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NOV 03 2023

THORNTON CITY CLERK

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:	4814 E 110th Pl
City, State & Zip Code:	Thornton, CO 80233
Committee Type:	Candidate 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.**
- 21 days prior to the Municipal Election
 - Friday prior to the Municipal Election
 - 30 days after the Municipal Election
 - Annual - candidates from prior election held on

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:

10/13/23

date

Through

10/29/23

date

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

\$ N/A

Totals Detailed Summary Page

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$30,542.30
2	Total Monetary Contributions (line 11)	\$13,575.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$44,117.30
4	Total Monetary Expenditures (line 19)	\$35,524.46
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$8,592.84

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: Cameron Naish

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Julia Marvin

Candidate's Signature: Julia Marvin Date: 11/3/23

DETAILED SUMMARY

Full Name of Committee/Person: Committee To Elect Julia Marvin

Current Reporting Period: 10/13/23 **Through** 10/29/23

Funds on hand at the beginning of reporting period (Monetary Only):		\$30,542.30
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$13,575.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$13,575.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$12,500.00
13	Total Contributions (Line 11 + line 12)	\$26,075.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$35,524.46
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	
16	Loan Repayments Made (Please list on Schedule "C")	\$0.00
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$35,524.46
20	Total Expenditures 18 + Line 19)	\$35,524.46

Schedule A - Itemized Contributions 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: 10/13/23 **Through** 10/29/23
date date

WARNING: Please read the instruction page for Schedule "A" before completing!

Total Itemized Contributions: \$ 13,575.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): <u>See attached spreadsheet</u>
2 <u>Contribution Amount</u>	5 Address: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	7 Description: _____
\$	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u>	5 Address: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	7 Description: _____
\$	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u>	5 Address: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	7 Description: _____
\$	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u>	5 Address: _____
\$ 	6 City/State/Zip: _____
3 <u>Aggregate Amount*</u>	7 Description: _____
\$	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits 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).

Julia Marvin Contributions

Amount	Date	First Name	Last Name	Address Line	City	State	ZIP	Occupation	Employer
5000	10/13/2023	Greater Than PAC						not employed	not employed
100	10/17/2023	Jacque	Phillips	8960 Fox Dr #204	Thornton	CO	80260	Attorney	Self employed
100	10/18/2023	Toni	Gillott	12253 Tamarac St	Thornton	CO	80602	RN	Kaiser Permanente
500	10/20/2023	Stephen	Yugel	6156 MOORE ST	ARVADA	CO	80004	Not Employed	Not Employed
25	10/21/2023	Heidi	Henkel	14049 Park Cove Dr.	Broomfield	CO	80023	Executive Director	CRSP
5,000	10/23/2023	The Next 50 PAC		N/A	N/A			Not Employed	Not Employed
25	10/23/2023	Joseph	Zemek	1090 W 69th Ave	Denver	CO	80221	Data Manager	Colorado Democratic Party
200	10/23/2023	Colorado BlueFlower	Fund SDC	PO BOX 44143	denver	CO	80201	Not Employed	Not Employed
2500	10/24/2023	SEIU Local 105		2525 W Alameda Ave. Suite 200	Denver	CO	80210	not Employed	Not Employed
100	10/25/2023	Beckie	Bean	2090 Fir Drive	Thornton	CO	80229	Communications	State of Colorado

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:

10/13/23

date

Through

10/29/23

date

Total Itemized Expenditures:

35,524.46

PLEASE PRINT/TYPE

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

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

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

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

Julia Marvin Expenditures

Date	Amount	Name	Address	Purpose
10/16/23	20	Squarespace	n/a	website
10/23/23	620	Faraj Atwi	2059 S. Jamaica Ct. • Aurora, CO 80014	campaign operations
10/23/23	250	Facebook	n/a	marketing
10/26/23	23564.46	Mission Control	624 Hebron Ave Glastonbury, CT 06033	mail
10/27/23	3,500.00	Chism Strategies	305 Green Oak Lane Madison, MS 39110	voter outreach
10/28/23	2500	Bright Star Strategies	780 Westview Dr. Bayfield, CO 81122	voter outreach
10/28/23	5000	Reverb Media	9583 Heather Court Blue Ash, OH 45242	voter outreach
10/29/23	20	Adobe Acrobat	n/a	PDF and design service
10/29/23	50	Facebook	n/a	marketing

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Committee To Elect Julia Marvin

Reporting Period Covered: 10/13/23 **Through** 10/29/23
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

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

PLEASE PRINT/TYPER

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPER

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Committee To Elect Julia Marvin

Reporting Period Covered: 10/13/23 Through 10/29/23
date date

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Committee To Elect Julia Marvin

Reporting Period Covered: 10/13/23 **Through** 10/29/23
date date

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]
[C.R.S. 1-45-108 (1)]

Full Name of Committee/Person: Committee To Elect Julia Marvin

Reporting Period Covered: 10/13/23 Through 10/29/23
date date

Total Itemized Expenditures: \$12,500.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u> 10/29/23	4 Name (Last, First): DS Political
2 <u>Fair Market Value</u> \$12,500.00	5 Address: 1133 15th St NW, Suite 800
3 <u>Aggregate Amount</u>	6 City/State/Zip: Washington DC 20005
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):
	10 <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
3 <u>Aggregate Amount</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
3 <u>Aggregate Amount</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
3 <u>Aggregate Amount</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First):
2 <u>Fair Market Value</u>	5 Address:
3 <u>Aggregate Amount</u>	6 City/State/Zip:
	7 Description:
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

* Note: 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."