			
Schlachter, Kyle			
Contributor Address*			
Contribution Description*			
Contribution Description*			
Donation			
Contributor Employer			
(if applicable, mandatory)			
Colorado Dpt of Agriculture Markets	Division		
Contributor Occupation			
(if applicable, mandatory)			
Executive Director			
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
06/11/2025	\$ 50.00	\$ 50.00	
Electioneering Communication *			
○ Yes		0	
Contributor Name *			
(Last, First)			
Barr, Stephen			

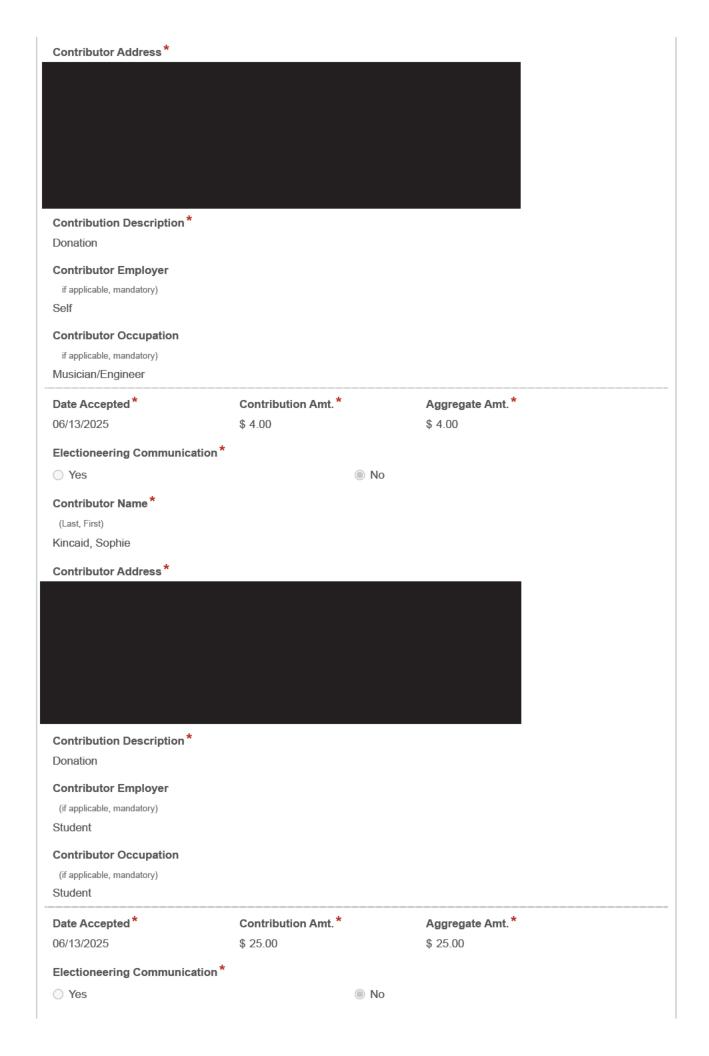




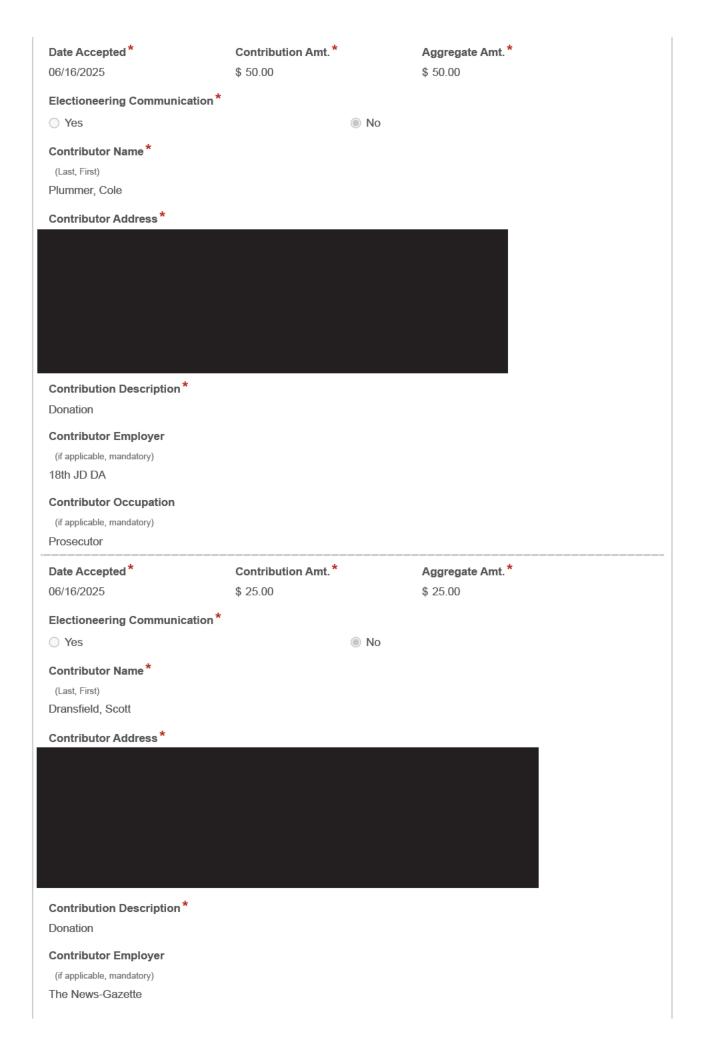


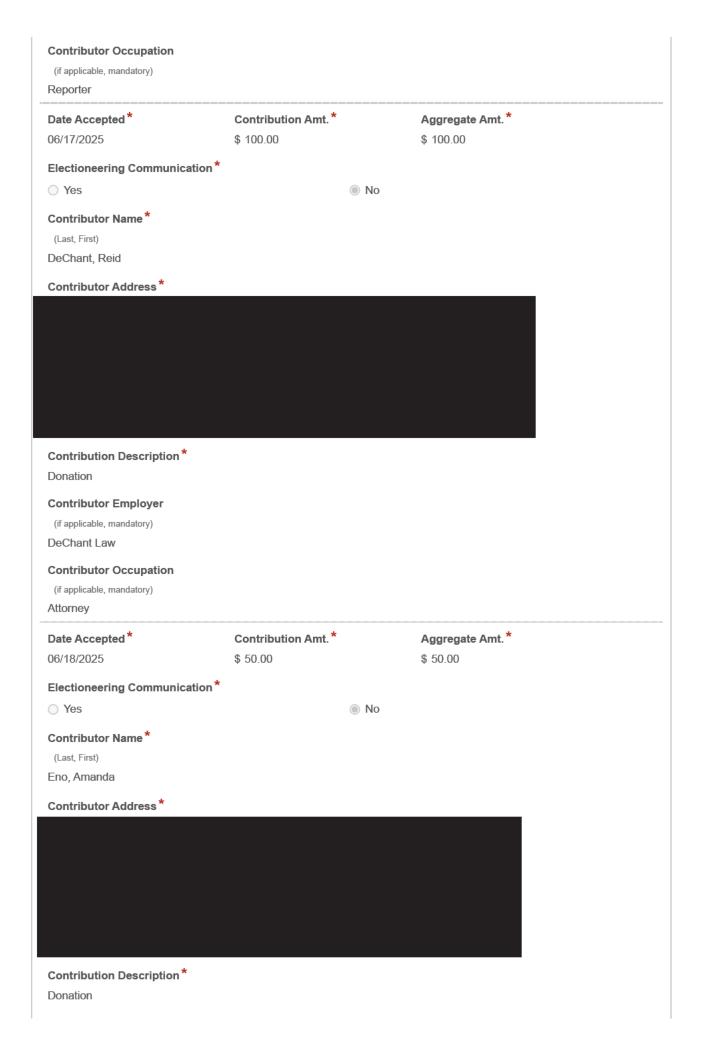


Contributor Employer		
(if applicable, mandatory)		
Self		
Contributor Occupation		
Contributor Occupation		
(if applicable, mandatory) Musician		
Date Accepted *	Contribution Amt. *	Aggregate Amt. *
06/13/2025	\$ 400.00	\$ 400.00
Electioneering Communication *		
○ Yes	No No	
Contributor Name*		
(Last, First)		
Kincaid, Mary		
Contributor Address*		
Contributor Address		
Contribution Description *		
Donation		
Contributor Employer		
(if applicable, mandatory)		
Challenger Learning Center		
Contributor Occupation		
(if applicable, mandatory)		
Educator		
Date Accepted *	Contribution Amt. *	Aggregate Amt. *
06/13/2025	\$ 25.00	\$ 25.00
Electioneering Communication*		
○ Yes	No	
Contributor Name *		
(Last, First)		
Donovan, Kyle		
Soliotali, rijio		

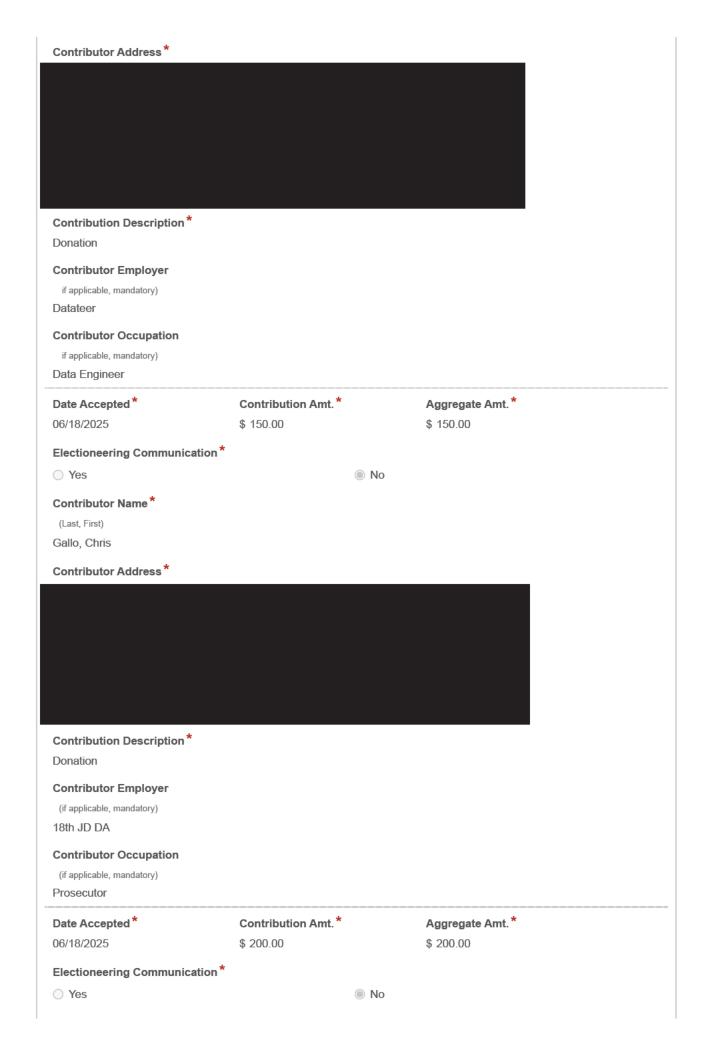


Contributor Name *		
(Last, First) Brown, Angela		
Contributor Address*		
Contributor Address		
Contribution Description*		
Donation		
Contributor Employer		
(if applicable, mandatory) WSGR		
Contributor Occupation		
(if applicable, mandatory)		
Attorney		
Date Accepted *	Contribution Amt. *	Aggregate Amt. *
06/13/2025	\$ 25.00	\$ 25.00
	L	
Electioneering Communication		
○ Yes	No	
○ Yes Contributor Name *		
Yes Contributor Name * (Last, First)		
Yes Contributor Name * (Last, First) DeVane, Sam		
Yes Contributor Name * (Last, First) DeVane, Sam		
Yes Contributor Name * (Last, First) DeVane, Sam		
Yes Contributor Name * (Last, First) DeVane, Sam		
Yes Contributor Name * (Last, First) DeVane, Sam		
Yes Contributor Name * (Last, First) DeVane, Sam		
Contributor Name* (Last, First) DeVane, Sam Contributor Address*		
Contributor Name* (Last, First) DeVane, Sam Contributor Address* Contribution Description* Donation Contributor Employer		
Contributor Name * (Last, First) DeVane, Sam Contributor Address * Contributor Description * Donation Contributor Employer (if applicable, mandatory)		
Contributor Name * (Last, First) DeVane, Sam Contributor Address * Contributor Description * Donation Contributor Employer (if applicable, mandatory) Flowers Foods		
Contributor Name * (Last, First) DeVane, Sam Contributor Address * Contributor Description * Donation Contributor Employer (if applicable, mandatory)		
Contributor Name* (Last, First) DeVane, Sam Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Flowers Foods Contributor Occupation		

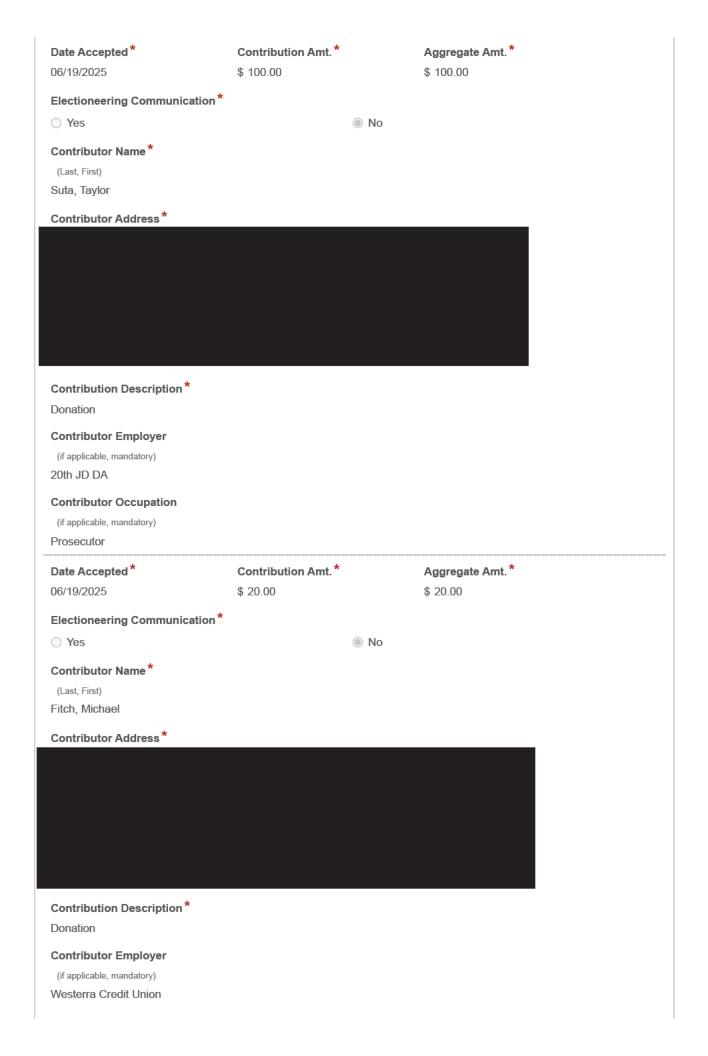


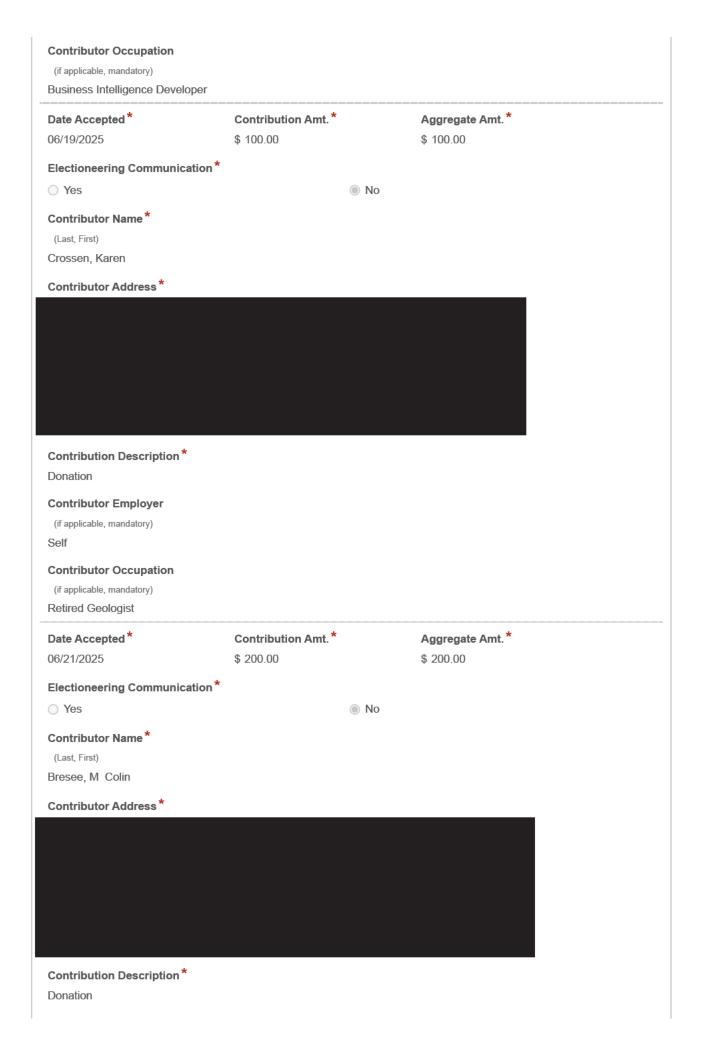


Contributor Employer		
(if applicable, mandatory)		
Amanda Eno Law		
Contributor Occupation		
(if applicable, mandatory)		
Attorney		
Date Accepted *	Contribution Amt.*	Aggregate Amt. *
06/18/2025	\$ 50.00	\$ 50.00
Electioneering Communication *		
○ Yes	No	
Contributor Name *		
(Last, First)		
Grimsley, Jacqueline		
Contributor Address*		
Contribution Description *		
Donation		
Contributor Employer		
(if applicable, mandatory)		
Priorities USA		
Contributor Occupation		
(if applicable, mandatory)		
COO		
Date Accepted *	Contribution Amt. *	Aggregate Amt.*
06/18/2025	\$ 50.00	\$ 50.00
Electioneering Communication*		
○ Yes	No	
Contributor Name *		
(Last, First)		
Marchetti, Chris		



Contributor Name *			
Last, First) Jenkins, Peter			
Contributor Address*			I
Contribution Description*			
Donation			
Contributor Employer if applicable, mandatory)			
Velocity Global			
Contributor Occupation			
if applicable, mandatory) Sales			
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
06/18/2025	\$ 100.00	\$ 100.00	
Electioneering Communication *			
○ Yes	No		
Contributor Name*			
(Last, First)			
Mangiagli, Joshua			
Contributor Address*			
Contribution Description*			
Donation Contributor Frances			
Contributor Employer (if applicable, mandatory)			
Alderman Bernstein			
Contributor Occupation			
(if applicable, mandatory) Attorney			

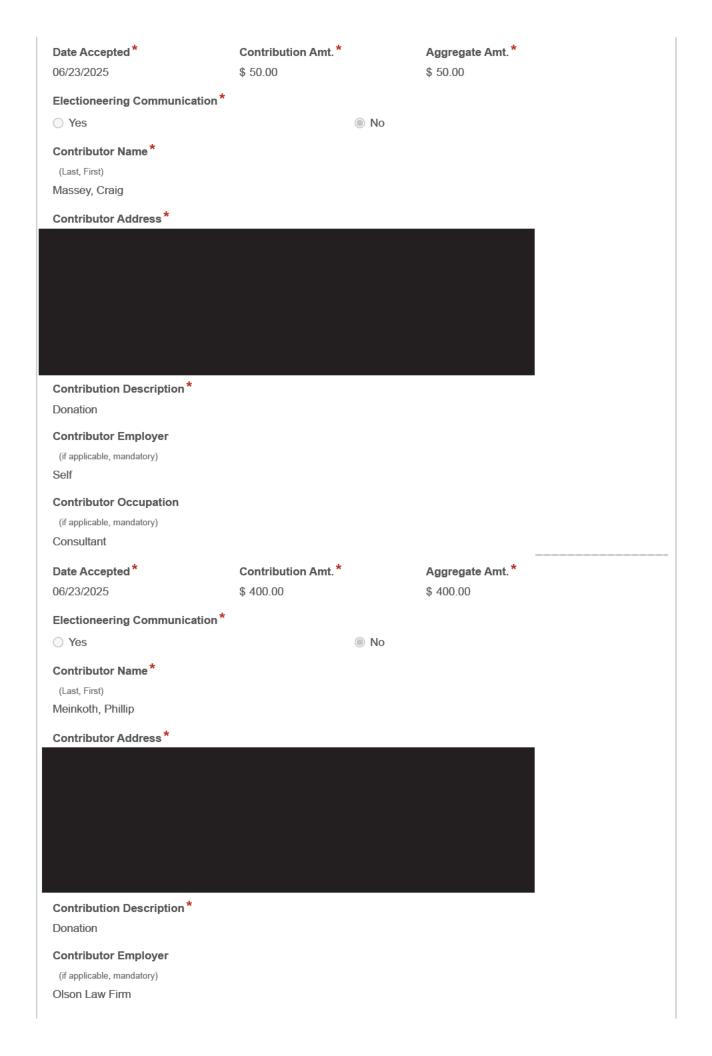


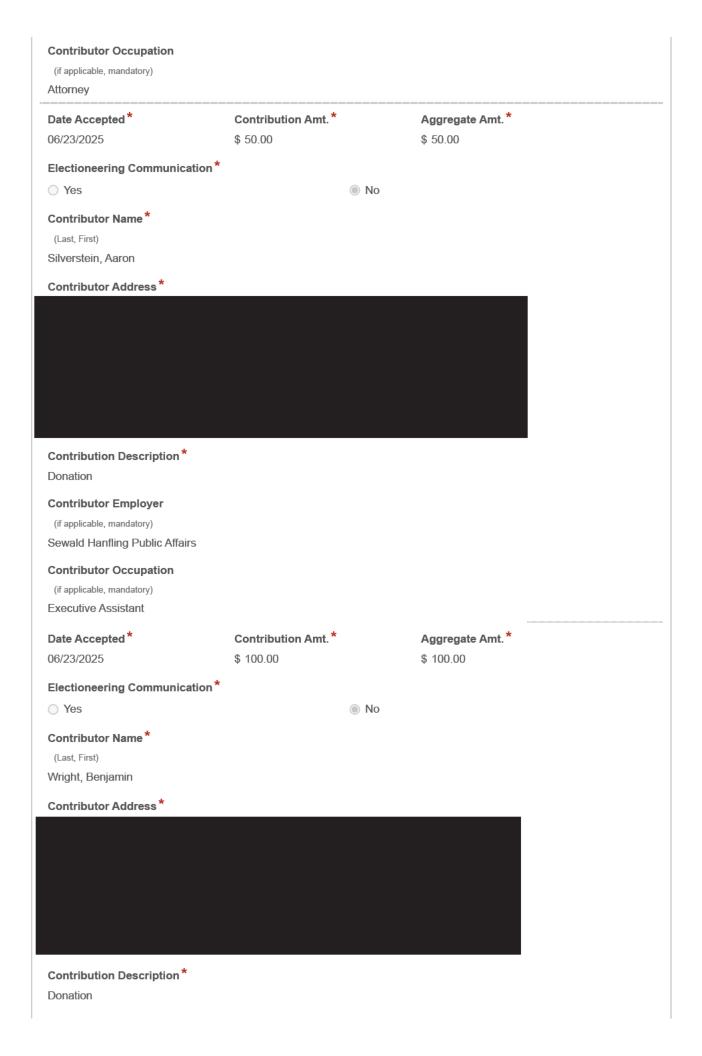


Contributor Employer				
(if applicable, mandatory) Law Offices of M. Colin Bresee				
Contributor Occupation				
(if applicable, mandatory)				
Attorney				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
06/22/2025	\$ 25.00		\$ 25.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name*				
(Last, First)				
Quinn, Keely				
Contributor Address *				_
Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory)				
High Line Canal Conservancy				
Contributor Occupation				
(if applicable, mandatory)				
Marketing Manager				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
06/23/2025	\$ 50.00		\$ 50.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name *				
(Last, First)				
Knapp, Lauren				

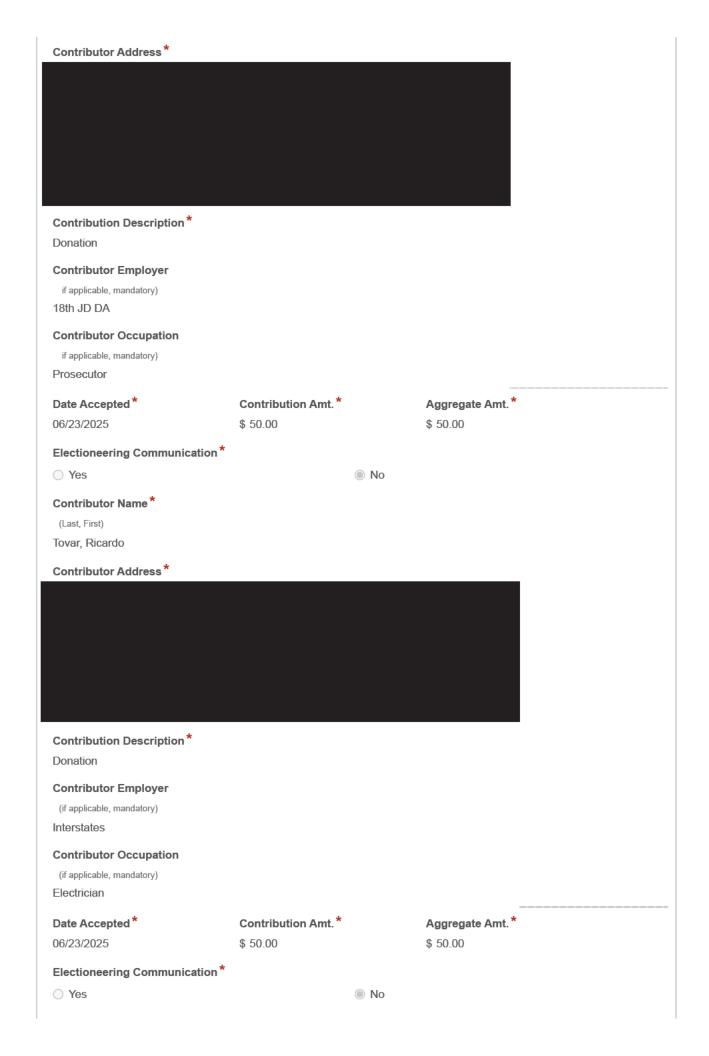


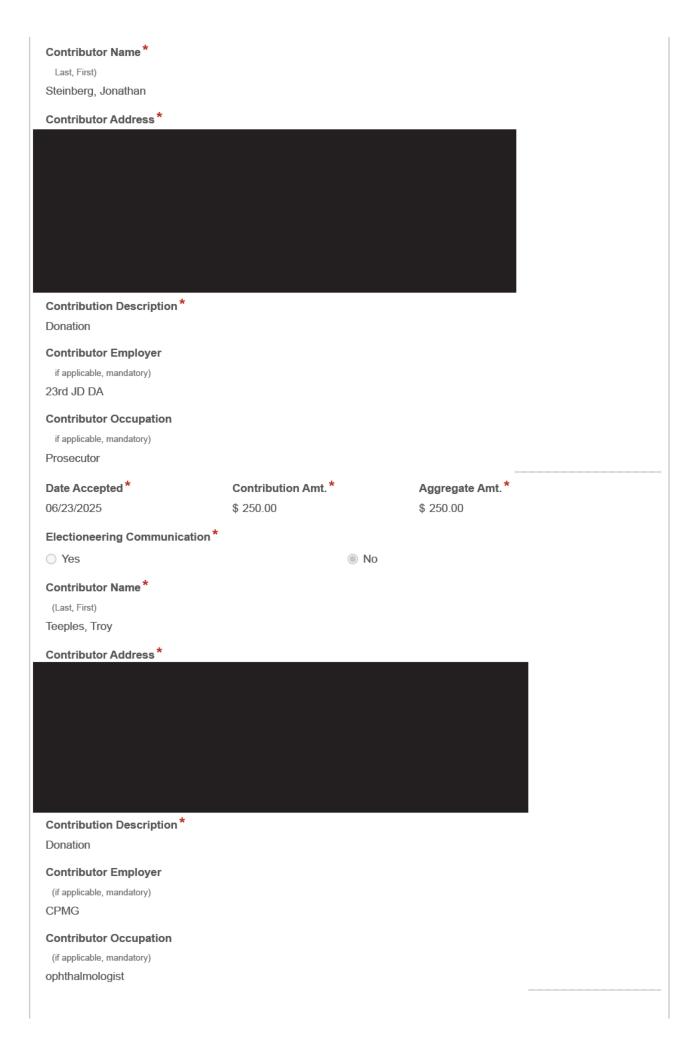
Last, First) Keyes, Kevin Contributor Address*
Contributor Address*
Contribution Description*
Donation
Contributor Employer if applicable, mandatory)
Veterans Affairs
Contributor Occupation
if applicable, mandatory)
Attorney
Date Accepted * Contribution Amt. * Aggregate Amt. *
06/23/2025 \$ 100.00 \$ 100.00
Electioneering Communication *
○ Yes No
Contributor Name *
(Last, First) Olson, Sean
Contributor Address*
Contributor Address
Contribution Description *
Donation
Contributor Employer
(if applicable, mandatory)
Olson Law Firm
Contributor Occupation (if applicable mandatory)
Contributor Occupation (if applicable, mandatory) Attorney

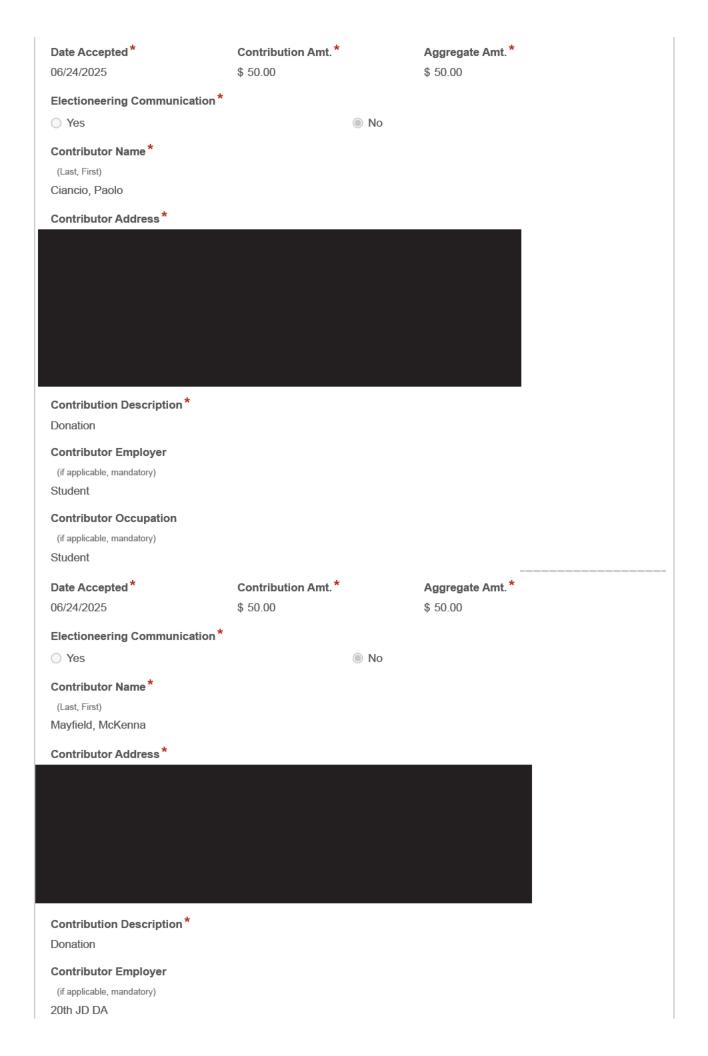




Contributor Employer				
(if applicable, mandatory)				
Gordon Rees Scully Mansukhani, L	LP			
Contributor Occupation				
(if applicable, mandatory)				
Attorney				
Date Accepted *	Contribution Amt.*		Aggregate Amt. *	
06/23/2025	\$ 50.00		\$ 50.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name*				
(Last, First)				
Tkacik, Regina				
Contributor Address*				
				-
Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Olean School District				
Contributor Occupation				
(if applicable, mandatory)				
Teacher				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
06/23/2025	\$ 25.00		\$ 25.00	
Electioneering Communication*				
Yes		No		
		W 140		
Contributor Name*				
(Last, First)				
Sugioka, Brian				

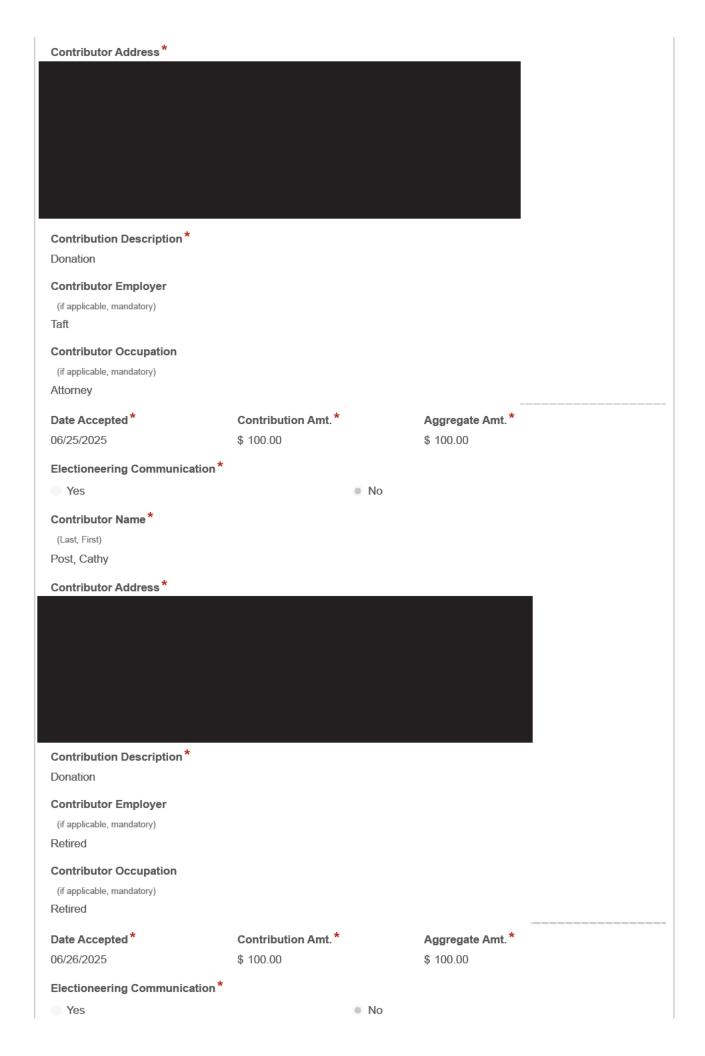




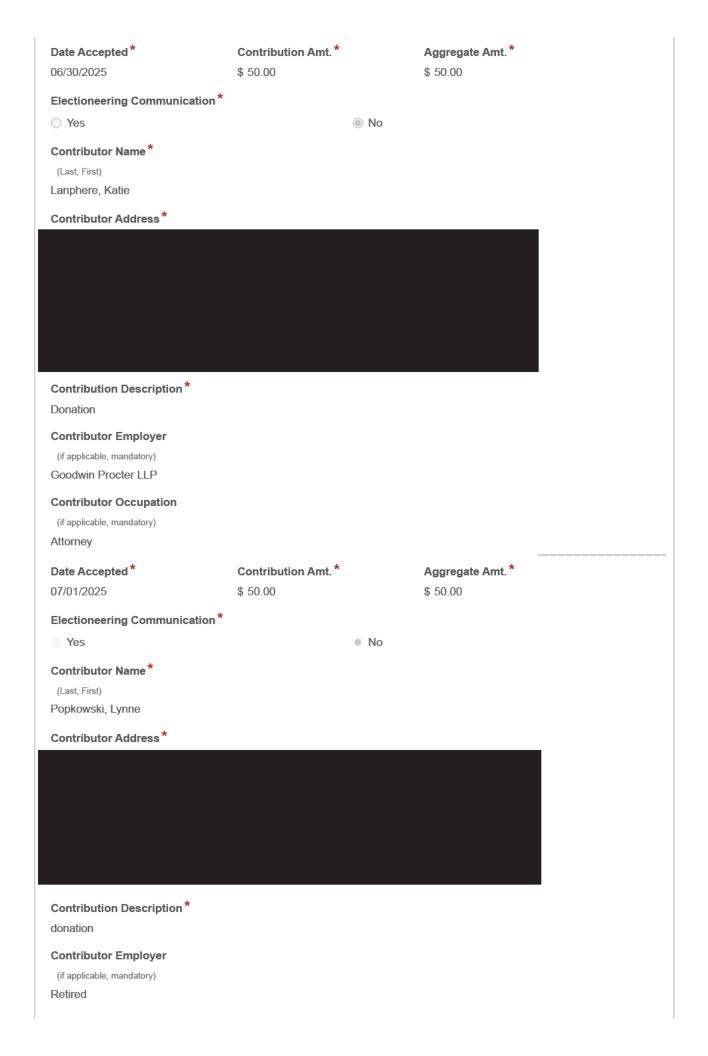


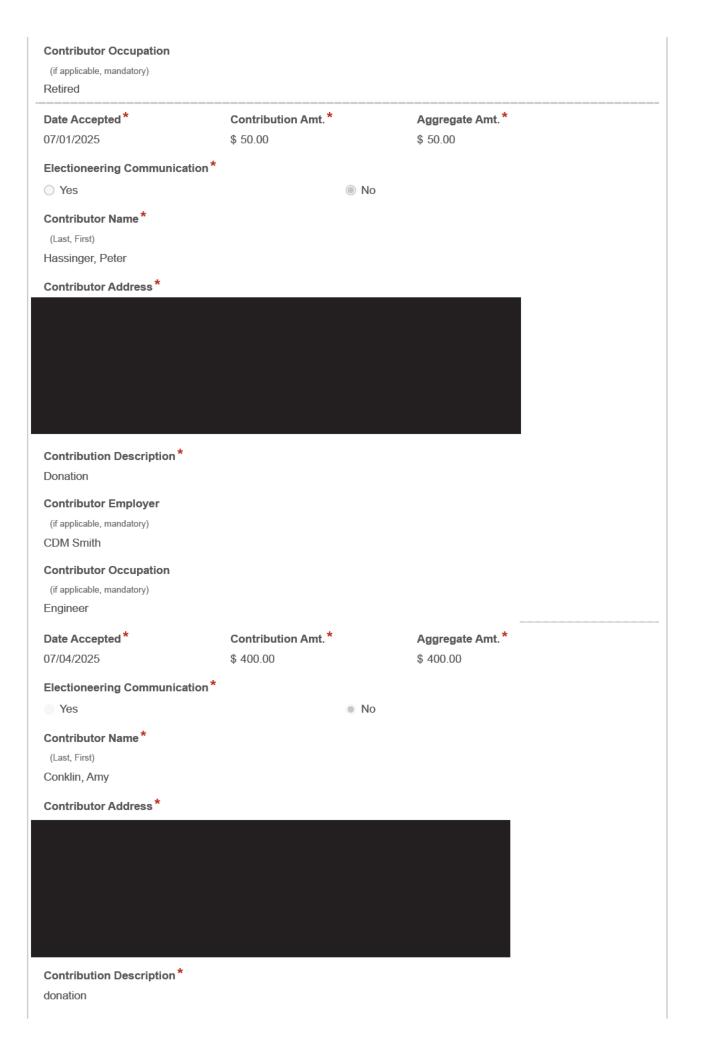
Contributor Occupation (if applicable, mandatory) Prosecutor				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	•
06/24/2025	\$ 50.00		\$ 50.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name*				
(Last, First)				
Tarr, Timothy				
Contributor Address*				_
Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Bachus & Schanker				
Contributor Occupation				
(if applicable, mandatory) Attorney				
Date Accepted *	Contribution Amt.*		Aggregate Amt.*	
06/24/2025	\$ 50.00		\$ 50.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name*				
(Last, First)				
Harvey, Michael				
Contributor Address *				

Contribution Description* Donation				
Contributor Employer (if applicable, mandatory) Dept. of Homeland Security				
Contributor Occupation (if applicable, mandatory) Agriculture Specialist				
Date Accepted * 06/24/2025	Contribution Amt.* \$ 50.00		Aggregate Amt. * \$ 50.00	
Electioneering Communication* Yes		No		
Contributor Name* (Last, First) Dannemiller, Eli				
Contributor Address*				_
Contribution Description* Donation				
Contributor Employer (if applicable, mandatory) Astreya				
Contributor Occupation (if applicable, mandatory) AV Engineer				
Date Accepted * 06/24/2025	Contribution Amt.* \$ 50.00		Aggregate Amt.* \$ 50.00	
Electioneering Communication* Yes		No		
Contributor Name * (Last, First) Sheahan, Madeleine				



Contributor Name * Last, First)			
Luetkemeyer, Timothy			
Contributor Address*			
Contribution Description* Donation			
Contributor Employer if applicable, mandatory) Strong Law LLC			
Contributor Occupation if applicable, mandatory) Attorney			
Date Accepted *	Contribution Amt.*	Aggregate Amt. *	
06/29/2025	\$ 50.00	\$ 50.00	
06/29/2025 Electioneering Communication * Yes	\$ 50.00 • No	\$ 50.00	
Electioneering Communication*		\$ 50.00	
Electioneering Communication * Yes Contributor Name * (Last, First)		\$ 50.00	
Electioneering Communication * Yes Contributor Name * (Last, First) Jacobs, Mackenzie		\$ 50.00	
Electioneering Communication * Yes Contributor Name * (Last, First) Jacobs, Mackenzie		\$ 50.00	
Electioneering Communication * Yes Contributor Name * (Last, First) Jacobs, Mackenzie Contributor Address * Contributor Description *		\$ 50.00	
Electioneering Communication * Yes Contributor Name * (Last, First) Jacobs, Mackenzie Contributor Address * Contributor Description * Donation Contributor Employer (if applicable, mandatory)		\$ 50.00	

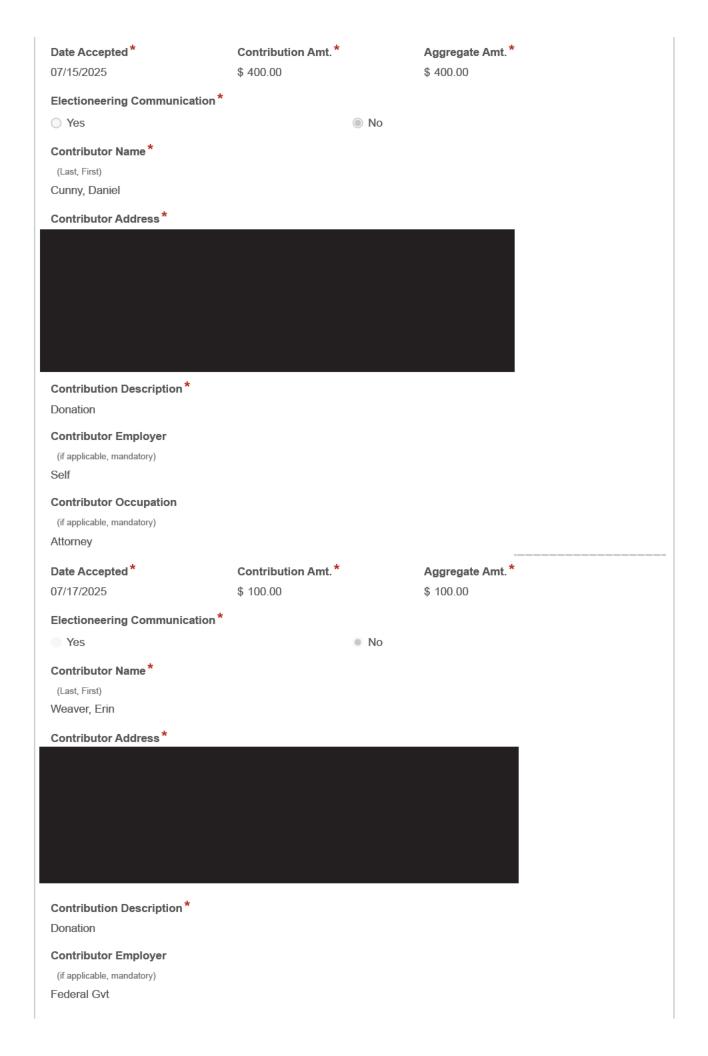




Contributor Employer				
(if applicable, mandatory)				
Self				
Contributor Occupation (if applicable, mandatory)				
Scientist				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
07/06/2025	\$ 100.00		\$ 100.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name*				
(Last, First)				
Peterson, Sara Lindsey				
Contributor Address*				_
Contribution Description*				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Boulder County				
Contributor Occupation				
(if applicable, mandatory)				
Attorney				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
07/13/2025	\$ 100.00		\$ 100.00	
	•			
Electioneering Communication*				
Yes		No		
Contributor Name *				
(Last, First)				
Jacobs, Gavin				

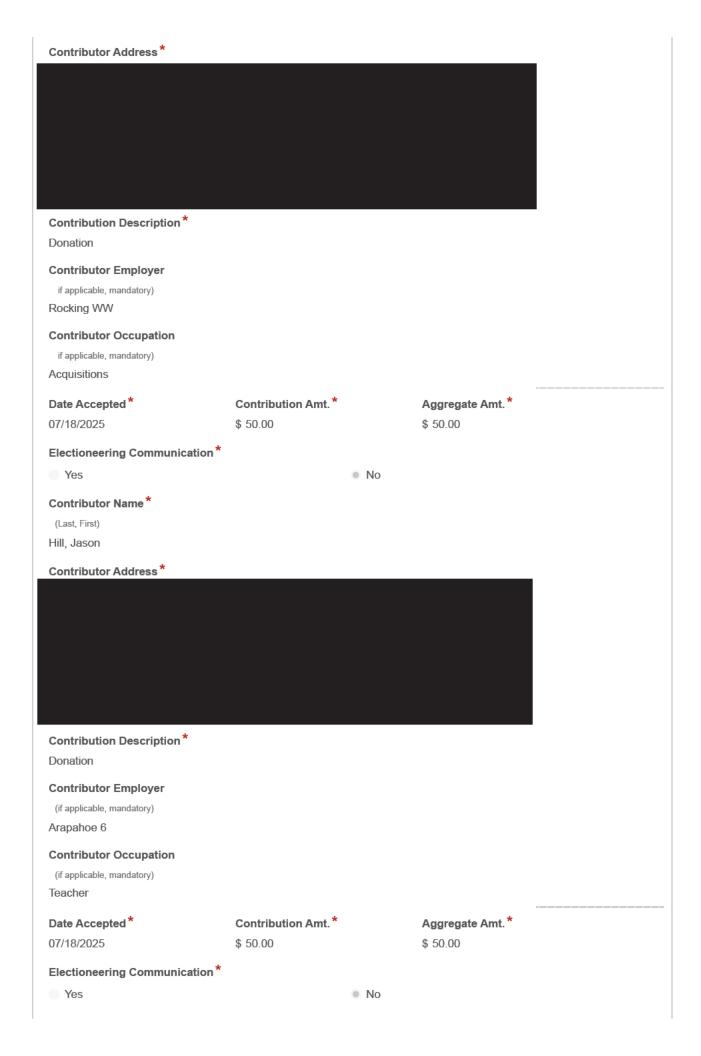


Contributor Name *				
Last, First)				
Mart, Allison				
Contributor Address*				
Contribution Description *				
Donation				
Contributor Employer				
if applicable, mandatory)				
Kronus Engineering				
Contributor Occupation				
if applicable, mandatory)				
Project Manager				
Date Accepted *	Contribution Amt.*		Aggregate Amt. *	
07/14/2025	\$ 50.00		\$ 50.00	
Electioneering Communication *				
Yes		No		
Contributor Name *				
(Last, First)				
Fearn, Austin				
Contributor Address*				
Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory) Aponte & Busam Public Affairs				
Contributor Occupation				
(if applicable, mandatory)				
Lobbyist				

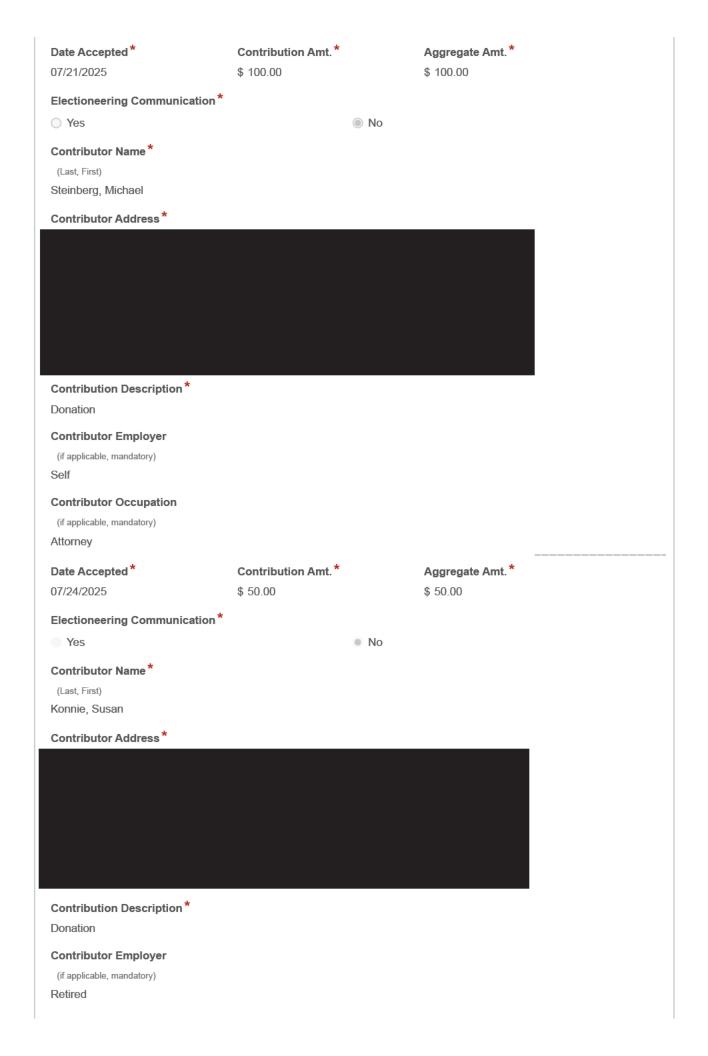


Date Accepted * Contribution Amt. * Aggregate Amt. * Or/17/17/205 \$ 50.00 \$ 50.00 Electioneering Communication * O Yes	Contributor Occupation (if applicable, mandatory)				
07/17/2025 \$ 50.00 \$ 50.00 Electioneering Communication* Yes ® No Contributor Name* (Last, First) Eckel, Kate Contributor Address* Contributor Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* 07/17/2025 \$ 100.00 Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	Senior Program Analyst				
Electioneering Communication* Yes No Contributor Name* (Last, First) Contributor Address* Contributor Address* Contributor Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* Contributor Address* Contributor Address* Aggregate Amt.* 7/17/7/2025 \$ 100.00 \$ 100.00 Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
○ Yes	07/17/2025	\$ 50.00		\$ 50.00	
Contributor Name* (Last, First) Eckel, Kate Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* Contributor Amt.* Aggregate Amt.* 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	Electioneering Communication *				
(Last, First) Eckel, Kate Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	○ Yes		No		
Eckel, Kate Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* Contribution Amt.* Aggregate Amt.* 07/17/2025 \$ 100.00 \$ 100.00 Contributor Name* (Last, First) Wells, Sarah	Contributor Name *				
Contribution Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* Contributor Summer S	(Last, First)				
Contribution Description* Donation Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted* Contribution Amt.* Aggregate Amt.* 7/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	Eckel, Kate				
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah	Contributor Address*				
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah					
Contributor Employer (if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes Contributor Name * (Last, First) Wells, Sarah	Contribution Description *				
(if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes No Contributor Name * (Last, First) Wells, Sarah					
(if applicable, mandatory) Bluspark HR Solutions, LLC Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes No Contributor Name * (Last, First) Wells, Sarah	Contributor Employer				
Contributor Occupation (if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes No Contributor Name * (Last, First) Wells, Sarah					
(if applicable, mandatory) HR Consultant Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes No Contributor Name * (Last, First) Wells, Sarah	Bluspark HR Solutions, LLC				
Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes No Contributor Name * (Last, First) Wells, Sarah	Contributor Occupation				
Date Accepted * Contribution Amt. * Aggregate Amt. * 07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication * Yes	(if applicable, mandatory)				
07/17/2025 \$ 100.00 \$ 100.00 Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	HR Consultant				
Electioneering Communication* Yes No Contributor Name* (Last, First) Wells, Sarah	Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
Contributor Name* (Last, First) Wells, Sarah	07/17/2025	\$ 100.00		\$ 100.00	
Contributor Name* (Last, First) Wells, Sarah	Electioneering Communication*				
(Last, First) Wells, Sarah			No		
(Last, First) Wells, Sarah	Contributor Namo*				
Wells, Sarah					
Contributor Address*					
Contributor Address	Contributor Address *				
	Contributor Address				

Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Self				
Contributor Occupation				
(if applicable, mandatory)				
Psychotherapist				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
07/17/2025	\$ 50.00		\$ 50.00	
Electioneering Communication	•			
○ Yes		No		
Contributor Name *				
(Last, First)				
Peterson, Kate				
Contributor Address*				
Contribution Description*				
Donatino				
Contributor Employer				
(if applicable, mandatory)				
Mercy Housing				
Contributor Occupation				
(if applicable, mandatory)				
Communication				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
07/18/2025	\$ 100.00		\$ 100.00	
Electioneering Communication	·			
Yes		No		
Contributor Name *				
(Last, First)				
Rees, Justice				

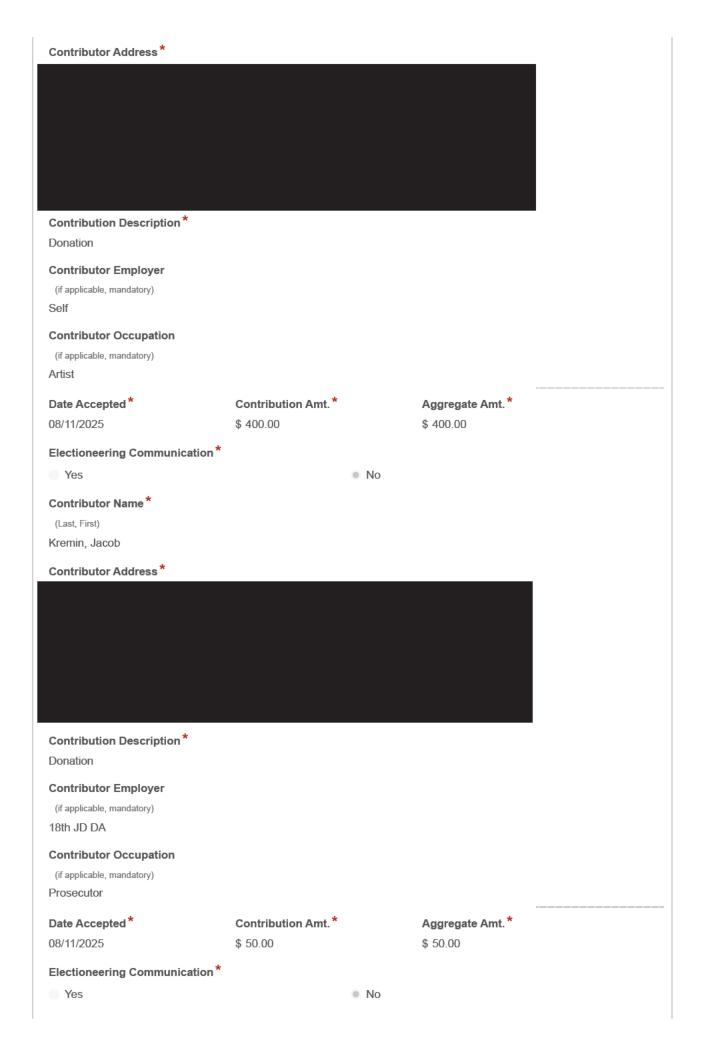




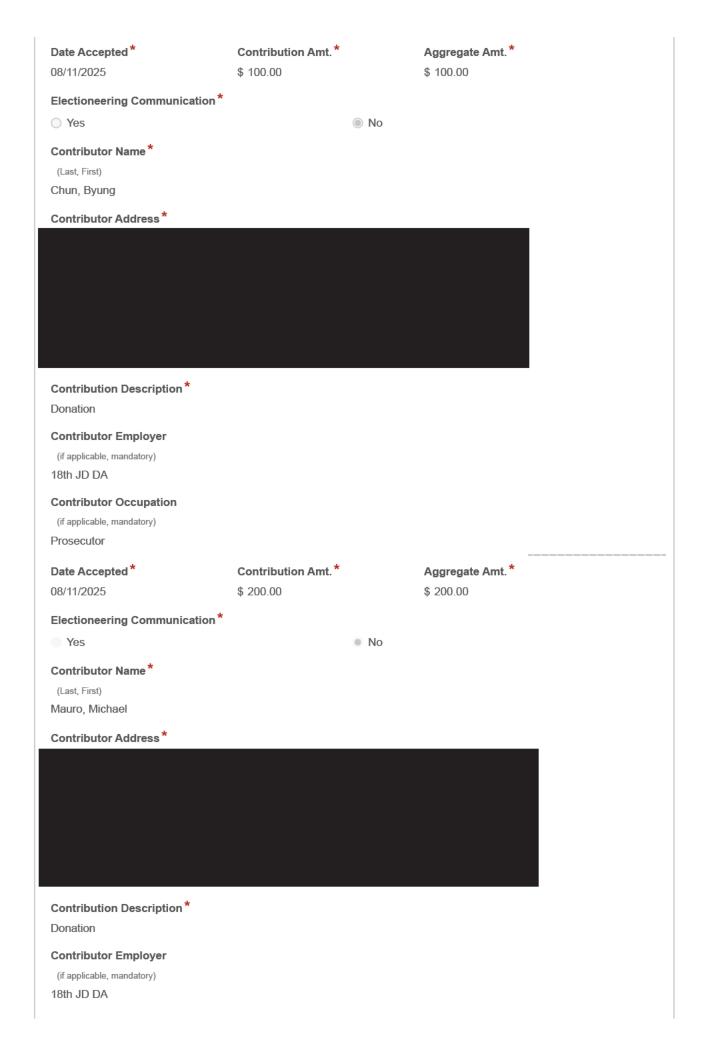


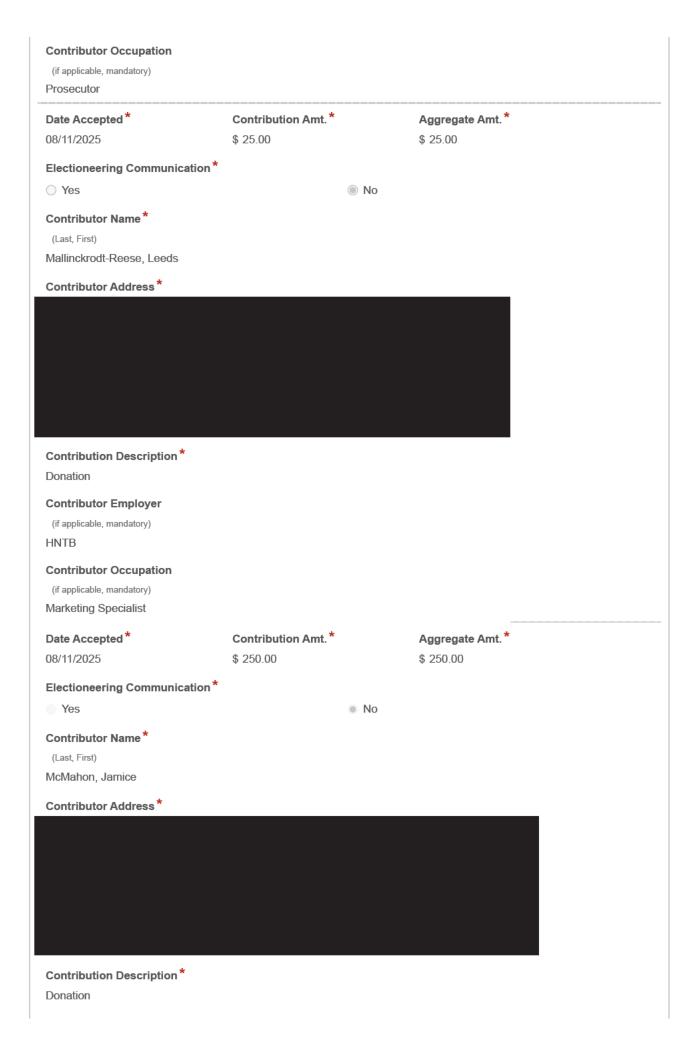
Contributor Occupation (if applicable, mandatory) Retired				
Date Accepted * 07/28/2025	Contribution Amt.* \$ 50.00		Aggregate Amt.*	
Electioneering Communication* Yes		No		
Contributor Name * (Last, First) Rouse, Diana				
Contributor Address*				_
Contribution Description * Donation				ı
Contributor Employer (if applicable, mandatory) Retired				
Contributor Occupation (if applicable, mandatory) Retired				
Date Accepted * 07/29/2025	Contribution Amt.* \$ 400.00		Aggregate Amt.* \$ 400.00	
Electioneering Communication*				
Yes		No		
Contributor Name * (Last, First) Rees, Michelle				
Contributor Address*				

Contribution Description* Donation			
Contributor Employer (if applicable, mandatory) Appletastic Learning			
Contributor Occupation (if applicable, mandatory) Business Owner			
Date Accepted * 08/09/2025	Contribution Amt.* \$ 100.00		Aggregate Amt.* \$ 100.00
Electioneering Communication* Yes		No	
Contributor Name * (Last, First) Teeples, Rebecca			
Contributor Address *			
Contribution Description * Donation			
Contributor Employer (if applicable, mandatory) Windsor Charter Academy			
Contributor Occupation (if applicable, mandatory) Executive Director			
Date Accepted * 08/11/2025	Contribution Amt.* \$ 100.00		Aggregate Amt.* \$ 100.00
Electioneering Communication ★ Yes		No	
Contributor Name * (Last, First) Fox, Gwen			

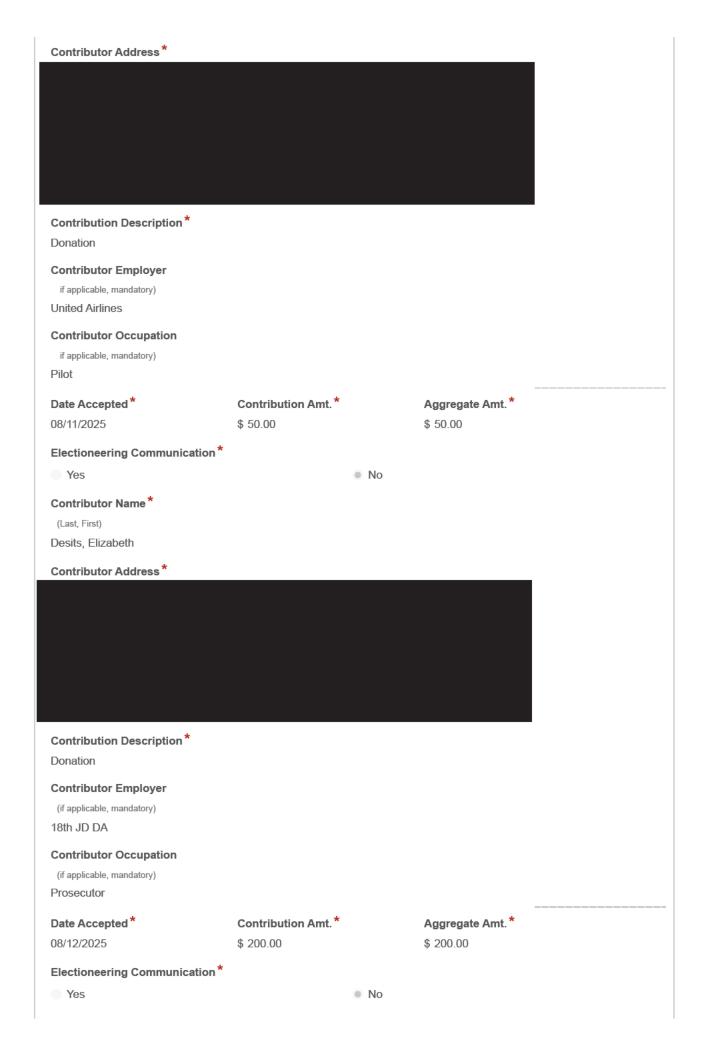


Contributor Name *				
Last, First)				
Gangemi, Sam				
Contributor Address*				
Contribution Description * Donation				
Contributor Employer if applicable, mandatory) Kaplan Law				
Contributor Occupation if applicable, mandatory) Attorney				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
08/11/2025	\$ 50.00		\$ 50.00	
Electioneering Communication *				
Yes		No		
Contributor Name * (Last, First) Tierney, Kathleen				
Contributor Address*				
Contribution Description* Donation				
Contributor Employer (if applicable, mandatory) 18th JD DA				
Contributor Occupation (if applicable, mandatory) Prosecutor				

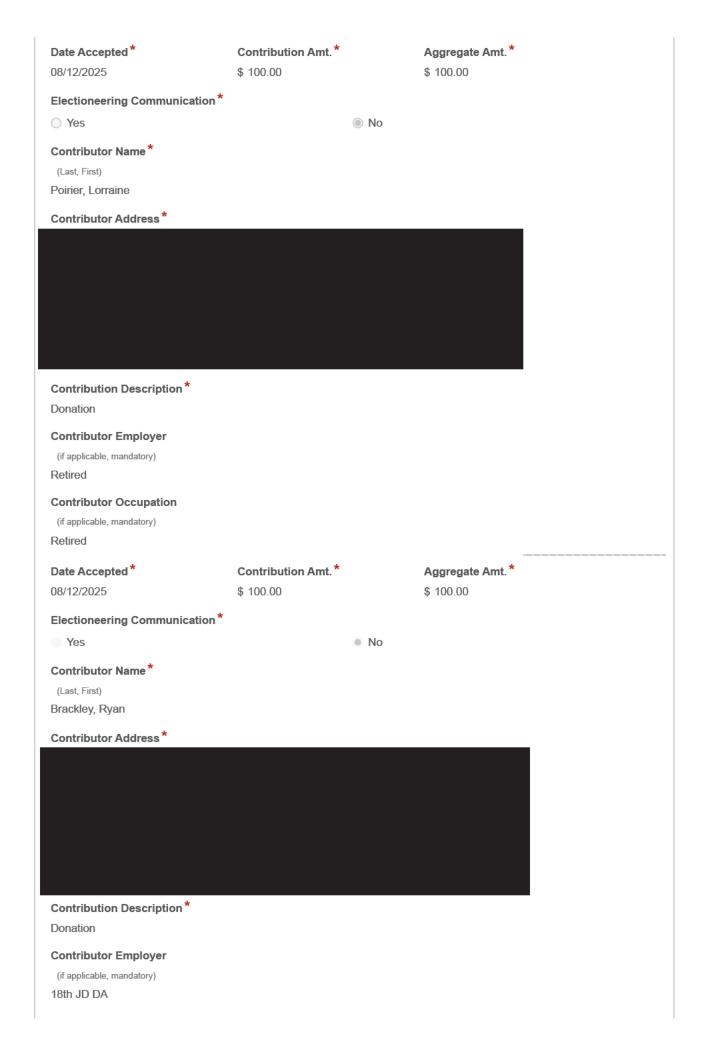


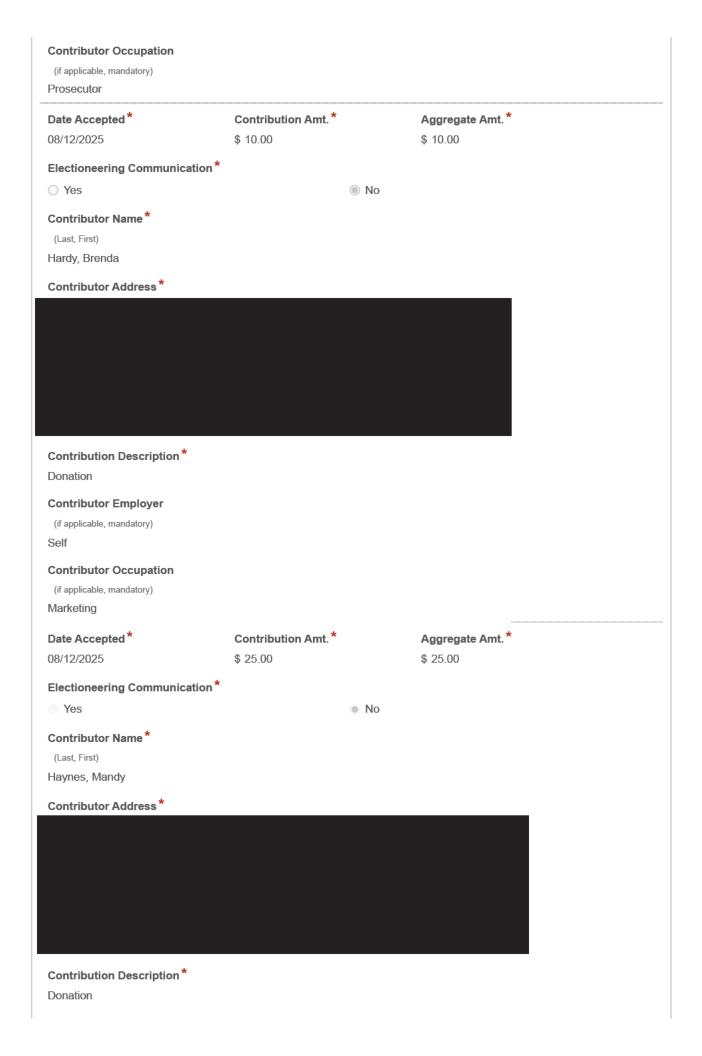


Contributor Employer				
(if applicable, mandatory)				
Retired				
Contributor Occupation				
(if applicable, mandatory)				
Retired				
Date Accepted *	Contribution Amt.*		Aggregate Amt. *	
08/11/2025	\$ 400.00		\$ 400.00	
Electioneering Communication *				
○ Yes) No		
Contributor Name *				
(Last, First)				
Rees, Aric				
Contributor Address*				
Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Appletastic Learning				
Contributor Occupation				
(if applicable, mandatory)				
Treasurer				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
08/11/2025	\$ 400.00		\$ 400.00	
Electioneering Communication *				
Yes		No		
		110		
Contributor Name*				
(Last, First)				
Kincaid, Tram				



Contributor Name *				
Last, First)				
Rees, Gabriel				
Contributor Address*				
Contribution Description*				
Donation				
Contributor Employer				
if applicable, mandatory)				
Range				
Contributor Occupation				
if applicable, mandatory)				
Sales				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
	Φ FO OO		\$ 50.00	
08/12/2025	\$ 50.00		φ 50.00	
08/12/2025 Electioneering Communication*	\$ 50.00		\$ 50.00	
		No	\$ 50.00	
Electioneering Communication*		No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication* Yes		No No	\$ 50.00	
Electioneering Communication* Yes		No No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication* Yes		No No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication* Yes		No	\$ 50.00	
Electioneering Communication * ■ Yes Contributor Name *		No	\$ 50.00	
Electioneering Communication * Yes Contributor Name * Contribution Description *		No	\$ 50.00	
Electioneering Communication * Yes Contributor Name * Contribution Description * Donation Contributor Employer (if applicable, mandatory)		No	\$ 50.00	
Electioneering Communication Yes Contributor Name Contribution Description Donation Contributor Employer		No	\$ 50.00	
Electioneering Communication * Yes Contributor Name * Contribution Description * Donation Contributor Employer (if applicable, mandatory) 1st JD DA Contributor Occupation		No	\$ 50.00	
Electioneering Communication * Yes Contributor Name * Contribution Description * Donation Contributor Employer (if applicable, mandatory) 1st JD DA Contributor Occupation (if applicable, mandatory)		No	\$ 50.00	
Electioneering Communication * Yes Contributor Name * Contribution Description * Donation Contributor Employer (if applicable, mandatory) 1st JD DA Contributor Occupation		No	\$ 50.00	

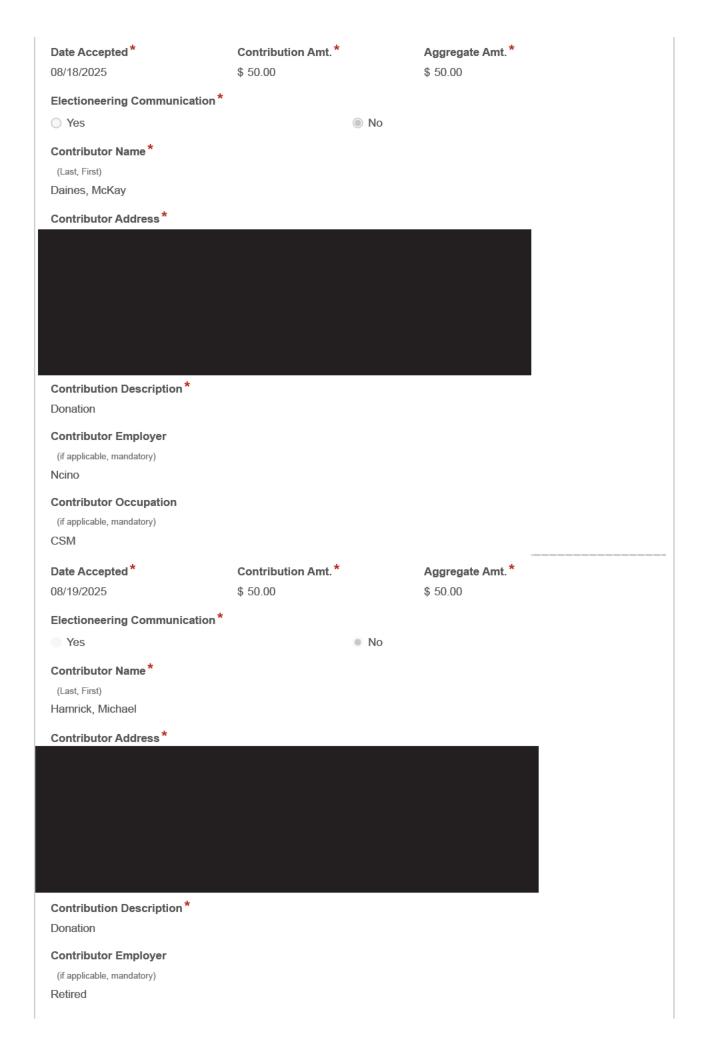


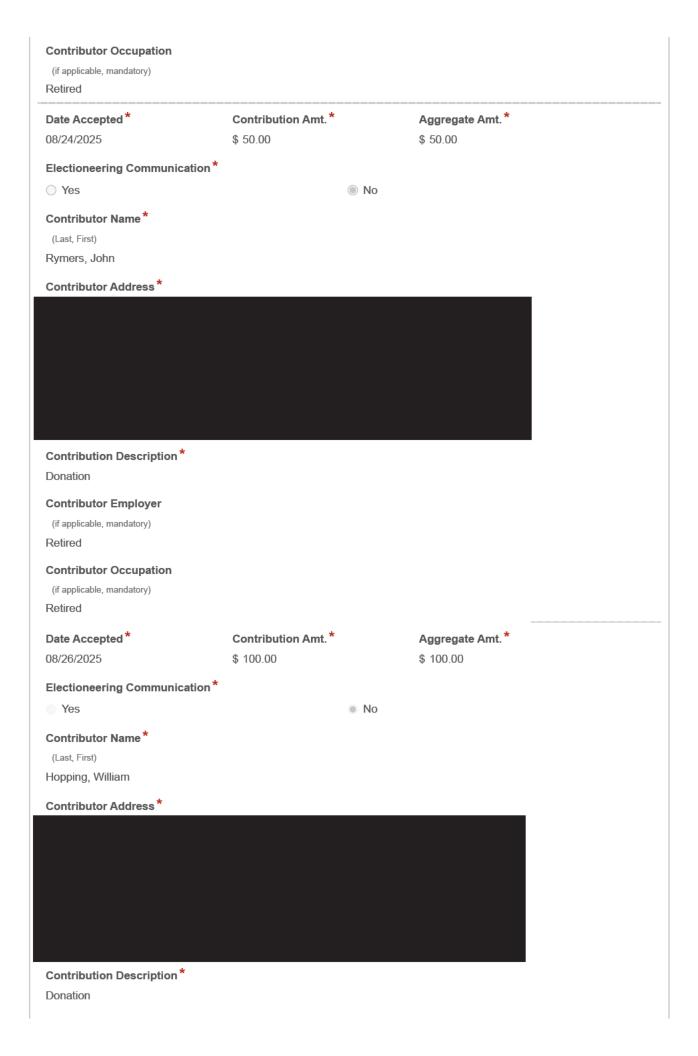


Contributor Employer				
(if applicable, mandatory)				
Oswayo Valley School District				
Contributor Occupation				
(if applicable, mandatory)				
Teacher				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
08/14/2025	\$ 25.00		\$ 25.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name *				
(Last, First)				
Allen, Tucker				
Contributor Address*				
Contribution Description*				-
Donation				
Contributor Employer				
(if applicable, mandatory)				
Hall & Evans, LLC				
Contributor Occupation				
(if applicable, mandatory)				
Attorney				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
08/16/2025	\$ 100.00		\$ 100.00	
Electioneering Communication*	•		*	
_		- N		
Yes	(No		
Contributor Name*				
(Last, First)				
Peters, Andrea				



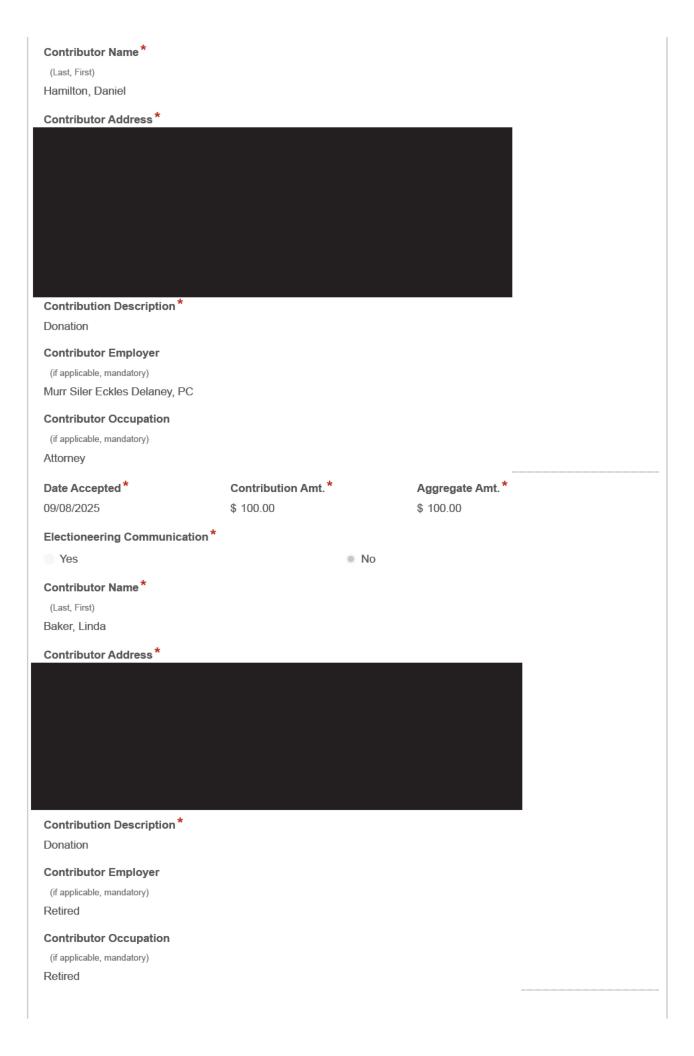
Contributor Name *				
Last, First) Fox, John				
Contributor Address*				
Contributor Address				ı
Contribution Description*				
Donation				
Contributor Employer				
if applicable, mandatory) MCC				
Contributor Occupation				
if applicable, mandatory) Tennis				
	Contribution Amt. *		8 **	
Date Accepted* 08/17/2025	\$ 50.00		Aggregate Amt. * \$ 50.00	
Electioneering Communication *				
Yes		No		
Contributor Name*				
(Last, First) Reynolds, Keasa				
Contributor Address*				
Contribution Description*				
Contribution Description* Donation				
Donation Contributor Employer (if applicable, mandatory)				
Donation Contributor Employer (if applicable, mandatory) 23rd JD DA				
Donation Contributor Employer (if applicable, mandatory) 23rd JD DA Contributor Occupation (if applicable, mandatory)				
Donation Contributor Employer (if applicable, mandatory) 23rd JD DA Contributor Occupation				

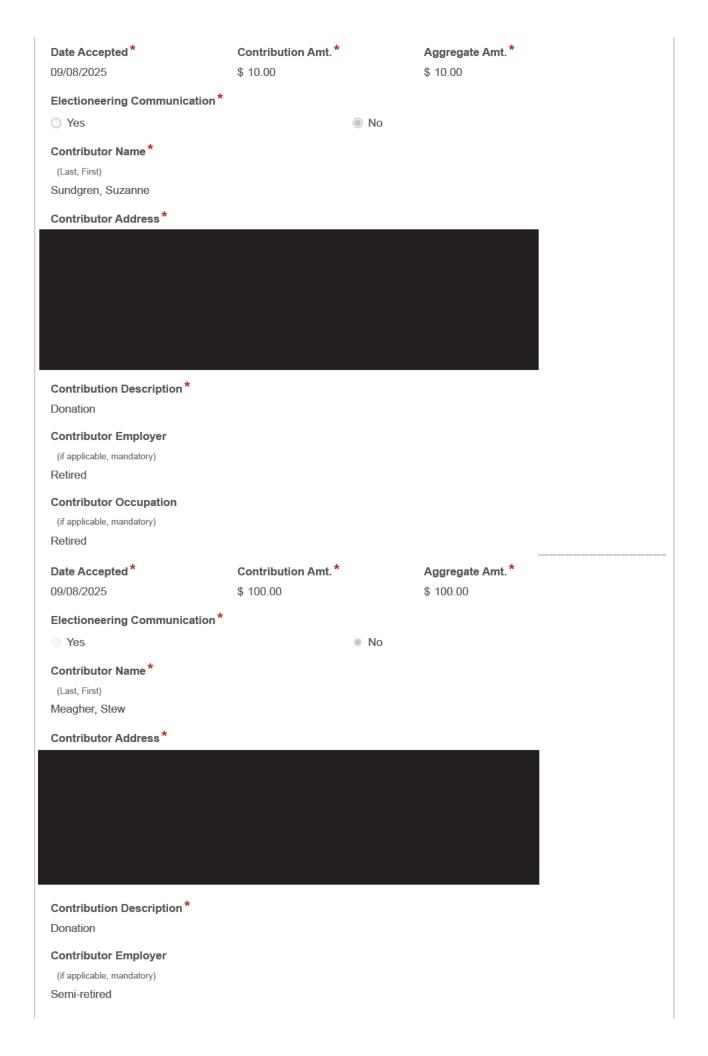


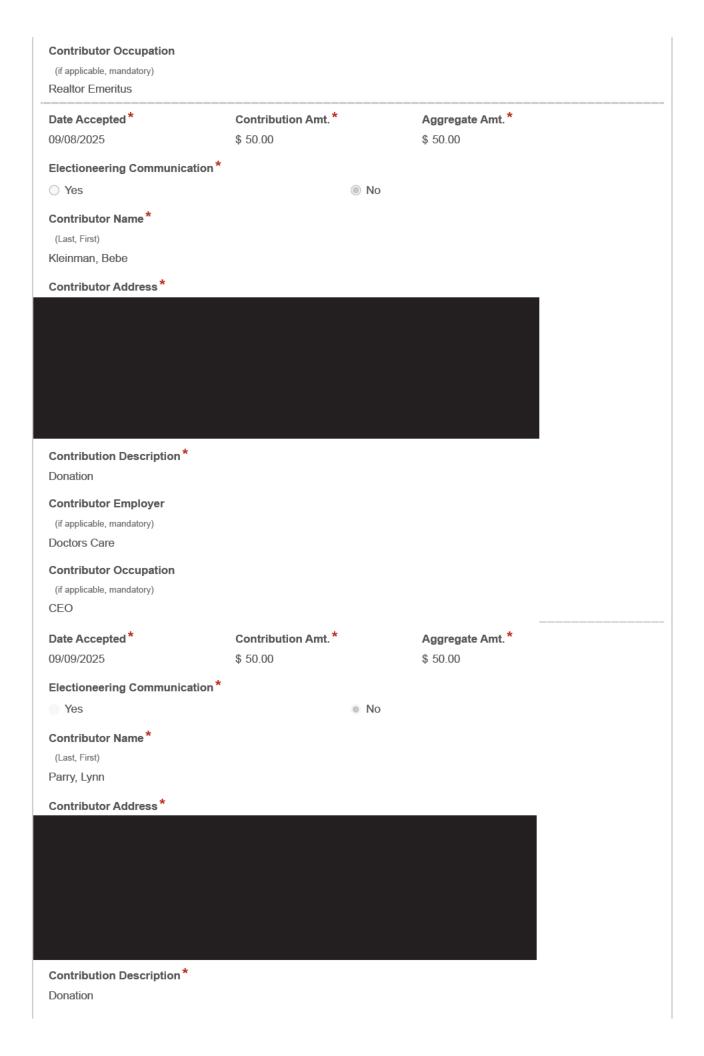


Contributor Employer				
(if applicable, mandatory)				
Self				
Contributor Occupation				
(if applicable, mandatory)				
Mostly Retired				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
08/27/2025	\$ 250.00		\$ 250.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name*				
(Last, First)				
Sundstrom, Ronald				
Contributor Address*				
Contribution Description *				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Probi USA				
Contributor Occupation				
(if applicable, mandatory)				
Project Manager				
	4		4	
Date Accepted *	Contribution Amt.*		Aggregate Amt.*	
09/05/2025	\$ 50.00		\$ 50.00	
Electioneering Communication*				
Yes		No		
Contributor Name *				
(Last, First)				
Roethlisberger, Erin				

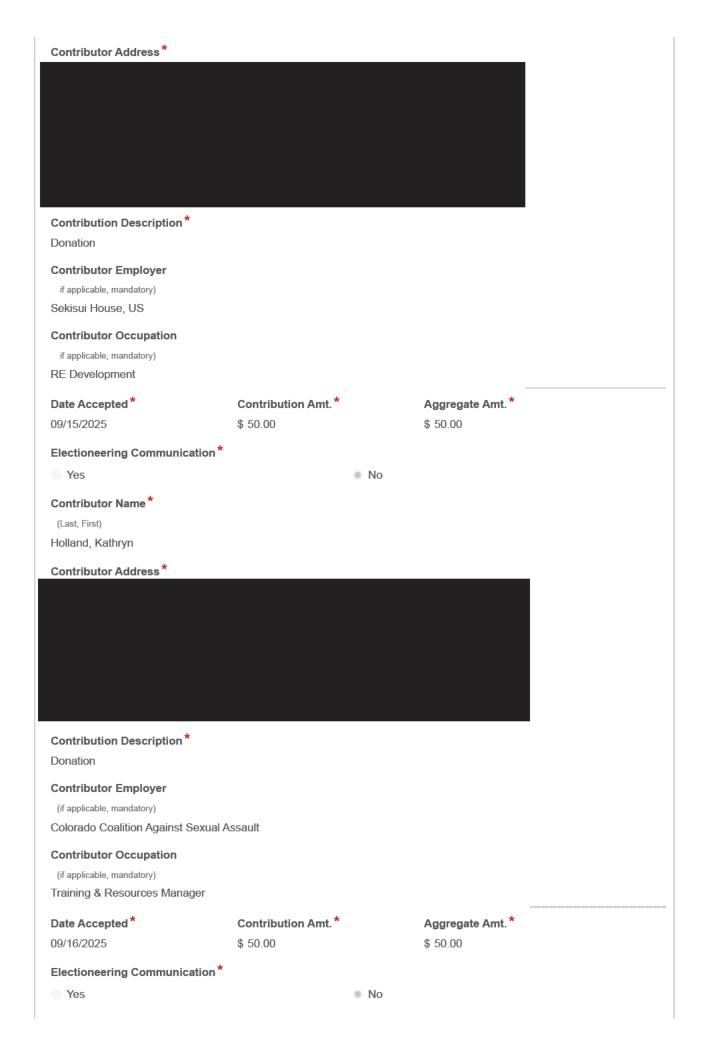




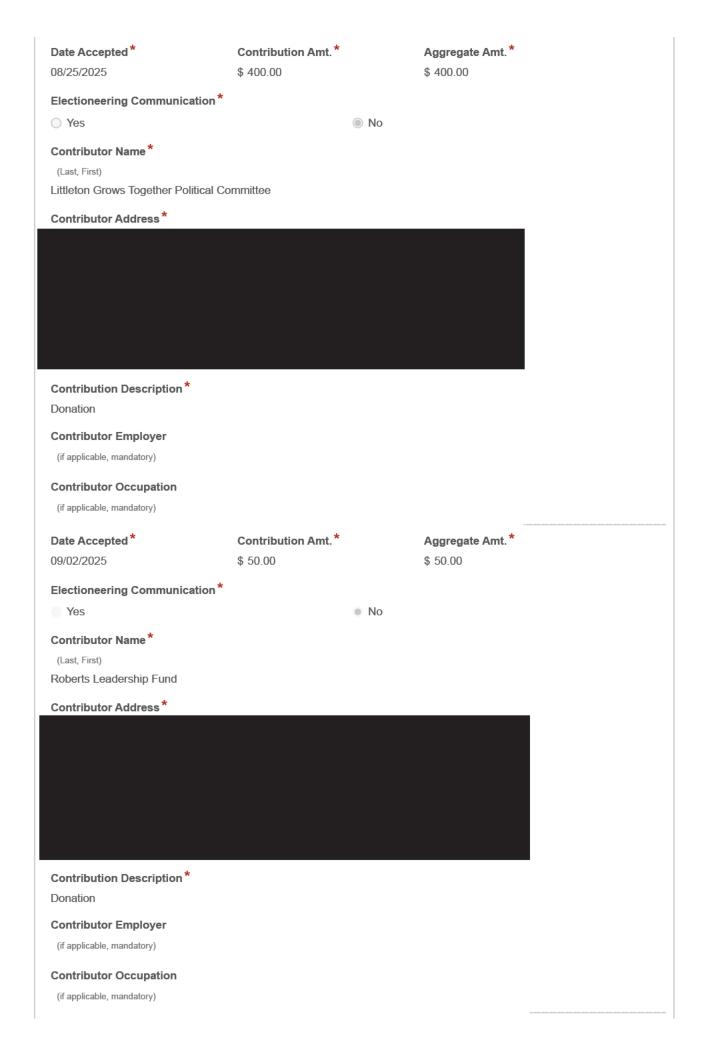




Contributor Employer				
(if applicable, mandatory)				
Lynn Parry, MD PC				
Contributor Occupation				
(if applicable, mandatory)				
Physician				
			*	
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
09/09/2025	\$ 100.00		\$ 100.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name *				
(Last, First)				
Westerberg, Michael				
Contributor Address*				
Contribution Description *				
Donation				
Contributor Employer				
Contributor Employer				
(if applicable, mandatory)				
Arapahoe County				
Contributor Occupation				
(if applicable, mandatory)				
Treasurer				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
09/10/2025	\$ 100.00		\$ 100.00	
Electioneering Communication *				
Yes		No		
Contributor Name *				
(Last, First)				
Spratt, Jake				
,,				



Contributor Name *			
Last, First)			
Prado, Robert			
Contributor Address*			I
Contribution Description*			
Donation			
Contributor Employer if applicable, mandatory)			
Retired			
Contributor Occupation			
if applicable, mandatory)			
Retired			
Date Accepted * 07/17/2025	Contribution Amt. * \$ 100.00	Aggregate Amt.* \$ 100.00	
01/11/2023	φ 100.00	φ 100.00	
51			
Electioneering Communication*	No		
Yes	No		
	No		
■ Yes Contributor Name *	No		
■ Yes Contributor Name * (Last, First)	No		
Contributor Name * (Last, First) Guzman, Julia	No		1
Contributor Name * (Last, First) Guzman, Julia	No		
Contributor Name * (Last, First) Guzman, Julia	No		
Contributor Name * (Last, First) Guzman, Julia	No		
Contributor Name * (Last, First) Guzman, Julia	No		
Contributor Name* (Last, First) Guzman, Julia Contributor Address*	No		
Contributor Name * (Last, First) Guzman, Julia	No		
Contributor Name* (Last, First) Guzman, Julia Contributor Address* Contribution Description* Donation Contributor Employer	No		
Contributor Name* (Last, First) Guzman, Julia Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory)	No		
Contributor Name* (Last, First) Guzman, Julia Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Guzman Immigration	 No 		
Contributor Name* (Last, First) Guzman, Julia Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory)	 No 		
Contributor Name* (Last, First) Guzman, Julia Contributor Address* Contribution Description* Donation Contributor Employer (if applicable, mandatory) Guzman Immigration Contributor Occupation	No		



Schedule B

Purpose of Expenditure *
VAN Campaign Support

Full Name of Committee/Person Joel for Littleton Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.] Date Expended* Expenditure Amt* 07/07/2025 \$ 538.55 Recipient is (optional) Electioneering Communication* Committee Yes Non-Committee No Expenditure Name* Printograph Expenditure Address* Street Address 7651 N. San Fernando Rd Address Line 2 City State / Province / Region Burbank CA Postal / Zip Code Country 91505 USA Purpose of Expenditure * Flyers Date Expended * Expenditure Amt* \$ 257.78 07/19/2025 Recipient is (optional) Electioneering Communication* Committee Yes Non-Committee No Expenditure Name* Colorado Democractic Party Expenditure Address* Street Address 789 Sherman St Address Line 2 Ste 110 City State / Province / Region CO Denver Postal / Zip Code Country 80203 USA

Date Expended *	Expenditure Amt *
08/21/2025	\$ 6.00
Recipient is (optional)	Electioneering Communication *
○ Committee	○ Yes
Non-Committee	No
Expenditure Name *	
Canvas Credit Union	
Expenditure Address*	
Street Address	
5800 S Broadway	
Address Line 2	
City	State / Province / Region
Littleton	CO
Postal / Zip Code	Country
80120	USA
00120	
Purpose of Expenditure *	
Checks	
Date Expended *	Expenditure Amt *
08/28/2025	\$ 292.29
Position tip (antional)	Florida control Communication *
Recipient is (optional)	Electioneering Communication *
CommitteeNon-Committee	○ Yes
Won-committee	No
Expenditure Name *	
Heather Lauren Quiroga HLQ Events, LLC	
Expenditure Address*	
Purpose of Expenditure *	
Campaign launch party costs, including flyers, postcard	s food beverages
Date Expended *	Expenditure Amt *
09/13/2025	\$ 315.00
Recipient is (optional)	Electioneering Communication *
Recipient is (optional) Committee	Electioneering Communication * Yes
	_
Committee Non-Committee	Yes
Committee Non-Committee Expenditure Name *	Yes
Committee Non-Committee	Yes

Expenditure Address *		
Street Address		
678 Collins Road		
Address Line 2		
City	State / Province / Region	
Little Hocking	OH	
Postal / Zip Code	Country	
45742	USA	
Purpose of Expenditure *		
Corrugated plastic signs w H-wire stakes,	plus shipping	
Con against places eight with the stance,	place of hipping	

Schedule C

Full Name of Committee/Person

Joel for Littleton

Loans

Lender Name

(Last, First or Institution)

Lender Address

Street Address

Address Line 2

City

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

Name

Provide for all loans listed above

Loan Source Endorser or Guarantor Full Endorser or Guarantor Full Amount Guaranteed

Address \$

\$

State / Province / Region

Schedule D

Full Name of Committee/Person

Joel 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 Joel 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

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

Joel for Littleton

Reporting Period

From

Through

Covered

05/06/2025

09/16/2025

Contributions

Beginning reporting period funds on hand

Provided on General Information

\$ 0.00

Total Itemized Contributions (\$20 or more)

Provided on Schedule A

\$ 14,309.00

Loans Received

Provided on Schedule C

\$ 0.00

Returned Expenditures

Provided on Schedule D

\$ 0.00

Total Monetary Contributions

Sum of above

\$ 14,309.00

Expenditures

Itemized Expenditures (\$20 or more)

Provided on Schedule B

\$ 1,409.62

Loan Repayments Made

Provided on Schedule C

\$ 0.00

Total Monetary Expenditures

Sum of above Expenditures

\$ 1,409.62

Total Coordinated Non-Monetary Expenditures

(Candidate/Candidate Committee & Political Parties ONLY)

\$ 0.00

Total Spending

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$ 1,409.62

Total Non-Itemized Contributions

Provided on General Information

\$ 0.00

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

Joel for Littleton

Funds on Hand at the Beginning of Reporting Period

(monetary only)

\$ 0.00

Total Monetary Contributions

From Detailed Summary Page

\$ 14,309.00

Total of Monetary Contributions & Beginning Amount

(sum of above)

\$ 14,309.00

Total Monetary Expenditures

From Detailed Summary Page

\$ 1,409.62

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

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 12,899.38

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*

Joel R. Zink

Registered Agent's Signature*

Toel R. Zink

Candidates Name*

Joel Zink

Candidates Signature*

Toel Zink