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 Ph: Fax: Email:



Space Below For Office Use Only CONDITIONALLY ACCEPTED

NOV 1 2019

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(C.R.S. 1-45-108)			
Full Name of Committee/Person:	Friends for David Acunto As Shown on Registration			
Address of Committee/Person:	12212 Quince St			
City, State & Zip Code: Thornton, CO 80602				
Committee Type:				
Name and Address of Financial Institution: Bellco Credit Union, 12820 Holly St, Thonton, CO 80602			80602	
Trunc and radioss of 1 manetar institution.	Denies creat chion, 12020 Hon	ly st, Thoman, ee	00002	
SOS ID NUMBER (state and cour	N/A			
Type of Report: Regularly Scheduled Filing. October 15, 2019 (21 days prior to the November 5, 2019 Municipal Election) November 1, 2019 (Friday prior to the November 5, 2019 Municipal Election) December 5, 2019 (30 days after the November 5, 2019 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: 10/11/19 Through 10/29/19 date Declared Total Spending (if applicable): [Art.				
Termination Report (Termination Reporting Period Covered:	Reports MUST have a Monetary Balance of Z 10/11/19 date	1 -		
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A	1 -	date Totals Detailed Summary Page	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A	1 -	date Totals Detailed Summary Page \$1,806.37	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting Total Monetary Contributions (line 11)	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A g Period (monetary only)	1 -	date Totals Detailed Summary Page \$1,806.37 \$550.00	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11)	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A g Period (monetary only)	1 -	date Totals Detailed Summary Page \$1,806.37	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A g Period (monetary only) uning Amount (line 1+ line 2)	1 -	Totals Detailed Summary Page \$1,806.37 \$550.00 \$2,356.37	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin 4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Period The appropriate officer shall impose [Authorization (Must be completed by either the that to the best of my knowledge or belief all contributions.]	10/11/19 date \$ N/A g Period (monetary only) uning Amount (line 1+ line 2) a penalty of \$50 per day for each of Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidate tributions received during this report	day that a report is: I hearby certify and ing period, including	Totals Detailed Summary Page \$1,806.37 \$550.00 \$2,356.37 \$1,530.67 \$825.70 filed late.	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin 4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Period The appropriate officer shall impose [Authorization (Must be completed by either the that to the best of my knowledge or belief all conform of membership dues transferred by a membership dues.]	10/11/19 date \$ N/A g Period (monetary only) uning Amount (line 1+ line 2) a penalty of \$50 per day for each of Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidate tributions received during this report	day that a report is: I hearby certify and ing period, including	Totals Detailed Summary Page \$1,806.37 \$550.00 \$2,356.37 \$1,530.67 \$825.70 filed late.	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin 4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Period The appropriate officer shall impose [Authorization (Must be completed by either the that to the best of my knowledge or belief all contributions.]	10/11/19 date \$ N/A g Period (monetary only) uning Amount (line 1+ line 2) a penalty of \$50 per day for each of Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidate tributions received during this report	day that a report is: I hearby certify and ing period, including	Totals Detailed Summary Page \$1,806.37 \$550.00 \$2,356.37 \$1,530.67 \$825.70 filed late.	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin 4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Period The appropriate officer shall impose [Authorization (Must be completed by either the that to the best of my knowledge or belief all conform of membership dues transferred by a membership dues.]	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A Period (monetary only) Ining Amount (line 1+ line 2) Ining Amount (line 3 - line 4) a penalty of \$50 per day for each of Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidate tributions received during this report ership organization, are from permiss	day that a report is: I hearby certify and ing period, including sible sources.	Totals Detailed Summary Page \$1,806.37 \$550.00 \$2,356.37 \$1,530.67 \$825.70 filed late.	
Termination Report (Termination Reporting Period Covered: Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)] 1 Funds on Hand at Beginning of Reporting 2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin 4 Total Monetary Expenditures (line 19) 5 Funds on Hand at End of Reporting Period The appropriate officer shall impose [Authorization (Must be completed by either the that to the best of my knowledge or belief all conform of membership dues transferred by a member Print Registered Agent's (Treasurer's) Name:	Reports MUST have a Monetary Balance of Z 10/11/19 date \$ N/A Period (monetary only) Ining Amount (line 1+ line 2) Ining Amount (line 3 - line 4) a penalty of \$50 per day for each of Art. XXVIII Sect. 10 (2) (a)] Registered Agent OR the Candidate tributions received during this report ership organization, are from permiss	day that a report is: I hearby certify and ing period, including sible sources.	Totals Detailed Summary Page \$1,806.37 \$550.00 \$2,356.37 \$1,530.67 \$825.70 filed late. I declare, under penalty of perjury, any contributions received in the	

DETAILED SUMMARY

Full Name of Committee/Person:

Friends for David Acunto

Current Reporting Period:

10/11/19

Through

10/29/19

Funds on	hand at the beginning of reporting period (Monetary Only):	¢1 007 27
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$1,806.37 \$550.00
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)	\$550.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$118.91
13	Total Contributions (Line 11 + line 12)	\$668.91
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$1,530.67
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)	\$1,530.67
20	Total Monetary Expenditures (Line 18 + Line 19)	\$1,530.67

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

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

Full Name of Committee/Person: Friends for David Acunto

Reporting Period Covered: 10/11/19 Through 10/29/19
date date

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

Total Itemized Contributions: \$ 550.00

PL	EASE PRINT/TYPE			· · · · · · · · · · · · · · · · · · ·
1	Date Accepted	4 Name (Last, First):	Realtor Candidate Po	litical Action Committee
	10/18/2019	5 Address:	309 Inverness Way S	
2	Contribution Amount	6 City/State/Zip:	Englewood, CO 8011	2
\$	250.00	7 Description	Check	
3	Aggregate Amount*	8 Employer (if applical	ole, <u>mandatory</u>): N	/A
\$		9 Occupation (if applic	able, mandatory): N	/A
1	Date Accepted	4 Name (Last, First):	Sarconi, Michael	
	10/21/2019	5 Address:	6425 Fenton St	
2	Contribution Amount	6 City/State/Zip:	Arvada, CO 80003	
\$	50.00	7 Description	Check	
3	Aggregate Amount*	8 Employer (if applical	ole, mandatory): N	/A
\$		9 Occupation (if applic	able, mandatory): N	/A
_				*
1	Date Accepted	4 Name (Last, First):	Ringsby, Penny	
1	Date Accepted 10/22/2019	4 Name (Last, First): 5 Address:	Ringsby, Penny 15252 Quince St	
1 2		5 Address:		
	10/22/2019 Contribution Amount	5 Address:	15252 Quince St	
2	10/22/2019 Contribution Amount	5 Address: 6 City/State/Zip:	15252 Quince St Thornton, CO 80602 Online Donation	ity of Denver
2 \$	10/22/2019 Contribution Amount 250.00	5 Address:6 City/State/Zip:7 Description8 Employer (if applical	15252 Quince St Thornton, CO 80602 Online Donation	
2 \$	10/22/2019 Contribution Amount 250.00	5 Address:6 City/State/Zip:7 Description8 Employer (if applical	15252 Quince St Thornton, CO 80602 Online Donation ole, mandatory): Ci able, mandatory): Re	ecords Supervisor
3 \$	10/22/2019 Contribution Amount 250.00 Aggregate Amount*	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicate) 9 Occupation (if applicate)	15252 Quince St Thornton, CO 80602 Online Donation ole, mandatory): Ci able, mandatory): Re	
3 \$	10/22/2019 Contribution Amount 250.00 Aggregate Amount*	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applical) 9 Occupation (if applical) 4 Name (Last, First):	15252 Quince St Thornton, CO 80602 Online Donation ole, mandatory): Ci able, mandatory): Re	ecords Supervisor
2 \$ 3 \$	Contribution Amount 250.00 Aggregate Amount* Date Accepted	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applical) 9 Occupation (if applical) 4 Name (Last, First): 5 Address:	15252 Quince St Thornton, CO 80602 Online Donation Dele, mandatory): Ci able, mandatory): Re	ecords Supervisor
2 \$ 3 \$	Contribution Amount 250.00 Aggregate Amount* Date Accepted	5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicated) 9 Occupation (if applicated) 4 Name (Last, First): 5 Address: 6 City/State/Zip:	15252 Quince St Thornton, CO 80602 Online Donation Dle, mandatory): Ci able, mandatory): Re	ecords Supervisor

^{*} 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) [C.R.S. 1-45-108-(1) (a)]

Full Name of Committee/Pe	Friends for Da	Friends for David Acunto		
Re	eporting Period Covered:	10/11/19 Through date Total Itemized Expenditures:	10/29/19 date 1,530.67	
PLEASE PRINT/TYPE		N 		
1 Date Expended 10/12/19 2 Amount \$ 125.00 3 Recipient is (optional): Committee Non-Committee	5 Address:	ook book Way Park, CA 94025 Facebook Ads		
1 Date Expended 10/14/19 2 Amount \$ 125.00 3 Recipient is (optional): Committee Non-Committee 1 Date Expended 10/17/19 2 Amount \$ 324.04 3 Recipient is (optional): Committee Non-Committee	6 City/State/Zip: Menlo 7 Purpose of Expenditure: 4 Name (Last, First): My Cr 5 Address: 3003 3	Park, CA 94025 Facebook Ads		
	()			
1 Date Expended 10/17/19 2 Amount \$ 125.00 3 Recipient is (optional): Committee	6 City/State/Zip: Menlo	Park, CA 94025		
Non-Committee	7 Purpose of Expenditure:	Facebook Ads		

Full Name of Committee/Person:		Friends for David Acunto			
	Reporting Pe	riod Covered:	10/11/19	Through [10/29/19
			date		date
PLEASE PRINT/TYPE					
1 <u>Date Expended</u> 10/21/19	4 Name (L	ast, First): Facebo	ook		-
2 Amount	5 Address:	1 Face	book Way		
\$ 125.00	6 City/State	e/Zip: Menlo	Park, CA 94025		
3 Recipient is (optional):					
Committee	7 Purpose	of Expenditure:	Facebook Ads		
Non-Committee	7 <u>-</u>				
No.4					
1 Date Expended	4 Name (L	act First). Stripe	Processing		
10/22/19		ast, 1115tj			
2 Amount	5 Address:	185 Be	erry St ste 550		
\$ 7.55	6 City/State		rancisco, CA		
3 Recipient is (optional):	7	•	<u> </u>		
Committee	7 Purpose	of Expenditure:	Online Processing Fee		
Non-Committee					
di-	0				
T	1	Mitter	- Group Colorado		
1 <u>Date Expended</u> 10/25/19	4 Name (La	ast, First):	ra Group- Colorado		-
2 <u>Amount</u>	5 Address:	5000 C	Osage St		
\$ 617.25	6 City/State	e/Zip: Denve	r, CO 80221		
3 Recipient is (optional):		_			3:
Committee	7 Purpose	of Expenditure:	Postcards		
Non-Committee					
	8				
1 Date Expended	4 Name (L	ast, First): Facebo	ook		
10/28/19 2 Amount	5 Address:	1 Face	Last Way		
		2	book Way		
\$ 81.83	6 City/State	e/Zip: Menlo	Park, CA 94025		
3 Recipient is (optional):					
Committee	7 Purpose	of Expenditure:	Facebook Ads		
Non-Committee					
1					

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: Friends for David Acunto				
Repor	ting Period Covered: 10/11/	Through	10/29/19	
	date		date	
		Total Itemized Expenditures	\$118.91	
PLEASE PRINT/TYP				
1 Date Provided	4 Name (Last, First): Thornoton LA	AFF Local 2376		
11/17/19	5 Address: <u>P.O Box 294</u>	26		
2 Fair Market Value	6 City/State/Zip: Thornton, CO	80229		
\$118.91	7 Description: Printed mater	rial/postcards		
	8 Employer (if applicable, mandato	ory):		
3 Aggregate Amount	9 Occupation (if applicable, manda	tory):		
	10 Check box if Coordinated w	vith a Candidate/Candidate Committ	ee or Political Party.*	
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, mandato	ory):		
3 Aggregate Amount	9 Occupation (if applicable, manda	tory):		
	10 Check box if Coordinated w	vith a Candidate/Candidate Committ	ee or Political Party.*	
1 Date Provided	4 Name (Last, First):			
	5 Addroggi			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, mandato	ory):	-	
3 Aggregate Amount	9 Occupation (if applicable, manda	tory):	***	
10 Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*				
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicable, mandato	ory):	-	
3 Aggregate Amount	9 Occupation (if applicable, manda	tory):		
	10 Check box if Coordinated w	vith a Candidate/Candidate Committee	ee or Political Party.*	
1 Date Provided	4 Name (Last, First):			
,	5 Address			
2 Fair Market Value	6 City/State/Zip:			
	7 Descriptions			
	8 Employer (if applicable, mandatory):			
3 Aggregate Amount	9 Occupation (if applicable, manda	tory):		
	10 Check box if Coordinated w	vith a Candidate/Candidate Committ	ee 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."