

NOV 2, 2021

Space Below For Office Use Only

THORNTON CITY CLERK

Elections Division  
 Department of State  
 1700 Broadway, Ste. 200  
 Denver, CO 80290  
 Ph: (303) 894-2200 ext. 6383  
 Fax: (303) 869-4861  
 Email: cpfhelp@sos.state.co.us  
 www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Committee to Elect Julia Marvin <small>As Shown on Registration</small>
Address of Committee/Person:	10305 Gaylord St
City, State & Zip Code:	Thornton, CO 80229
Committee Type:	Political Committee
Name and Address of Financial Institution:	Firstbank, 3990 E 104th Ave, Thornton CO 80233

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:



Regularly Scheduled Filing.

October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election)

October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election)

December 2, 2021 (30 days after the November 2, 2021 Municipal Election)

Annual - candidates from prior election held on

November 5, 2019

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 in Line 5)

Reporting Period Covered:

10/28/2011/2/20  
date

Through

10/27/21 11/1/21  
date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$174.27
2	Total Monetary Contributions (line 11)	\$0.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$174.27
4	Total Monetary Expenditures (line 19)	\$30.00
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$144.27

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 10 (2) (a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate) 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.

Print Registered Agent's (Treasurer's) Name: Alex Marvin

Registered Agent's (Treasurer's) Signature: *Alex Marvin* Date: 11/1/2021

Print Candidate Name: Julia Marvin

Candidate's Signature: *Julia Marvin* Date: 11/1/2021

## Schedule B - Itemized Expenditures Statement (\$20 or more)

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

**Full Name of Committee/Person:**

Committee to Elect Julia Marvin

**Reporting Period Covered:**

11/2/20  
date

**Through**

11/1/21  
date

**Total Itemized Expenditures:**

#REF!

**PLEASE PRINT/TYPER**

1 <u>Date Expended</u> 10/1/21	4 Name (Last, First): <u>Firstbank</u>
2 <u>Amount</u> \$ <u>30.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>annual bank fees</u>

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Amount</u> \$ _____	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____