

Received

OCT 18, 2022

General Information

CITY CLERK

Full Name of Committee/Person *

Vote yes for Littleton DDA

Committee/Person Address*

Street Address 6347 S Hill St. Address Line 2

City State / Province / Region

Littleton CO Postal / Zip Code Country

80120 **United States**

Committee Type *

Issue Committee

Financial Institution Address

Street Address

5350 s Santa Fe drive suite G

Address Line 2

City State / Province / Region

Littleton CO Postal / Zip Code Country

80120 **United States**

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

9/22/2022 10/18/2022

Funds on Hand at the Beginning of Reporting Period *

(monetary only)

\$ 1,000.00

Declared Total Spending

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

\$ 0.00

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

Kalena Murib

Itemized Contributions Statement (\$20 or more)

[1-45-108(1)(a), C.R.S.]			
Date Accepted *	Contribution Amt.	*	Aggregate Amt.*
09/22/2022	\$ 500.00		\$ 1,500.00
Electioneering Communication *			
Yes		○ No	
Contributor Name * (Last, First) Greg reinke			
Contributor Address*			
Street Address 5663 S Price St. Address Line 2			
City		State / Province / Re	egion
Littleton		CO	33.0.1
Postal / Zip Code		Country	
80120		United States	
Contribution Description * Check Contributor Employer (if applicable, mandatory) Reinke brothers Contributor Occupation (if applicable, mandatory) Owner			
Date Accepted *	Contribution Amt.	*	Aggregate Amt. *
10/14/2022	\$ 250.00		\$ 1,742.00
Electioneering Communication* Yes		○ No	
Contributor Name * (Last, First) Korri Lundock			

Contributor Address* Street Address 6561 S cook Ct Address Line 2 City State / Province / Region Centennial CO Postal / Zip Code Country 80121 **United States** Contribution Description * 250.00 check **Contributor Employer** (if applicable, mandatory) Redstone **Contributor Occupation** (if applicable, mandatory)

Full Name of Committee/Person Kalena Murib Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.] Date Expended * Expenditure Amt* mm/dd/yyyy \$ 0.00 Recipient is (optional) **Electioneering Communication*** Committee Yes Non-Committee No Expenditure Name * Expenditure Address * Street Address NA Address Line 2 City State / Province / Region NA NA Postal / Zip Code Country **United States**

Schedule B

Purpose of Expenditure *

NA

Schedule C

Full Name of Committee/Person

Kalena Murib

Loans

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 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

Provide for all loans listed above

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

\$

Schedule D

Full Name of Committee/Person

Kalena Murib

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** Kalena Murib 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 Non-Monetary Contribution Address** Street Address Address Line 2 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

Contributions and Expenditures Detailed Summary

Full Name of Committee/Person

Kalena Murib

Reporting Period

From

Through

Covered

9/22/2022

10/18/2022

Contributions

Beginning reporting period funds on hand

Provided on General Information

\$ 1,000.00

Total Itemized Contributions (\$20 or more)

Provided on Schedule A

\$ 750.00

Loans Received

Provided on Schedule C

\$ 0.00

Returned Expenditures

Provided on Schedule D

\$ 0.00

Total Monetary Contributions

Sum of above

\$ 750.00

Itemized Expenditures (\$20 or more)

Provided on Schedule B

Expenditures

\$ 0.00

Loan Repayments Made

Provided on Schedule C

\$ 0.00

Total Monetary Expenditures

Sum of above Expenditures

\$ 0.00

Total Coordinated Non-Monetary Expenditures

(Candidate/Candidate Committee & Political Parties ONLY)

\$ 0.00

Total Spending

Total Monetary Expenditures + Total Coordinated Non-Monetary Expenditures

\$ 0.00

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

Kalena Murib

Funds on Hand at the Beginning of Reporting Period

(monetary only)

\$ 1,000.00

Total Monetary Contributions

From Detailed Summary Page

\$ 750.00

Total of Monetary Contributions & Beginning Amount

(sum of above)

\$ 1,750.00

Total Monetary Expenditures

From Detailed Summary Page

\$ 0.00

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

Total of Monetary Contributions & Beginning Amount minus Total Monetary Expenditures

\$ 1,750.00

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 *

Kalena Murib

Registered Agent's Signature *

4.

Candidates Name *

NA

Candidates Signature *