



## Report of Contributions and Expenditures

(1-45-108, C.R.S.)

Received

Dec 4, 2025

CITY CLERK

### General Information

**Full Name of Committee/Person \***

Joel for Littleton

**Committee/Person Address \***

[REDACTED]

**Committee Type \***

Candidate Committee

**Financial Institution Address**

Street Address

5800 S. Broadway

Address Line 2

City

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

10/21/2025

11/27/2025

**Funds on Hand at the Beginning of Reporting Period \***

(monetary only)

\$ 4,238.99

**Declared Total Spending**

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

\$

**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

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**Full Name of Committee/Person**

Joel for Littleton

**Itemized Contributions Statement (\$20 or more)**

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

<b>Date Accepted*</b>	<b>Contribution Amt.*</b>	<b>Aggregate Amt.*</b>
11/02/2025	\$ 300.00	\$ 400.00

**Electioneering Communication\***

Yes  No

**Contributor Name\***

(Last, First)

Schlachter, Kyle

**Contributor Address\*****Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

CO Dpt of Agriculture

**Contributor Occupation**

(if applicable, mandatory)

Executive Director of Agricultural Markets Division

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<b>Date Accepted*</b>	<b>Contribution Amt.*</b>	<b>Aggregate Amt.*</b>
11/02/2025	\$ 200.00	\$ 200.00

**Electioneering Communication\***

Yes  No

**Contributor Name\***

(Last, First)

Rydin with Gretchen

**Contributor Address\*****Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

**Contributor Occupation**

(if applicable, mandatory)

**Date Accepted\***

09/15/2025

**Contribution Amt.\***

\$ 50.00

**Aggregate Amt.\***

\$ 50.00

**Electioneering Communication\***

Yes

No

**Contributor Name\***

(Last, First)

Holland, Kathy

**Contributor Address\*****Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

Colorado Coalition Against Sexual Assault

**Contributor Occupation**

(if applicable, mandatory)

Training & Resources Manager

**Date Accepted\***

10/22/2025

**Contribution Amt.\***

\$ 25 00

**Aggregate Amt.\***

\$ 25 00

**Electioneering Communication\***

Yes

No

**Contributor Name\***

(Last, First)

Ferrere, Suzanne

**Contributor Address\***A large black rectangular redaction box covering the address information for this contribution.**Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

1st JD DA

**Contributor Occupation**

(if applicable, mandatory)

Analyst

**Date Accepted\***

10/23/2025

**Contribution Amt.\***

\$ 25.00

**Aggregate Amt.\***

\$ 25.00

**Electioneering Communication\*** Yes No**Contributor Name\***

(Last, First)

Matthews, Sean

**Contributor Address\***A large black rectangular redaction box covering the address information for this contribution.**Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

Resonant Solutions

**Contributor Occupation**

(if applicable, mandatory)

Consultant

**Date Accepted\***

10/23/2025

**Contribution Amt.\***

\$ 200.00

**Aggregate Amt.\***

\$ 400.00

**Electioneering Communication\***

Yes

No

**Contributor Name\***

(Last, First)

Mauro, Michael

**Contributor Address\***

[REDACTED]

**Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

18th JD DA

**Contributor Occupation**

(if applicable, mandatory)

Prosecutor

**Date Accepted\***

10/23/2025

**Contribution Amt.\***

\$ 50.00

**Aggregate Amt.\***

\$ 200.00

**Electioneering Communication\***

Yes

No

**Contributor Name\***

(Last, First)

Oswald, Tara

**Contributor Address\***

[REDACTED]

**Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

CSU

**Contributor Occupation**

(if applicable, mandatory)

Teacher

Date Accepted*	Contribution Amt.*	Aggregate Amt.*
10/24/2025	\$ 200.00	\$ 200.00

**Electioneering Communication\*** Yes  No**Contributor Name\***

(Last, First)

Padden, Amy

**Contributor Address\*****Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

18th JD DA

**Contributor Occupation**

(if applicable, mandatory)

District Attorney for the 18th Judicial District

Date Accepted*	Contribution Amt.*	Aggregate Amt.*
10/30/2025	\$ 50.00	\$ 50.00

**Electioneering Communication\*** Yes  No**Contributor Name\***

(Last, First)

Eckhardt, Brian

**Contribution Description\***

Donation

**Contributor Employer**

(if applicable, mandatory)

18th JD DA

**Contributor Occupation**

(if applicable, mandatory)

Prosecutor

## Schedule B

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**Full Name of Committee/Person**

Joel for Littleton

**Itemized Expenditures Statement (\$20 or more)**

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

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**Date Expended\***

11/24/2025

**Expenditure Amt\***

\$ 405.16

**Recipient is (optional)**

Committee  
 Non-Committee

**Electioneering Communication\***

Yes  
 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

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**Date Expended\***

10/30/2025

**Expenditure Amt\***

\$ 4,356.17

**Recipient is (optional)**

Committee  
 Non-Committee

**Electioneering Communication\***

Yes  
 No

**Expenditure Name\***

Kyle Schlachter

**Expenditure Address\***

[REDACTED]

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**Purpose of Expenditure\***

Campaign Mailers

## Schedule C

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**Full Name of Committee/Person**

Joel for Littleton

### Loans

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**Lender Name**

(Last, First or Institution)

**Lender Address**

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**Original Amount of Loan**

\$

**Interest Rate****Loan Amount Received**

This Reporting Period

\$

**Principal Amount Paid**

This Reporting Period

\$

**Interest Amount Paid**

This Reporting Period

\$

**Total Repayments Made**

\$

**Outstanding Balance**

\$

**Date Loan Received**

mm/dd/yyyy

**Due Date for Final Payment**

mm/dd/yyyy

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**Total of All Loans**

\$

**Total of all Loans Amount Repaid**

\$

### List of Endorsers or Guarantors

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Provide for all loans listed above

Loan Source	Endorser or Guarantor Full Name	Endorser or Guarantor Full Address	Amount Guaranteed
			\$

## Schedule D

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**Full Name of Committee/Person**

Joel for Littleton

**Returned Contributions**

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

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<b>Date Accepted</b>	<b>Date Returned</b>	<b>Amount Returned</b>
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)

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<b>Date Expended</b>	<b>Date Returned</b>	<b>Amount Returned</b>
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**

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# Statement of Non-Monetary Contributions

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**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.]

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Date Provided	Fair Market Value	Aggregate Amount
mm/dd/yyyy	\$	\$

**Electioneering Communication**

Yes  No

**Non-Monetary Contribution Name**

(Last, First)

**Non-Monetary Contribution Address**

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**Description of Non-Monetary Contribution****Employer**

(if applicable, mandatory)

**Occupation**

(if applicable, mandatory)

**Coordinated with a Candidate/Candidate Committee or Political Party**

If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee "

Yes  No

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# Contributions and Expenditures Detailed Summary

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## Full Name of Committee/Person

Joel for Littleton

## Reporting Period

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	From	Through
Covered	10/21/2025	11/27/2025

## Contributions

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### Beginning reporting period funds on hand

Provided on General Information

\$ 4,238.99

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

Provided on Schedule A

\$ 1,100.00

### Loans Received

Provided on Schedule C

\$ 0.00

### Returned Expenditures

Provided on Schedule D

\$ 0.00

### Total Monetary Contributions

Sum of above

\$ 1,100.00

## Expenditures

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### Itemized Expenditures (\$20 or more)

Provided on Schedule B

\$ 4,761.33

### Loan Repayments Made

Provided on Schedule C

\$ 0.00

### Total Monetary Expenditures

Sum of above Expenditures

\$ 4,761.33

### Total Coordinated Non-Monetary Expenditures

(Candidate/Candidate Committee & Political Parties ONLY)

\$ 0.00

### Total Spending

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$ 4,761.33

## Authorization

**Full Name of Committee/Person**

Joel for Littleton

**Funds on Hand at the Beginning of Reporting Period**

(monetary only)

\$ 4,238.99

**Total Monetary Contributions**

From Detailed Summary Page

\$ 1,100.00

**Total of Monetary Contributions & Beginning Amount**

(sum of above)

\$ 5,338.99

**Total Monetary Expenditures**

From Detailed Summary Page

\$ 4,761.33

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

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 577.66

**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 \*****Candidate's Name \***

Joel R Zink

**Candidate's Signature \***