Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 550
Denver, CO 80290
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Received
Oct 27, 2025
CITY CLERK

INDEPENDENT EXPENDITURE REPORT

(1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: LITTLETON SMART VOTER

Committee Name: LITTLETON SMART VOTER
As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): MUNICPAL - LITTLETON

Type of Report

- (●) Regularly Scheduled Filing.
- ( ) Amended Filing. This amends previous report filed on (date) _____. *Submit changes or new information only.*
- ( ) Termination Report. (Termination reports must have a monetary balance of zero on page 2, line 10)

Reporting Period Covered: 10/10/2025 (Begin Date) **Through:** 10/22/2025 (End Date)

Reporting Entity Information:

Full Name of Parent Corporation, if applicable: NOT APPLICABLE
Include any acronyms used.

All Doing-Business-As Names used in Colorado: _____

Address of Home Office: _____
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: _____
Must be the same as listed on committee registration

Colorado Address for Registered Agent: _____

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: OPPOSING DARREN LOMORANDE, DAVID CARLTON, PATRICK DRISCOLL AND CURT SAMUELSON

Authorization (Must be completed by the Registered Agent): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: KATIE KENNEDY

Registered Agent's Signature: Katie Kennedy Date: 10/27/2025

* Please notify persons who donate $1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

Committee Name: LITTLETON SMART VOTER

Reporting Period Overview

1 **Beginning Balance this Period (Committees):** -14,397.00

2 **Total Donations this Period:** 25,000.00

Monetary: 25,000.00 Non-Monetary: 0

Itemized: 25,000.00 Non-Itemized: 0

3 **Other Receipts (dividends, interest, etc.):** 0

4 **Total Independent Expenditures this Period:** 13,697.00

Monetary: 13,697.00 Non-Monetary: 0

Itemized: 13,697.00 Non-Itemized: 0

5 **Total Other Expenditures this Period:** 0

Monetary: 0 Non-Monetary: 0

Itemized: 0 Non-Itemized: 0

6 **Loans received this period:** 0

7 **Loans paid this period:** 0

8 **Returned Independent Expenditures this Period:** 0

9 **Returned Donations this Period:** 0

10 **Ending Balance (include monetary expenditures and donations only):** -3,094.00

Committee Name: LITTLETON SMART VOTER

11 **Schedule A: Donations**

Itemized Donations

1. Date Accepted 10/15/2025 2. Donation Amt. $ 20,000.00 3. Aggregate Amt. $ 20,000.00 *Please reference section 1-45-107.5 for donation reporting requirements.*	4. Name: SMART VOTER 5. Address (Home Office): 2318 CURTIS STREET 6. City/State/Zip: DENVER, CO 80205 7. (●) Monetary ( ) Non-Monetary, include Description: 8. Employer (required if applicable): N/A 9. Occupation (required if applicable): N/A 10. Parent Corporation and acronyms used (required if applicable): 11. All DBA Names used in Colorado (required if applicable): 12. Donor's Colorado Agent Name & Address (required if applicable): KATHERINE KENNEDY 2318 CURTIS STREET, DENVER, CO 80205

1. Date Accepted 10/22/2025 2. Donation Amt. $ 5,000.00 3. Aggregate Amt. $ 25,000.00 *Please reference section 1-45-107.5 for donation reporting requirements.*	4. Name: SMART VOTER 5. Address (Home Office): 2318 CURTIS STREET 6. City/State/Zip: DENVER, CO 80205 7. (●) Monetary ( ) Non-Monetary, include Description: 8. Employer (required if applicable): N/A 9. Occupation (required if applicable): N/A 10. Parent Corporation and acronyms used (required if applicable): 11. All DBA Names used in Colorado (required if applicable): 12. Donor's Colorado Agent Name & Address (required if applicable): KATHERINE KENNEDY 2318 CURTIS STREET, DENVER, CO 80205

1. Date Accepted 2. Donation Amt. $ 3. Aggregate Amt. $ *Please reference section 1-45-107.5 for donation reporting requirements.*	4. Name: 5. Address (Home Office): 6. City/State/Zip: 7. (●) Monetary ( ) Non-Monetary, include Description: 8. Employer (required if applicable): 9. Occupation (required if applicable): 10. Parent Corporation and acronyms used (required if applicable): 11. All DBA Names used in Colorado (required if applicable): 12. Donor's Colorado Agent Name & Address (required if applicable):

Committee Name: LITTLETON SMART VOTER

1. Date Accepted 2. Donation Amt. $ 3. Aggregate Amt. $ *Please reference section 1-45-107.5 for donation reporting requirements.*	4. Name: _____ 5. Address (Home Office): _____ 6. City/State/Zip: _____ 7. (●) Monetary ( ) Non-Monetary, include Description: _____ 8. Employer (required if applicable): _____ 9. Occupation (required if applicable): _____ 10. Parent Corporation and acronyms used (required if applicable): _____ _____ 11. All DBA Names used in Colorado (required if applicable): _____ _____ 12. Donor's Colorado Agent Name & Address (required if applicable): _____ _____

1. Date Accepted 2. Donation Amt. $ 3. Aggregate Amt. $ *Please reference section 1-45-107.5 for donation reporting requirements.*	4. Name: _____ 5. Address (Home Office): _____ 6. City/State/Zip: _____ 7. (●) Monetary ( ) Non-Monetary, include Description: _____ 8. Employer (required if applicable): _____ 9. Occupation (required if applicable): _____ 10. Parent Corporation and acronyms used (required if applicable): _____ _____ 11. All DBA Names used in Colorado (required if applicable): _____ _____ 12. Donor's Colorado Agent Name & Address (required if applicable): _____ _____

Non-Itemized Donations

1. Total number of non- itemized donations: 0	2. Total amount of non-itemized donations: $ 0

Other Receipts (dividends, interest, etc.)

1. Total number of other receipts: 0	2. Total amount of other receipts: $ 0

Committee Name: LITTLETON SMART VOTER

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

1. Date Funds Obligated 10/21/2025 2. Expenditure Amt. $ 4,300.00 Check if amt. is an estimate: ☑ *Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.*	3. Name of Recipient/Payee: INVICTUS ADVERTISING 4. Address: 16192 COASTAL HIGHWAY 5. City/State/Zip: LEWES, DE 19958 6. ◉ Monetary ○ Non-Monetary, include Description: DIGITAL ADVERTISING 10/1-11/4 7. Name(s) of candidate(s) referenced: OPPOSING - DARREN LOMORANDE, DAVID CARLTON, PATRICK DRISCOLL, AND CURT SAMUELSON 8. Communication is ○ broadcast ◉ non-broadcast. Medium: INTERNET 9. This is an electioneering communication (*see* Art. XXVIII, Sec. 6) ☑. If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. Date Funds Obligated 10/22/2025 2. Expenditure Amt. $ 9,397.00 Check if amt. is an estimate: ☑ *Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.*	3. Name of Recipient/Payee: INVICTUS ADVERTISING 4. Address: 16192 COASTAL HIGHWAY 5. City/State/Zip: LEWES, DE 19958 6. ◉ Monetary ○ Non-Monetary, include Description: DIRECT MAIL 10/1-11/4 7. Name(s) of candidate(s) referenced: OPPOSING - DARREN LOMORANDE, DAVID CARLTON, PATRICK DRISCOLL, AND CURT SAMUELSON 8. Communication is ○ broadcast ◉ non-broadcast. Medium: MAIL 9. This is an electioneering communication (*see* Art. XXVIII, Sec. 6) ☑. If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. Date Funds Obligated 2. Expenditure Amt. $ Check if amt. is an estimate: ☐ *Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.*	3. Name of Recipient/Payee: 4. Address: 5. City/State/Zip: 6. ○ Monetary ○ Non-Monetary, include Description: 7. Name(s) of candidate(s) referenced: 8. Communication is ○ broadcast ○ non-broadcast. Medium: 9. This is an electioneering communication (*see* Art. XXVIII, Sec. 6) ☐. If box is checked, you must also file an electronic electioneering communication report in TRACER.

Committee Name: LITTLETON SMART VOTER

1. Date Funds Obligated	3. Name of Recipient/Payee: ______ 4. Address: ______ 5. City/State/Zip: ______
2. Expenditure Amt. $ Check if amt. is an estimate: ☐	6. ◯ Monetary ◯ Non-Monetary, include Description: ______ 7. Name(s) of candidate(s) referenced: ______
Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.	8. Communication is ◯ broadcast ◯ non-broadcast. Medium: ______ 9. This is an electioneering communication (*see* Art. XXVIII, Sec. 6) ☐. If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. Date Funds Obligated	3. Name of Recipient/Payee: ______ 4. Address: ______ 5. City/State/Zip: ______
2. Expenditure Amt. $ Check if amt. is an estimate: ☐	6. ◯ Monetary ◯ Non-Monetary, include Description: ______ 7. Name(s) of candidate(s) referenced: ______
Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.	8. Communication is ◯ broadcast ◯ non-broadcast. Medium: ______ 9. This is an electioneering communication (*see* Art. XXVIII, Sec. 6) ☐. If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. Date Funds Obligated	3. Name of Recipient/Payee: ______ 4. Address: ______ 5. City/State/Zip: ______
2. Expenditure Amt. $ Check if amt. is an estimate: ☐	6. ◯ Monetary ◯ Non-Monetary, include Description: ______ 7. Name(s) of candidate(s) referenced: ______
Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.	8. Communication is ◯ broadcast ◯ non-broadcast. Medium: ______ 9. This is an electioneering communication (*see* Art. XXVIII, Sec. 6) ☐. If box is checked, you must also file an electronic electioneering communication report in TRACER.

Non-Itemized Independent Expenditures

1. Total number of non- itemized expenditures: 0	2. Total amount of non-itemized expenditures: $ 0