

Received

Oct 14, 2025

**CITY CLERK** 

# **General Information**

Full Name of Committee/Person\*

Joel for Littleton

Committee/Person Address\*

# Committee Type \*

Candidate Committee

#### **Financial Institution Address**

Street Address

5800 S Broadway

Address Line 2

State / Province / Region

Littleton CO 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

> 09/17/2025 10/07/2025

Funds on Hand at the Beginning of Reporting Period\*

(monetary only)

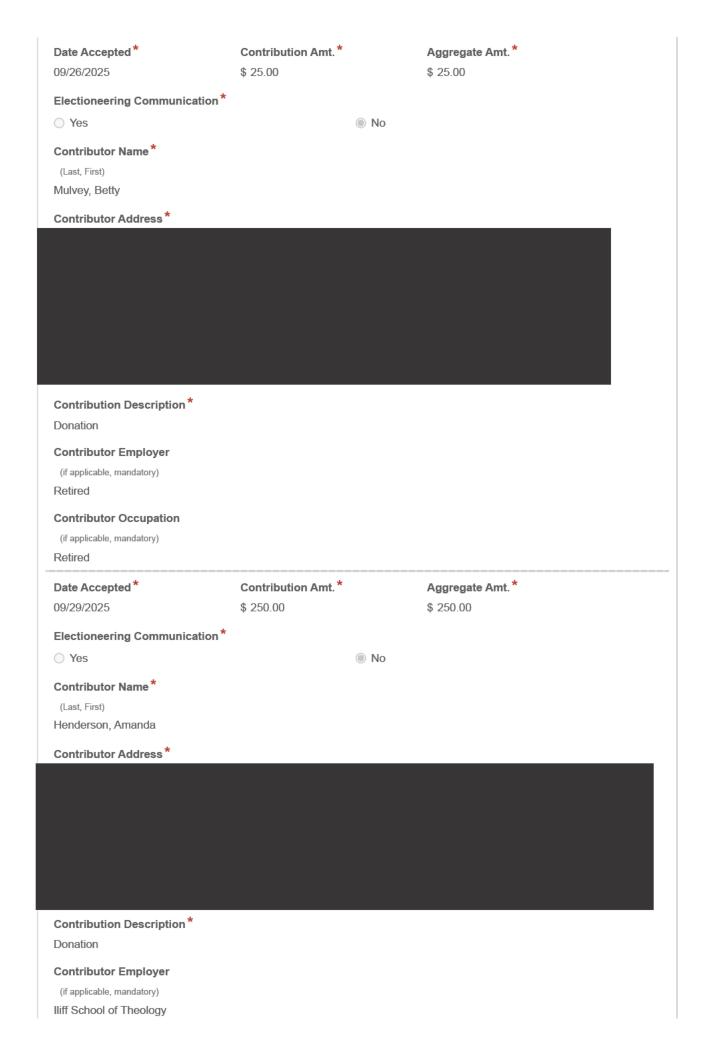
\$ 12,548.52

# Declared Total Spending [Art. XXVIII, Sec. 4(1)] (Interest, Dividends, etc.) \$ 0.00 Non-Itemized Contributions\* (Contributions of \$19.99 or Less) \$ 0.00 \$ 26.04

Schedule A				
Full Name of Committee/Person Joel for Littleton				
Itemized Contributions S	tatement (\$20 or	more)		
Date Accepted * 09/18/2025	Contribution Amt. * \$ 100.00		Aggregate Amt. * \$ 100.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name*  (Last, First)  Peterson, Brad				
Contributor Address*				_
Contribution Description*				
Contributor Employer				
(if applicable, mandatory)				
Self				
Contributor Occupation (if applicable, mandatory)				
Self				
Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
09/18/2025	\$ 50.00		\$ 50.00	
Electioneering Communication*				
○ Yes		No		
Contributor Name*				
(Last, First) Watson, Kay				



Contributor Name*			
(Last, First)			
Jurgensen, LaDonna			
Contributor Address*			I
Contribution Description*			
Donation			
Contributor Employer			
(if applicable, mandatory)			
Retired			
Contributor Occupation			
(if applicable, mandatory) Retired			
Date Accepted *	Contribution Amt. *	Aggregate Amt. *	
09/23/2025	\$ 25.00	\$ 100.00	
Electioneering Communication*			
○ Yes	No		
○ Yes  Contributor Name *	No		
	No		
Contributor Name*	No		
Contributor Name * (Last, First)	No		
Contributor Name *  (Last, First)  Oswald, Tara	◎ No		
Contributor Name *  (Last, First)  Oswald, Tara			
Contributor Name *  (Last, First)  Oswald, Tara			
Contributor Name *  (Last, First)  Oswald, Tara	© No		
Contributor Name *  (Last, First)  Oswald, Tara	© No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *	© No		
Contributor Name *  (Last, First)  Oswald, Tara	© No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *  Contribution Description *	© No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *  Contribution Description *  Donation  Contributor Employer  (if applicable, mandatory)	No     No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *  Contribution Description *  Donation  Contributor Employer	No     No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *  Contribution Description *  Donation  Contributor Employer  (if applicable, mandatory)  CSU  Contributor Occupation	No     No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *  Contribution Description *  Donation  Contributor Employer  (if applicable, mandatory)  CSU	© No		
Contributor Name *  (Last, First) Oswald, Tara  Contributor Address *  Contribution Description *  Donation  Contributor Employer  (if applicable, mandatory)  CSU  Contributor Occupation  (if applicable, mandatory)	© No		

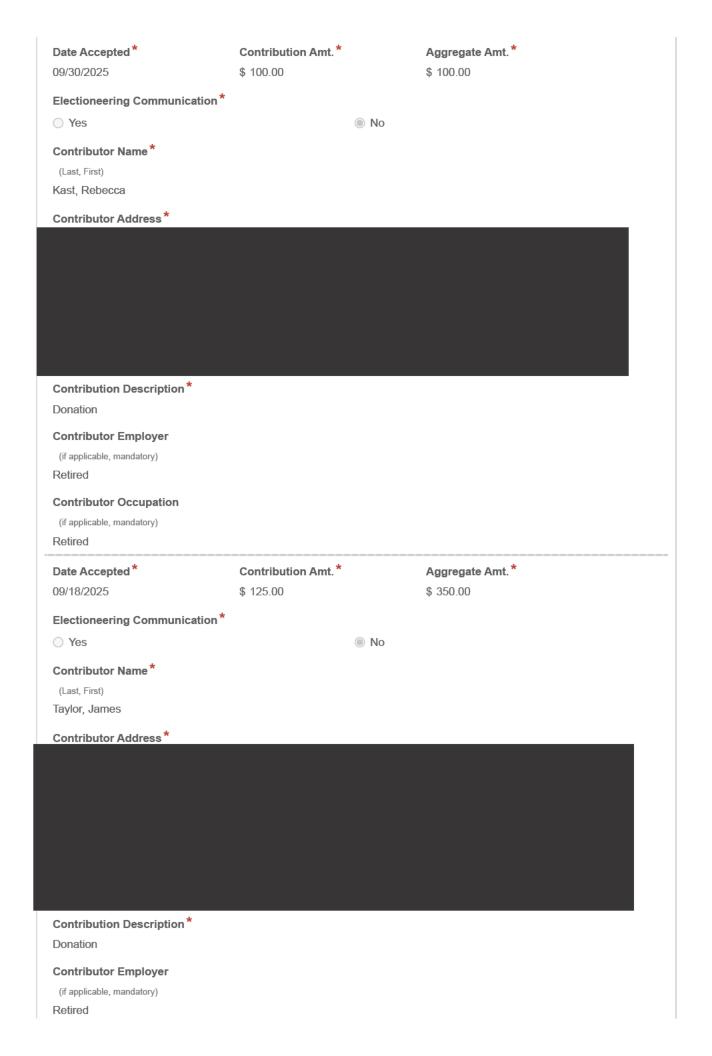


Date Accepted *	Contribution Amt. *		Aggregate Amt.*	
09/29/2025	\$ 400 00		\$ 400 00	
Electioneering Communication *				
○ Yes		No		
Contributor Name *				
(Last, First)				
Blum, Sharon				
Contributor Address*				
Contribution Description*				
Donation				
Contributor Employer				
(if applicable, mandatory)				
Retired				
Contributor Occupation				
(if applicable, mandatory)				
Retired				
Date Accepted *	Contribution Amt. *		Aggregate Amt.*	
09/29/2025	\$ 50.00		\$ 50.00	
Electioneering Communication *				
○ Yes		No		
Contributor Name*				
(Last, First) Hesselberg, Jess				
Contributor Address*				

Contributor Employer			
(if applicable, mandatory)			
City of Littleton			
Contributor Occupation			
(if applicable, mandatory)			
Librarian			
Date Accepted *	Contribution Amt.*	Aggregate Amt.*	
10/02/2025	\$ 25.00	\$ 125.00	
Electioneering Communication *			
O Yes	No		
Contributor Name*			
(Last, First)  Thornton, Susan			
Contributor Address *			
Contribution Description*			
Contribution Description*  Donation			
Donation			
Donation  Contributor Employer			
Donation  Contributor Employer  (if applicable, mandatory)			
Contributor Employer (if applicable, mandatory) Self			
Contributor Employer (if applicable, mandatory) Self Contributor Occupation			
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer	Contribution Amt *	Aggregate Amt *	
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer  Date Accepted*	Contribution Amt. *	Aggregate Amt. *	
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025	Contribution Amt.* \$ 25.00	Aggregate Amt.* \$ 25.00	
Contributor Employer (if applicable, mandatory) Self  Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025  Electioneering Communication *			
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025			
Contributor Employer (if applicable, mandatory) Self  Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025  Electioneering Communication *	\$ 25.00		
Contributor Employer (if applicable, mandatory) Self  Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025  Electioneering Communication *  Yes	\$ 25.00		
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025  Electioneering Communication *  Yes  Contributor Name *	\$ 25.00		
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025  Electioneering Communication *  Yes  Contributor Name * (Last, First)	\$ 25.00		
Contributor Employer (if applicable, mandatory) Self Contributor Occupation (if applicable, mandatory) Writer  Date Accepted * 10/02/2025  Electioneering Communication *  Yes  Contributor Name * (Last, First)	\$ 25.00		



Last, First)			
Mertes, Lawrence			
Contributor Address*			
Street Address			
1325 Dr Creek Dr			
Address Line 2			
Suite 201			
City	State	e / Province / Region	
Longmont	CO		
Postal / Zip Code	Cour	ntry	
80503	USA	A	
Contribution Description*			
Donation			
Contributor Employer			
(if applicable, mandatory)			
Self			
Contributor Occupation			
(if applicable, mandatory)			
Attorney			
		*	
Date Accepted *	Contribution Amt.*	Aggregate Amt.*	
10/02/2025	\$ 200.00	\$ 250.00	
Electioneering Communication*			
○ Yes		) No	
Contributor Name *			
Contributor Name			
Contributor Name " (Last, First)			
(Last, First)			
(Last, First) Roethlisberger, Erin			
(Last, First)			
(Last, First) Roethlisberger, Erin			
(Last, First) Roethlisberger, Erin			
(Last, First) Roethlisberger, Erin			
(Last, First) Roethlisberger, Erin			
(Last, First) Roethlisberger, Erin			
(Last, First) Roethlisberger, Erin			
(Last, First) Roethlisberger, Erin Contributor Address*			
(Last, First) Roethlisberger, Erin Contributor Address*  Contribution Description*			
(Last, First) Roethlisberger, Erin  Contributor Address*  Contribution Description*  Donation			
(Last, First) Roethlisberger, Erin Contributor Address*  Contribution Description*			
(Last, First) Roethlisberger, Erin  Contributor Address*  Contribution Description* Donation  Contributor Employer (if applicable, mandatory)			
(Last, First) Roethlisberger, Erin  Contributor Address*  Contribution Description* Donation Contributor Employer			
(Last, First) Roethlisberger, Erin  Contributor Address*  Contribution Description* Donation  Contributor Employer (if applicable, mandatory)			
(Last, First) Roethlisberger, Erin  Contributor Address*  Contribution Description* Donation  Contributor Employer (if applicable, mandatory) Lockheed Martin			
(Last, First) Roethlisberger, Erin  Contributor Address*  Contribution Description* Donation  Contributor Employer (if applicable, mandatory) Lockheed Martin			



Date Accepted * 09/12/2025  Electioneering Communication *  Yes  Contributor Name * (Last, First)  Imamura, Kim  Contributor Address *	Contribution Amt.* \$ 100 00	No     No	Aggregate Amt. * \$ 100 00
Electioneering Communication *  Yes  Contributor Name *  (Last, First)  Imamura, Kim	\$ 100 00	No	\$ 100 00
○ Yes  Contributor Name *  (Last, First)  Imamura, Kim		No     No	
Contributor Name *  (Last, First)  Imamura, Kim		No	
(Last, First) Imamura, Kim			
Imamura, Kim			
Contributor Address *			
Contribution Description *  Donation			
Contributor Employer			
(if applicable, mandatory)			
Arapahoe County Bar Association			
Contributor Occupation			
(if applicable, mandatory)  Executive Director			
Date Accepted *	Contribution Amt. *		Aggregate Amt. *
09/29/2025	\$ 400.00		\$ 400.00
Electioneering Communication *			
○ Yes		No	
Contributor Name *			
(Last, First)			
Metro Housing Coalition Political Con	mmittee		
Contributor Address*			

Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. * 09/18/2025 \$ 1,500.00 \$ 1,500.00  Electioneering Communication *  Yes No  Contributor Name * (Last, Fist)  REALTOR Small Donor Committee  Contributor Address *  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. * 09/17/2025 \$ 50.00  Electioneering Communication *  Yes No  Contributor Name * (Last, First)  No  Contributor Name * (Last, First)	Contributor Employer				
(if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted Contribution Amt. Aggregate Amt.*  09/18/2025 \$ 1,500.00 \$ 1,500.00  Electioneering Communication*  Ves No  Contributor Name* (Last. First)  Contributor Address*  Contributor Address*  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted Contribution Amt. Aggregate Amt.*  09/17/2025 \$ 50.00 \$ 50.00  Electioneering Communication*  Ves No  Contributor Name* (Last. First)					
Contributor Name*  Contributor Employer  (if applicable, mandatory)  Date Accepted*  Contributor Name*  (Last, First)  Contributor Employer  (if applicable, mandatory)  Contributor Occupation  (if applicable, mandatory)  Date Accepted*  Contributor Accepted*  So 00  Contributor Occupation  (if applicable, mandatory)  Date Accepted *  Contributor Accepted *  So 00  Contributor So 00  Electioneering Communication *  Yes  No  Contributor Name*  (Last, First)	(if applicable, mandatory)				
Date Accepted * Contribution Amt. * Aggregate Amt. *  09/18/2025 \$ 1,500.00 \$ 1,500.00  Electioneering Communication *  Ves No  Contributor Name *  (Last, First)  Contributor Address *  Contributor Address *  Contributor Employer  (if applicable, mandatory)  Contributor Occupation  (if applicable, mandatory)  Date Accepted * Contribution Amt. *  09/17/2025 \$ 50.00 \$ 50.00  Electioneering Communication *  Ves No  Contributor Name *  (Last, First)	Contributor Occupation				
Electioneering Communication*  Yes  No  Contributor Name* (Last, First)  REALTOR Small Donor Committee  Contributor Address*  Contributor Address*  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted* 09/17/2025 \$50 00  Electioneering Communication*  Yes  No  Contributor Name* (Last, First)	(if applicable, mandatory)				
Electioneering Communication*  Yes  No  Contributor Name* (Last, First)  REALTOR Small Donor Committee  Contributor Address*  Contributor Address*  Contributor Description* Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted*  Contributor Address*  Contributor Occupation (if applicable, mandatory)  Date Accepted*  So 00  So 00  So 00  Electioneering Communication*  Yes  No  Contributor Name* (Last, First)	Date Accepted *	Contribution Amt. *		Aggregate Amt. *	
© Yes  Contributor Name* (Last, First) REALTOR Small Donor Committee  Contributor Address*  Contribution Description*  Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted*  Contribution Amt.*  Aggregate Amt.*  09/17/2025  \$ 50 00  \$ 50 00  Electioneering Communication*  Yes  © No  Contributor Name* (Last, First)	09/18/2025	\$ 1,500.00		\$ 1,500.00	
Contributor Name* (Last, First)  REALTOR Small Donor Committee  Contributor Address*  Contribution Description*  Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted*  Contributor Address  Solve Solv	Electioneering Communication*				
(Last, First)  REALTOR Small Donor Committee  Contributor Address*  Contribution Description*  Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted*  09/17/2025  \$ 50 00  \$ 50 00  Electioneering Communication*  Yes  No  Contributor Name* (Last, First)	○ Yes		No		
Contributor Address*  Contribution Description* Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted*  09/17/2025  Contributor Address*  So 00  Electioneering Communication*  Yes  No  Contributor Name* (Last, First)					
Contribution Description*  Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted* Contributor Address*  O9/17/2025 \$ 50 00  Electioneering Communication*  Yes  No  Contributor Name* (Last, First)					
Contribution Description*  Donation  Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted* Contribution Amt.*  9/147/2025 \$50 00 \$50 00  Electioneering Communication*  Yes  No  Contributor Name* (Last, First)					
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes ® No  Contributor Name *  (Last, First)	Contributor Addices				
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes ® No  Contributor Name *  (Last, First)					
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes ® No  Contributor Name *  (Last, First)					
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes ® No  Contributor Name *  (Last, First)					
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes ® No  Contributor Name * (Last, First)					
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes ® No  Contributor Name *  (Last, First)					
Contributor Employer (if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes  No  Contributor Name *  (Last, First)					
(if applicable, mandatory)  Contributor Occupation (if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes					
(if applicable, mandatory)  Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes					
Date Accepted * Contribution Amt. * Aggregate Amt. *  09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication *  Yes	Contributor Occupation				
09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication*  ○ Yes					
09/17/2025 \$ 50 00 \$ 50 00  Electioneering Communication*  ○ Yes	Date Accented*	Contribution Amt *		Aggregate Amt *	
○ Yes					
○ Yes	Electioneering Communication*				
(Last, First)			No		
	Contributor Name*				
Raynes, Kathryn	Ravnes, Kathrvn				
Contributor Address*					

onation		
ontributor Employer (if applicable, mandatory)		
st JD DA		
ontributor Occupation		
(if applicable, mandatory)		
rosecutor		

# Schedule B

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\* 09/19/2025 \$ 517.22 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\* 10/03/2025 \$8,736.42 Recipient is (optional) Electioneering Communication\* Committee Yes Non-Committee No Expenditure Name\* Gamino Printing Expenditure Address\* Street Address 1090 S. Raritan Address Line 2 State / Province / Region City CO Denver Postal / Zip Code Country 80223 USA Purpose of Expenditure\* Mailers

Date Expended*	Expenditure Amt *
10/06/2025	\$ 114.29
Recipient is (optional)	Electioneering Communication*
Committee	○ Yes
○ Non-Committee	No
Expenditure Name *	
Meta Platforms	
Expenditure Address*	
Street Address	
1601 Willow Rd	
Address Line 2	
City	State / Province / Region
Menlo Park	CA
Postal / Zip Code	Country
94025	USA
Purpose of Expenditure *	
Online Advertisement	

# 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-Mo	netary Conti	ibutions	
Full Name of Committee/Person Joel for Littleton			
Statement of Non-Moneta [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) &	-		
Date Provided	Fair Market Value	Aggregat	e Amount
mm/dd/yyyy	\$	\$	
Electioneering Communication			
Yes		□ No	
Non-Monetary Contribution Name (Last, First)			
Non-Monetary Contribution Addres	ss		
Street Address			
Address Line 2			
City		State / Province / Region	
Postal / Zip Code		Country	
Description of Non-Monetary Cont	ribution		
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

09/17/2025

10/07/2025

## Contributions

#### Beginning reporting period funds on hand

Provided on General Information

\$ 12,548.52

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

Provided on Schedule A

\$ 3,805.00

#### **Loans Received**

Provided on Schedule C

\$ 0.00

#### **Returned Expenditures**

Provided on Schedule D

\$ 0.00

#### **Total Monetary Contributions**

Sum of above

\$ 3,805.00

Itemized Expenditures (\$20 or more)

Provided on Schedule B

**Expenditures** 

\$ 9,367.93

#### Loan Repayments Made

Provided on Schedule C

\$ 0.00

#### **Total Monetary Expenditures**

Sum of above Expenditures

\$ 9,393.97

#### **Total Coordinated Non-Monetary Expenditures**

(Candidate/Candidate Committee & Political Parties ONLY)

\$ 0.00

#### **Total Spending**

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$ 9,393.97

#### **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

\$ 26.04

#### **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)

\$ 12,548.52

#### **Total Monetary Contributions**

From Detailed Summary Page

\$ 3,805.00

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

(sum of above)

\$ 16,353.52

#### **Total Monetary Expenditures**

From Detailed Summary Page

\$ 9,393.97

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

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 6,959.55

# 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\*

Candidates Name\*

Joel R. Zink

Candidates Signature\*

Toel R. Zink