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Received

Oct 27, 2025

CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES (1-45-108, C.R.S.)

Full Name of Committee/Person:	Curt for Littleton	- Curt Samuelson
Address of Committee/Person:	As Shown On Registration	
City, State & Zip Code:		
Committee Type:	Candidate Commit	tee
Name and Address of Financial	1840 1 10	1 1 ' 0 ' 13 ' 11
Institution: Email Address:	1-12an 101 W. (60	enty Line & d. Little Aon
	Curtorlittleton amai	I. Com
Type of Report Regularly Scheduled Filin	J	
	ds previous report filed on (date)	
Submit changes or new information	•	
Termination Report. (Term	ination Reports MUST Have a Monetary Balance of Z	Zero in Line 5)
Check this box if this Repo	rt Contains Electioneering Communications	Information
_		
Reporting Period Covered:	10 08 - 2025 Through	10-20-2025
Declared Total Spending (if app	Date Date	Date
[Art. XXVIII, Sec. 4(1)]	s s s s s s s s s s s s s s s s s s s	
		Totals Detailed Summary Page
1 Funds on Hand at the Beginning	of Reporting Period (monetary only)	\$ 16.188.07
2 Total Monetary Contributions (i		\$ 650.00
	& Beginning Amount (line 1 + line 2)	\$ 14,838,07
4 Total Monetary Expenditures (lin		\$ 5,749,00
5 Funds on Hand at the End of Re	porting Period (monetary) (line 3 – line 4)	\$ 11,089.07
The appropriate officer (city cle	rk) shall impose a penalty of \$50 per day for e (Littleton Municipal Code 1-7-7)	each day that a report is filed late.
penalty of perjury, that to the best of including any contributions received permissible sources.	by either the Registered Agent OR the Candidate): It my knowledge or belief all contributions receive in the form of membership dues transferred by a	d during this reporting period,
Print Registered Agent's Name:	Cart Danue Ison	
Registered Agent's Signature:	Care Smulo	Date: 10/27/26
Print Candidate Name:	of Samuelson	
Candidates Signature:	1 much	Date: 10/27/25-
		Littleton City Clerk's Office Form Rev. 04/15

DETAILED SUMMARY

Full Name of Committee/Person: Cart for Littleton - Cart Scenne Ison

Current Reporting Period: 10 - 08 - 2025

Through 10-20-2025

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 16, 188, 0-7
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ le50.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ s, dissination on the
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ · enterconsciparentine
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 450.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 450.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 650.00 5,749.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ - Control of the Cont
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 5,749,00
20	Total Spending (Line 18 + line 19)	\$ 5,749,00 5,749.00

Full Name of Committee/Person: Cart for Littleton - Cart Samuelso					
WARNING: Please read the instruction page for Schedule "A" before completing!					
PLEASE PRINT/I	YPE				
1. <u>Date Accepted</u> 0 0 2025 2. <u>Contribution Amt.</u> \$ 50,00	4. Name (Last, First): Mahe, Fred				
3. Aggregate Amt. * \$ Check box if	7. Description: 8. Employer (if applicable, mandatory): Ketived				
Electioneering Communication	9. Occupation (if applicable, mandatory): Kctived				
1. Date Accepted 10 09 2025 2. Contribution Amt. \$ 200,00	4. Name (Last, First): Sugler Steve				
3. Aggregate Amt. *	7. Description: 8. Employer (if applicable, mandatory): Refired				
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): Retired				
1. <u>Date Accepted</u> 10/14/2625 2. <u>Contribution Amt.</u> \$ 400,00	4. Name (Last, First): Murib Kal				
3. Aggregate Amt. * \$ Check box if Electioneering Communication	7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): Scales				
1. Date Accepted	4. Name (Last, First):				
2. Contribution Amt.	Address: City/State/Zip:				
3. Aggregate Amt. * \$	7. Description:				
Check box if Electioneering Communication * For contribution lim	9. Occupation (if applicable, mandatory): uits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate				

Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Full Name of Committee/Person: Curt for Littleton - Curt Samue Son				
PLEASE PRINT/TYPE	•			
1. Date Expended 1. 0 0 8 2025 2. Amount	4. Name: PT Streetegy LLC			
	5. Address: 1223 Hldebaran Dr.			
\$ 2,813,00 3.Recipient is (optional):	6. City/State/Zip: McLean, VA 22/01			
☐ Committee ☐ Non-Committee	7. Purpose of Expenditure: Campaign Mailing			
LI Non-Commutee	☐ Check box if Electioneering Communication			
1. <u>Date Expended</u> 0 0 8 2025	4. Name: First Benk			
2. Amount	5. Address: P.O. Box 150097			
\$ 3.00 3.Recipient is (optional):	6. City/State/Zip: <u>Lakewood</u> , <u>CO 80215-0097</u>			
☐ Committee	7. Purpose of Expenditure: Bank Fee			
☐ Non-Committee	☐ Check box if Electioneering Communication			
1. <u>Date Expended</u> 10/16/2025	4. Name: PT Strategy LLC			
2. Amount	5. Address: 1223 Aldebaran Dr.			
\$ 2,873.00 3.Recipient is (optional):	6. City/State/Zip: McLean, VA 22101			
Committee	7. Purpose of Expenditure: Campaign Mailing			
☐ Non-Committee	☐ Check box if Electioneering Communication			
1. Date Expended	4. Name:			
2. Amount	5. Address:			
\$ 3.Recipient is (optional):	6. City/State/Zip:			
Committee	7. Purpose of Expenditure:			
☐ Non-Committee	☐ Check box if Electioneering Communication			
1. Date Expended	4. Name:			
2. Amount	5. Address:			
\$ 3.Recipient is (optional):	6. City/State/Zip:			
Committee	7. Purpose of Expenditure:			
Non-Committee	☐ Check box if Electioneering Communication			

Colorado Secretary of State Form Rev. 04/13