

Colorado Secretary of State  
 Elections Division  
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Space Below For Office Use Only

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

<b>Full Name of Committee/Person:</b>	<i>Friends of Jerry Marks</i>
<small>As Shown On Registration</small>	
<b>Address of Committee/Person:</b>	<i>8250 Garland Dr.</i>
<b>City, State &amp; Zip Code:</b>	<i>Arvada, CO 80005</i>
<b>Committee Type:</b>	<i>Candidate</i>
<b>Name and Address of Financial Institution</b>	<i>Coors Credit Union, 7721A Wadsworth Blvd., Arvada, CO 80003</i>

**SOS ID NUMBER** (state and county committees):

**Type of Report**

- Regularly Scheduled Filing.
- 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)
- Check this box if this Report Contains Electioneering Communications Information

**Reporting Period Covered:**  Date **Through**  Date

**Declared Total Spending** (if applicable) [Art. XXVIII, Sec. 4(1)] \$

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 9,332.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 9,332.00
4	Total Monetary Expenditures (line 19)	\$ 7,143.66
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 2,188.34

**The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.**  
 [Art. XXVIII Sec. 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 Name: *Jannell E. Marks*  
 Registered Agent's Signature: *Jannell E. Marks* Date: *9/21/15*  
 Print Candidate Name: *GERALD J. MARKS*  
 Candidates Signature: *Gerald J. Marks* Date: *9/21/15*

**DETAILED SUMMARY**

Full Name of Committee/Person: Friends of Jerry Marks

Current Reporting Period: 2/1/15 Through 9/14/15

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 0.00
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 4,114.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 143.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 5,025.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ —
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ —
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 9,332.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 596.93
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 9,928.93
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 7,067.96
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 75.70
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0.00
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ —
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ —
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 7,143.66
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 7,143.66

**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5/19/15	4. Name (Last, First): <u>McCarron, Michael</u>
2. <u>Contribution Amt.</u> \$ 500 <sup>00</sup>	5. Address: <u>8647 Gladiola Cir.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Lakeside Insurance</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>President/owner</u>

1. <u>Date Accepted</u> 5/24/15	4. Name (Last, First): <u>Nielsen, Brian</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>2417 S. Holman Cir.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Lakewood, CO 80228</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>City of Lakewood</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Environmental Manager</u>

1. <u>Date Accepted</u> 5/24/15	4. Name (Last, First): <u>Marks, Amy</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>8250 Garland Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Adams 5-Star Schools</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Teacher</u>

1. <u>Date Accepted</u> 3/21/15	4. Name (Last, First): <u>Owens, Patty</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>5955 Garland St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Jeffco Public Schools</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>teacher</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).

**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Friends of Jerry Marks

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 3/21/15	4. Name (Last, First): <u>Bodnar, John</u>
2. <u>Contribution Amt.</u> \$ 150	5. Address: <u>7890 W. 80th Cir.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Noviscon Realty</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner</u>

1. <u>Date Accepted</u> 6/1/15	4. Name (Last, First): <u>McGoff, R.</u>
2. <u>Contribution Amt.</u> \$ 99.00	5. Address: <u>7855 Allison Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 5/29/15 <del>100</del>	4. Name (Last, First): <u>Hartbarger, Hazel</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7201 Quail St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Litzau, Michael</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>10716 Zuni Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver, CO 80234</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Sooper Credit Union</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Vice President</u>

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**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

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1. <u>Date Accepted</u> 6/13/15	4. Name (Last, First): <u>Bassett, Marie</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>6781 West Woods Cir.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 5/6/15	4. Name (Last, First): <u>Slinger, Ron</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>7057 Robb St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Red Rocks Community College</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Executive Director, RRCC Foundation</u>

1. <u>Date Accepted</u> 5/15/15	4. Name (Last, First): <u>Gablehouse, Timothy</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7454 Queen Cir.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>attorney</u>

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Camins, Steve</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>8278 Upham Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Financial Dimensions</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner</u>

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**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Friends of Jerry Marks

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**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Green, Martin</u>
2. <u>Contribution Amt.</u> \$ <u>70.00</u>	5. Address: <u>6311 W 73<sup>rd</sup> Ave</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Custom Environmental</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>General Manager</u>

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Skul, Aimee</u>
2. <u>Contribution Amt.</u> \$ <u>250.00</u>	5. Address: <u>6410 W 83<sup>rd</sup> Pl</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Skul Insurance</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner</u>

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Stocker, Linda</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>9850 W 81<sup>st</sup> Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Stahl, Michael</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>6677 Arbutus St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Highpoint Financial Group</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Fin. Svcs. Prof.</u>

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**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>5/29/15</u>	4. Name (Last, First): <u>Youse, D.W.</u>
2. <u>Contribution Amt.</u> \$ <u>30.00</u>	5. Address: <u>6347 DeFrame Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> <u>5/29/15</u>	4. Name (Last, First): <u>Zenzinger, Rachel</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>7725 Marshall St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>CO Educator Voice Fellowship</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Project Manager</u>

1. <u>Date Accepted</u> <u>5/29/15</u>	4. Name (Last, First): <u>Urban, Steve</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>6885 Allison St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> <u>5/29/15</u>	4. Name (Last, First): <u>Jacobsen, Tom</u>
2. <u>Contribution Amt.</u> \$ <u>50.00</u>	5. Address: <u>10764 W. 85<sup>th</sup> Pl.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Sportline</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner</u>

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**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5/29/15	4. Name (Last, First): <u>Giddings, Mary Jo</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>7022 Quail St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 6/21/15	4. Name (Last, First): <u>Fellman, Kenneth</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>12659 W 84<sup>th</sup> Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Kissinger &amp; Fellman, PC</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>attorney</u>

1. <u>Date Accepted</u> 6/19/15	4. Name (Last, First): <u>Percy, Hereford</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>11365 W. 76<sup>th</sup> Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 8/15/15	4. Name (Last, First): <u>Williams, Richard</u>
2. <u>Contribution Amt.</u> \$ 200 <sup>00</sup>	5. Address: <u>7910 Ralston Road</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Helms, Less &amp; Williams</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>attorney</u>

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**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/25/15	4. Name (Last, First): <u>Harkreader, Larry</u>
2. <u>Contribution Amt.</u> \$ 90 <sup>00</sup>	5. Address: <u>420 East Elm St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Lafayette, CO 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Home maker</u>

1. <u>Date Accepted</u> 8/29/15	4. Name (Last, First): <u>Guinn, Kim</u>
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: <u>8290 Garland Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Adams 5-star Schools</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Teacher</u>

1. <u>Date Accepted</u> 8/17/15	4. Name (Last, First): <u>Stocker, Linda</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>9850 W. 81<sup>st</sup> Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 200 <sup>00</sup>	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</u>

1. <u>Date Accepted</u> 8/17/15	4. Name (Last, First): <u>Carhart, Jeffrey</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>7453 S. Glencoe Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Centennial, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Custom Environmental</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>warehouse manager</u>

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**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Friends of Jerry Marks

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 8/26/15	4. Name (Last, First): <u>Haigler, Lawrence</u>
2. <u>Contribution Amt.</u> \$ 200 <sup>00</sup>	5. Address: <u>11357 W 55<sup>th</sup> Lane</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Haigler F&amp;F LLC</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>President</u>

1. <u>Date Accepted</u> 8/22/15	4. Name (Last, First): <u>Davis, Jackie</u>
2. <u>Contribution Amt.</u> \$ 75 <sup>00</sup>	5. Address: <u>10845 E Colorado Dr, #</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Aurora, CO 80012</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>CO Connect for Health</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>System Analyst</u>

1. <u>Date Accepted</u> 9/9/15	4. Name (Last, First): <u>Carroll, Liz</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>34 Flower St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Lakewood, CO 80226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>self</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>accountant</u>

1. <u>Date Accepted</u> 9/9/15	4. Name (Last, First): <u>Carroll, John</u>
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: <u>14981 W. 32<sup>nd</sup> Pl.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Golden, CO 80401</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>retired</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).

**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/10/15	4. Name (Last, First): <u>McCasky, Daniel</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>7450 Quail St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>City of Lakewood</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Police Officer</u>

1. <u>Date Accepted</u> 9/4/15	4. Name (Last, First): <u>Marks, Kelly</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>8250 Garland Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>YMCA</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Building Supervisor.</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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 Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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).

**Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Friends of Jerry Marks

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 5/22/15	4. Name: <u>C &amp; D Printing</u>
2. <u>Amount</u> \$ 260.24	5. Address: <u>5351 Tennyson St. Unit 1-C</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80212</u>
	7. Purpose of Expenditure: <u>Envelopes</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/1/15	4. Name: <u>C &amp; D Printing</u>
2. <u>Amount</u> \$ 395.68	5. Address: <u>5351 Tennyson St. Unit 1-C</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80212</u>
	7. Purpose of Expenditure: <u>Pack cards, post cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 5/29/15	4. Name: <u>Indian Tree Restaurant</u>
2. <u>Amount</u> \$ 505.84	5. Address: <u>7555 Wadsworth Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80005</u>
	7. Purpose of Expenditure: <u>Room/food - campaign kickoff</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/13/15	4. Name: <u>Gear-N-Up</u>
2. <u>Amount</u> \$ 1133.95	5. Address: <u>8201 Shaffer Pkwy #A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, CO 80125</u>
	7. Purpose of Expenditure: <u>yard-signs, banners, <del>shirts</del>, stickers, balloons</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/24/15	4. Name: <u>Arvada Chamber of Commerce</u>
2. <u>Amount</u> \$ 99.00	5. Address: <u>7305 Grandview Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80005</u>
	7. Purpose of Expenditure: <u>Booth - Sand in the City</u>
	<input type="checkbox"/> Check box if Electioneering Communication

**Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Friends of Jerry Marks

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>6/24/15</u>	4. Name: <u>Gear-N-Up</u>
2. <u>Amount</u> \$ <u>352.54</u>	5. Address: <u>8201 Shaffer Pkwy #A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, CO 80127</u>
	7. Purpose of Expenditure: <u>t-shirts</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>8/6/15</u>	4. Name: <u>Moonshadow Mobile</u>
2. <u>Amount</u> \$ <u>860.00</u>	5. Address: <u>44 W Broadway Suite 400</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Eugene, OR 97401</u>
	7. Purpose of Expenditure: <u>Ground Game 2 - voter mapping</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>8/16/15</u>	4. Name: <u>Gear-N-Up</u>
2. <u>Amount</u> \$ <u>792.10</u>	5. Address: <u>8201 Shaffer Pkwy #A</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, CO 80127</u>
	7. Purpose of Expenditure: <u>yard signs</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>8/19/15</u>	4. Name: <u>C&amp;D Printing</u>
2. <u>Amount</u> \$ <u>248.56</u>	5. Address: <u>5351 Tennyson St. Unit 1-C</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80212</u>
	7. Purpose of Expenditure: <u>rack cards</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/4/15</u>	4. Name: <u>Colorado Community Media - North Metro</u>
2. <u>Amount</u> \$ <u>2400.00</u>	5. Address: <u>8703 Yates Dr. #210</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westminster, CO 80031</u>
	7. Purpose of Expenditure: <u>Arvada Press ads</u> <input type="checkbox"/> Check box if Electioneering Communication

**Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

Full Name of Committee/Person: Friends of Jerry Marks

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 5/6/15	4. Name: <u>Piryx, Inc.</u>
2. <u>Amount</u> \$ 20.05	5. Address: <u>580 Howard St. #402</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>San Francisco, CA 94105</u>
	7. Purpose of Expenditure: <u>transaction fee</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

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

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

**Schedule C - Loans**

Full Name of Committee/Person: Friends of Jerry Marks

**LOANS - Loans Owed by the Committee**

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)  
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

**LOAN SOURCE**

Name (Last, First or Institution): Marks, Jerry

Address: 8250 Garland Dr

City/State/Zip: Arvada, CO 80005

Original Amount of Loan: \$ 5,025.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 5,025.00

Total of All Loans This Reporting Period: \$ 5,025.00  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 0.00  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ \_\_\_\_\_  
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 5,025.00

TERMS OF LOAN: 2/11/15  
Date Loan Received

N/A  
Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

**Full Name of Committee/Person:** Friends of Jerry Marks

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u> 4/1/15	4. Name (Last, First): <u>Wright, Dot</u>
2. <u>Fair Market Value</u> \$ 381.27	5. Address: <u>7187 W. 79th Dr</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Arvada, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>t-shirts / decals</u>
	8. Employer (if applicable, mandatory): <u>PIIAC</u>
	9. Occupation (if applicable, mandatory): <u>Executive Director</u>
10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *	

1. <u>Date Provided</u> 8/27/15	4. Name (Last, First): <u>Marks, Jannell</u>
2. <u>Fair Market Value</u> \$ 215.66	5. Address: <u>8250 Garland Dr</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Arvada, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>food &amp; paper products for neighborhood BBQ</u>
	8. Employer (if applicable, mandatory): <u>Xcel Energy</u>
	9. Occupation (if applicable, mandatory): <u>Director</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 Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
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."