Colorado Secretary of State Elections Division 1700 Broadway, Stc. 200 Denver, CO 80290 Ph:

(303) 894-2200 dial 3 (303) 869-4861 Fax: Email: cpfhelp@sos.state.co.us

www.sos.state.co.us



# REPORT OF CONTRIBUTIONS AND EXPENDITURES

|   | ado Constitution and Tital 1, Article 45 c                        | of the Colora | ado Revised Statute (C.R.S.)                  |
|---|---|---------------|---|
| Full Name of Committee/Person:  | John Marriott   |               |   |
| Address of C  | As Shown On Registration  |               |   |
| Address of Committee/Person:  | 5595 Carr St.   |               |   |
| City, State & Zip Code:   | Arvada, CO. 80002   |               |   |
| Committee Type:   | Candidate Committee   |               |   |
| Name and Address of Financial<br>Institution  | Community Banks of Colorado, 7530 Grandview Av. Arvada, CO. 80002 |               |   |
| COMMITTEE ID  | NUMBER  |               |   |
| <b>Type of Report</b>   |   |               | 5   |
| Regularly Scheduled Filing  Amended Filing. This amend Submit changes or new informati  | s previous report filed on (date)                                 |               |   |
| Termination Report. (Termin   | nation Reports MUST Have a Monetary I                             | Balance of Z  | Zero in Line 5)                               |
| 1 1   | t Contains Electioneering Commu                                   |               |   |
| Reporting Period Covered: Se  | eptember 14th, 2021   | Through       | October 7th, 2021                             |
| T. 1  | Date  | i mougi       | Date  |
| Declared Total Spending (if appl<br>[Art. XXVIII, Sec. 4(1)]  | icable) \$  |               | Date  |
|   |   |               |   |
| 1 Funds on Hand at the Beginning  |   |               | Totals Detailed Summary Page                  |
| The at the Beginning  | of Reporting Period (monetary only)                               |               | \$9701.13                                     |
| Total Monetary Contributions (line 11) \$1300.00  |   | \$1300.00     |   |
| Total of Monetary Contributions Total Monetary Expenditures (line   | & Beginning Amount (line I + line 2                               | 2)            | \$11,001.13                                   |
| Total Monetary Expenditures (line 19)   |   | \$2373.60     |   |
| Flinds on Hand of the End of Denset's D' 1  |   | \$8627.53     |   |
|   |   |               |   |
|   | all impose a penalty of \$50 per day<br>[Art. XXVIII Sec. 10(2)(a | 1)            |   |
| Authorization (Must be completed by penalty of perjury, that to the best of mincluding any contributions received in permissible sources. |   |               |   |
| Print Registered Agent's Name:  | hn Marriott   |               |   |
| Registered Agent's Signature:   | Mariott   |               | Date: 10/12/2021                              |
| Print Candidate Name: John Marrio   | ott   |               | ,   |
| Candidates Signature:   | amatt   |               | Date: 10/12/2021                              |
|   |   |               | Colorado Secretary of State Form Rev. 07/2016 |

### **DETAILED SUMMARY**

Full Name of Committee/Person: John Marriott

**Current Reporting Period:** 

September 14th, 2021

Through October 7th, 2021

| Fu | nds on hand at the beginning of reporting period (Monetary Only)   | \$9701.13             |
|----|--|-----------------------|
| 6  | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")                                | \$1300.00             |
| 7  | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)  | \$                    |
| 8  | Loans Received (From Schedule "C")   | \$                    |
| 9  | Total of Other Receipts (Interest, Dividends, etc.)  | \$                    |
| 10 | Returned Expenditures (from recipient) (From Schedule "D")   | \$                    |
| 11 | Total Monetary Contributions (Total of lines 6 through 10)   | \$ 1300.00            |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)                                | \$                    |
| 13 | Total Contributions (Line 11 + line 12)  | 1300.00               |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")                                 | \$2373.60             |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)   | \$                    |
| 6  | Loan Repayments Made (From Schedule "C")   | \$                    |
| 7  | Returned Contributions (To donor) (Please list on Schedule "D")  | \$                    |
| 8  | Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only) | \$                    |
| 9  | Total Monetary Expenditures (Total of lines 14 through 17)   | \$ <sup>2373.60</sup> |
| 0  | Total Spending (Line 18 + line 19)   | \$ <sup>2373.60</sup> |

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

Full Name of Committee/Person:

John Marriott

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

| 1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * \$ 500.00 1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 500.00 1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * \$ 500.00 4. Name (Last, First): Metro Housing Coalition  1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * \$ 500.00 4. Name (Last, First): Metro Housing Coalition  1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * \$ 600.00 4. Name (Last, First): Edward Lyons 4. Name (Last, First): Edward Lyons 5. Address: \$ 5703 Field St. \$ 600.00 6. City/State/Zip: Arvada, CO. 80002 7. Description: Check 8. Employer (if applicable, mandatory): Retired 9-28-2021 4. Name (Last, First): Edward Lyons 5. Address: \$ 5703 Field St. \$ 600.00 6. City/State/Zip: Arvada, CO. 80002 7. Description: Check 8. Employer (if applicable, mandatory): Retired 9-28-2021 4. Name (Last, First): Thomas Menk 5. Address: \$ 577 Flora Way 5. Occupation (if applicable, mandatory): Self Check box if Electioneering  | PLEASE PRINT/TYPE |  |  |  |
|---|-------------------|--|--|--|
| 2. Contribution Amt. \$ 500.00 3. Aggregate Amt. * {  | 1. Date Accepted  |  |  |  |
| \$ 500.00  3. Aggregate Amt. * \$ 1. Description: Check  8. Employer (if applicable, mandatory): Professional Association  1. Date Accepted 9-28-2021  3. Aggregate Amt. * \$ 500.00  4. Name (Last, First): Metro Housing Coalition  5. Address: 500.00  6. City/State/Zip: 4. Name (Last, First): Metro Housing Coalition  7. Description: Check  8. Employer (if applicable, mandatory): Professional Association  9. Occupation (if applicable, mandatory): Professional Association  1. Date Accepted 9-26-2021  1. Date Accepted 9-26-2021  2. Contribution Amt. * \$ 100.00  3. Aggregate Amt. * \$ 100.00  3. Aggregate Amt. * \$ 2. Contribution Coalition  1. Date Accepted 9-26-2021  4. Name (Last, First): Edward Lyons  5. Address: 5703 Field St.  6. City/State/Zip: Arvada, CO. 80002  7. Description: Check  8. Employer (if applicable, mandatory): Retired  9. Occupation (if applicable, mandatory): Retired  9. Occupation (if applicable, mandatory): Retired  1. Date Accepted 9-28-2021  2. Contribution Amt. * \$ 100.00  3. Aggregate Amt. * \$ 2. Contribution Amt. * \$ 3. Aggregate Amt. * \$ 3. Aggregate Amt. * \$ 4. Name (Last, First): Thomas Menk  9. Occupation (if applicable, mandatory): Self  Check box if Electioneering Communication  1. Date Accepted 9-28-2021  2. Contribution Amt. * \$ 5. Address: 5977 Flora Way  1. Date Accepted 9-28-2021  2. Contribution Amt. * \$ 5. Employer (if applicable, mandatory): Retired  9. Occupation (if applicable, mandatory): Insurance  1. Date Accepted 9-28-2021  2. Contribution Amt. * \$ 5. Employer (if applicable, mandatory): Self  Check box if Electioneering Communication  1. Date Accepted 9-28-2021  2. Contribution Amt. * \$ 5. Employer (if applicable, mandatory): Self  Check box if Electioneering Communication  1. Date Accepted 9-28-2021  2. Contribution Amt. * \$ 5. Employer (if applicable, mandatory): Self  Check box if Electioneering Communication  1. Date Accepted 9-28-2021  4. Name (Last, First): Insurance  9. Occupation (if applicable, mandatory): Insurance  |                   |  |  |  |
| Check box if Electionecring Communication   |                   | 5. Address: 7100 East Belleview Av.                                |  |  |
| 3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-28-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-28-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-26-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-26-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-28-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-28-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-28-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    1. Date Accepted 9-28-2021   3. Aggregate Amt. * \$   Check box if Electioneering Communication    4. Name (Last, First): Thomas Menk    5. Address: 5703 Field St.    6. City/State/Zip: Arvada, CO. 80002    7. Description: Check    8. Employer (if applicable, mandatory): Retired    9. Occupation (if applicable, mandatory): Retired    4. Name (Last, First): Thomas Menk    5. Address: 5977 Flora Way    6. City/State/Zip: Arvada, CO. 80004    7. Description: Check    8. Employer (if applicable, mandatory): Self    Check box if Electioneering Communication    9. Occupation (if applicable, mandatory): Insurance    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Insurance    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if applicable, mandatory): Self    1. Date Accepted    9. Occupation (if ap |                   | 6. City/State/Zip: Greenwood Village, Co. 80111                    |  |  |
| Electioneering Communication   9. Occupation (if applicable, mandatory): Professional Association   |                   |  |  |  |
| Electioneering Communication   9. Occupation (if applicable, mandatory): Professional Association   | Check box if      | 8. Employer (if applicable, mandatory):                            |  |  |
| 9-28-2021 4. Name (Last, First): Metro Housing Coalition  5. Address:  Check box if Electioneering Contribution Amt.  1. Date Accepted P-28-2021 4. Name (Last, First): Edward Lyons 5. Address: 5703 Field St. 6. City/State/Zip: 7. Description: Edward Lyons 7. Description: Edward Lyons 7. Address: 5703 Field St. 8. Employer (if applicable, mandatory): Check 8. Employer (if applicable, mandatory): Properties of the properties          | Electioneering    | 9. Occupation (if applicable, mandatory): Professional Association |  |  |
| 2. Contribution Amt. \$ 500.00  3. Aggregate Amt. *   | 1. Date Accepted  | Metro Housing Coolifica  |  |  |
| \$ 500.00  3. Aggregate Amt.*  \$ 7. Description: Check  8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):  1. Date Accepted 9-26-2021 2. Contribution Amt. \$ 100.00 3. Aggregate Amt.* \$ 7. Description:  Check box if Electioneering Communication  4. Name (Last, First): Edward Lyons  5. Address: 5703 Field St.  6. City/State/Zip: Arvada, CO. 80002  7. Description:  Check 8. Employer (if applicable, mandatory):  Petitioneering Communication  6. City/State/Zip: Information  7. Description:  Check 8. Employer (if applicable, mandatory):  Petitioneering Communication  7. Date Accepted 9-28-2021 9. Occupation (if applicable, mandatory):  1. Date Accepted 9-28-2021 9. Address: 577 Flora Way  6. City/State/Zip: Thomas Menk 9. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description:  Check Semployer (if applicable, mandatory):  Self Check box if Electioneering Communication  Self Insurance   | 9-28-2021         | 4. Name (Last, First): Metro Flousing Chandon                      |  |  |
| 3. Aggregate Amt. * \$ Check box if Electioneering Communication  1. Date Accepted 9-26-2021 2. Contribution Amt. \$ 100.00 3. Aggregate Amt. * \$ Check box if Electioneering Communication  4. Name (Last, First): Edward Lyons  5. Address: 5703 Field St. 6. City/State/Zip: Arvada, CO. 80002  7. Description: Check  8. Employer (if applicable, mandatory): Retired  6. City/State/Zip: Arvada, CO. 80002  7. Description: Check  8. Employer (if applicable, mandatory): Retired  9. Occupation (if applicable, mandatory): Thomas Menk  9. Occupation (if applicable, mandatory): Self  1. Date Accepted  9-28-2021 2. Contribution Amt. \$ 5. Address: 5977 Flora Way  1. One Check box if Check Self Self Self  1. Date Accepted  9-28-2021 2. Contribution Amt. \$ 5. Address: 5977 Flora Way  5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Check  8. Employer (if applicable, mandatory): Self  1. Date Accepted  9-28-2021 2. Contribution Amt. 5. Address: 5977 Flora Way  5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Check  8. Employer (if applicable, mandatory): Insurance   |                   | 5. Address:  |  |  |
| Check box if   Electioneering   Communication   Electioneering   Self   S            |                   | 6. City/State/Zip:   |  |  |
| Electioneering Communication   9. Occupation (if applicable, mandatory):  |                   |  |  |  |
| Electioneering Communication   9. Occupation (if applicable, mandatory):  | Check how if      | 8. Employer (if applicable, mandatory):                            |  |  |
| 1. Date Accepted 9-26-2021 2. Contribution Amt \$ 100.00 5. Address: 5703 Field St.  Check box if Electioneering Communication  1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 100.00 5. Address: 5703 Field St.  Check box if Electioneering Communication  1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 100.00 3. Aggregate Amt. * 5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Thomas Menk  7. Description: Check 8. Employer (if applicable, mandatory): Self Check box if Electioneering Communication  1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 100.00 3. Aggregate Amt. * 5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Check 8. Employer (if applicable, mandatory): Self Electioneering Communication  1. Date Accepted 9-28-2021 9-      | Electioneering    |  |  |  |
| 9-26-2021 4. Name (Last, First): Edward Lyons 5. Address: 5703 Field St. 5. Address: 5703 Field St. 6. City/State/Zip: Arvada, CO. 80002 7. Description: Check 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory):  1. Date Accepted 9-28-2021 4. Name (Last, First): Thomas Menk 9-28-2021 5. Address: 5703 Field St. 7. Description: Petrode 9- Occupation (if applicable, mandatory): Self 100.00 6. City/State/Zip: Arvada, CO. 80004 7. Description: Check 8. Employer (if applicable, mandatory): Self Electioneering Communication 9. Occupation (if applicable, mandatory): Insurance   | Communication     |  |  |  |
| 2. Contribution Amt. \$ 100.00  3. Aggregate Amt. * \$ Check box if Electioneering Communication  1. Date Accepted 9-28-2021  |                   | 4 Name 7 . T. Edward I vons  |  |  |
| \$ 100.00 6. City/State/Zip: Arvada, CO. 80002 7. Description: Check 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory):  1. Date Accepted 9-28-2021 2. Contribution Amt. \$ 100.00 3. Aggregate Amt. * \$ 100.00 6. City/State/Zip: Arvada, CO. 80004 7. Description: Check 8. Employer (if applicable, mandatory): Self Check box if Electioneering Communication  6. City/State/Zip: Arvada, CO. 80002  7. Description: Self Electioneering Communication  9. Occupation (if applicable, mandatory): Self Insurance  |                   |  |  |  |
| 6. City/State/Zip: Avada, CO. 50002  7. Description: Check 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory):  1. Date Accepted 9-28-2021 4. Name (Last, First): Thomas Menk 9-28-2021 5. Address: 5977 Flora Way 100.00 6. City/State/Zip: Arvada, CO. 80004 7. Description: Check 8. Employer (if applicable, mandatory): Self Electioneering Communication  Self Insurance  |                   |  |  |  |
| S. Aggregate Amt. *  Check box if Electioneering Communication  1. Date Accepted 9-28-2021  2. Contribution Amt. *  \$ 100.00  3. Aggregate Amt. *  Check box if Electioneering Communication  5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Check  8. Employer (if applicable, mandatory): Insurance  Check box if Electioneering Communication  7. Description: Self Electioneering Communication  8. Employer (if applicable, mandatory): Insurance  Check Insurance   |                   | 6. City/State/Zip: Arvada, CO. 80002                               |  |  |
| Self   Post of the Communication   Post of the Communica            |                   |  |  |  |
| Self   Post of the Communication   Post of the Communica            | Check box if      | 8. Employer (if applicable, mandatory): Retired                    |  |  |
| 1. Date Accepted 9-28-2021 4. Name (Last, First): Thomas Menk 2. Contribution Amt. \$ 100.00 5. Address: 5977 Flora Way 6. City/State/Zip: Arvada, CO. 80004 7. Description: Check 8. Employer (if applicable, mandatory): Self Electioneering Communication 9-28-2021 5. Address: 5977 Flora Way 6. City/State/Zip: Arvada, CO. 80004 7. Description: Check 8. Employer (if applicable, mandatory): Insurance  | Electioneering    |  |  |  |
| 9-28-2021  4. Name (Last, First): Thomas Menk  5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Check  8. Employer (if applicable, mandatory): Self  Communication  9-28-2021  4. Name (Last, First): Thomas Menk  5. Address: 5977 Flora Way  6. City/State/Zip: Arvada, CO. 80004  7. Description: Self  9. Occupation (if applicable, mandatory): Insurance   | Communication     |  |  |  |
| 2. Contribution Amt. \$ 100.00  |                   | 4 Nome C Thomas Menk   |  |  |
| \$ 100.00  3. Aggregate Amt. *  \$ Description: Check  8. Employer (if applicable, mandatory): Self  Communication  6. City/State/Zip: Arvada, CO. 80004  7. Description: Self  9. Occupation (if applicable, mandatory): Insurance   |                   |  |  |  |
| 3. Aggregate Amt. *  \$ 7. Description: Check  8. Employer (if applicable, mandatory): Self  Electioneering Communication  O. City/State/Zip:  The communication Self  9. Occupation (if applicable, mandatory): Insurance  |                   |  |  |  |
| 3. Aggregate Amt. *  The control of           |                   | 6. City/State/Zip: Arvada, CO. 80004                               |  |  |
| Check box if Electioneering Communication  8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):  Insurance  |                   |  |  |  |
| Electioneering 9. Occupation (if applicable, mandatory): Insurance  |                   |  |  |  |
| Communication   |                   |  |  |  |
|   | Communication     |  |  |  |

<sup>\*</sup> 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)

Full Name of Committee/Person:

John Marriott

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

| PLEASE PRINT/TYPE                       |  |  |  |
|---|--|--|--|
| 1. Date Accepted                        | 4. Name (Last, First): Libby Szabo   |  |  |
| 9-28-2021                               |  |  |  |
| 2. Contribution Amt                     | 5. Address: 7267 Beech Ct  |  |  |
| \$ 100.00                               | 6. City/State/Zip: Arvada, CO. 80005   |  |  |
| 3. Aggregate Amt. *                     | 7. Description: Check  |  |  |
| Check box if                            | 8. Employer (if applicable, mandatory): Retired  |  |  |
| Electioneering Communication            | 9. Occupation (if applicable, mandatory):  |  |  |
| 1. Date Accepted                        |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | 4. Name (Last, First):   |  |  |
| 2. Contribution Amt.                    | 5. Address:  |  |  |
| \$                                      | 6. City/State/Zip:   |  |  |
| 3. Aggregate Amt. *                     |  |  |  |
| Φ                                       | 7. Description:  |  |  |
| Check box if                            | 8. Employer (if applicable, mandatory):  |  |  |
| Electioneering Communication            | 9. Occupation (if applicable, mandatory):  |  |  |
| 1. Date Accepted                        |  |  |  |
| 1. <u>Buto recepted</u>                 | 4. Name (Last, First):   |  |  |
| 2. Contribution Amt.                    | 5. Address:  |  |  |
| \$                                      | 6. City/State/Zip:   |  |  |
| 3. Aggregate Amt. *                     | 7. Description:  |  |  |
| Check box if                            | 8. Employer (if applicable, mandatory):  |  |  |
| Electioneering                          | 9. Occupation (if applicable, mandatory):  |  |  |
| Communication                           |  |  |  |
| 1. Date Accepted                        | 4. Name (Last, First):   |  |  |
| 2. Contribution Amt.                    | 5. Address:  |  |  |
| \$                                      | 6. City/State/Zip:   |  |  |
| 3. Aggregate Amt. *                     | 7. Description:  |  |  |
| Check box if                            | 8. Employer (if applicable, mandatory):  |  |  |
| Electioneering                          | 9. Occupation (if applicable, mandatory):  |  |  |
| Communication  * For contribution limit | ts within a committee's election cycle or contribution cycle places refer to the C.U.  |  |  |
| v or contribution HMI                   | s within a committee's election cycle or contribution cycle alone of the committee's election cycle or contribution cycle alone of the cycle alone |  |  |

\* 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.

# Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

| PLEASE PRINT/TYPE                        |   |
|--|---|
| 1. <u>Date Expended</u><br>9-24-2021     | 4. Name: KBJD AM KNUS KRKS AM FM              |
| 2. Amount                                | 5. Address: 3131 S Vaughn Way STE 601         |
| \$ 2250.00<br>3.Recipient is (optional): | 6 City/State/Zin. Aurora CO 80014             |
| Committee                                | 7. Purpose of Expenditure: Online Advertising |
| Non-Committee                            | Check box if Electioneering Communication     |
| 1. <u>Date Expended</u><br>9-19-2021     | 4. Name: Stamps.com                           |
| 2. <u>Amount</u><br>\$ 123.60            | 5. Address:                                   |
| 3.Recipient is (optional):               | 6. City/State/Zip:                            |
| Committee Non-Committee                  | 7. Purpose of Expenditure: postage            |
| Date Expended                            | Check box if Electioneering Communication     |
| Date Expended                            | 4. Name:                                      |
| 2. Amount                                | 5. Address:                                   |
| Recipient is (optional):                 | 6. City/State/Zip:                            |
| Committee Non-Committee                  | 7. Purpose of Expenditure:                    |
|  | Check box if Electioneering Communication     |
| . Date Expended                          | 4. Name:                                      |
| . Amount                                 | 5. Address:                                   |
| Recipient is (optional):                 | 6. City/State/Zip:                            |
| Committee Non-Committee                  | 7. Purpose of Expenditure:                    |
|  | Check box if Electioneering Communication     |
| Date Expended                            | 4. Name:                                      |
| Amount                                   | 5. Address:                                   |
| Recipient is (optional):                 | 6. City/State/Zip:                            |
| Committee                                | 7. Purpose of Expenditure:                    |
| Non-Committee                            | Check box if Electioneering Communication     |

### Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person: John Marriott

### 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):  Marriott, John  5505 Corr St  |  |
| Address: 5595 Carr St.  |  |
| City/State/Zip: Arvada, CO. 80002   |  |
| Original Amount of Loan: \$6,800.00   | Interest Rate: 0   |
| Loan Amount Received This Reporting Period: \$  | Total of All Loans This Reporting Period: \$ 0   |
| Principal Amount Paid This Reporting Period: \$   | (Place on line 8 of Detailed Summary Report)   |
| Interest Amount Paid This Reporting Period: \$  |  |
| Amount Repaid This Reporting Period: \$\frac{0}{2} \text{Amount Repaid is sum of Principal & Interest entered on Detail Summary)} | Total Repayments Made: \$\frac{0}{2}\$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary) |
| Outstanding Balance: \$ 6,800.00  | )<br>  |
| TERMS OF LOAN:  | n Received Due Date for Final Payment  |
| 246 200   | n Received Due Date for Final Payment  |

### LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

| Full Name     | A 3 3                     |                   |
|---------------|---------------------------|-------------------|
| 2 doi 1 daine | Address, City, State, Zip | Amount Guaranteed |
|               |                           |                   |
|               |                           |                   |
|               |                           |                   |
|               | <b>i</b>                  |                   |
|               |                           |                   |
|               |                           |                   |
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# Schedule D - Returned Contributions & Expenditures

| <b>Returned Contributions</b> (Previously reported on Schedule A – Contributions accepted and then returned to donors) |   |  |
|--|---|--|
| PLEASE PRINT/TYP   | 3   |  |
| 1. Date Accepted   | 4. Name (Last, First):  |  |
| 2. <u>Date Returned</u>  | 5. Address:   |  |
| 3. Amount  | 6. City/State/Zip:  |  |
| \$   | 7. Purpose:   |  |
| 1. Date Accepted   |   |  |
| 2 Data Data  | 4. Name (Last, First):  |  |
| 2. <u>Date Returned</u>  | 5. Address:   |  |
| 3. Amount  | 6. City/State/Zip:  |  |
| <u> </u>   | 7. Purpose:   |  |
| EASE PRINT/TYPE  | Returned Expenditures  sly reported on Schedule B – Expenditures returned or refunded to the committee) |  |
| Date Expended  |   |  |
| . <u>Date Expended</u>   | 4. Name (Last, First):  |  |
|  | 4. Name (Last, First):  |  |
| . Date Returned  |   |  |
| . Date Returned . Amount   | 5. Address:  6. City/State/Zip:   |  |
| . <u>Date Returned</u> . <u>Amount</u>   | 5. Address:  6. City/State/Zip:  7. Comment (Optional):   |  |
| . Date Returned . Amount . Date Expended   | 5. Address:  6. City/State/Zip:  7. Comment (Optional):  4. Name (Last, First):                         |  |
| . Date Expended . Date Returned . Amount . Date Expended . Date Expended . Date Expended . Date Returned               | 5. Address:  6. City/State/Zip:  7. Comment (Optional):   |  |

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 Con            | nmittee/Person:   |
|-----------------------------|---|
| PLEASE PRINT/TYPE           |   |
| 1. Date Provided            | 4. Name (Last, First):  |
| 2. Fair Market Value        | 5. Address:   |
| \$                          | 6. City/State/Zip:  |
| 3. Aggregate Amt.           | 7. Description:   |
|                             | 8. Employer (if applicable, mandatory):   |
| Check box if Electioneering | 9. Occupation (if applicable, mandatory):   |
| Communication               | 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |
| 1. Date Provided            |   |
|                             | 4. Name (Last, First):  |
| 2. Fair Market Value        | 5. Address:   |
| \$                          | 6. City/State/Zip:  |
| 3. Aggregate Amt.           | 7. Description:   |
|                             | 8. Employer (if applicable, mandatory):   |
| Check box if Electioneering | 9. Occupation (if applicable, mandatory):   |
| Communication               | 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |
| 1. Date Provided            |   |
|                             | 4. Name (Last, First):  |
| 2. Fair Market Value        | 5. Address:   |
| \$                          | 6. City/State/Zip:  |
| 3. Aggregate Amt.           | 7. Description:   |
|                             | 8. Employer (if applicable, mandatory):   |
| Check box if Electioneering | 9. Occupation (if applicable, mandatory):   |
| Communication               | 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |

<sup>\*</sup> 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."