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DEC 0 2 2019

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Friends For David Acunto		
Address of Committee/Person:	As Shown on Registration 12212 Quince St		
City, State & Zip Code:	Thornton, CO 80602		
Committee Type:	Candidate Committee		
Name and Address of Financial Institution:	Bellco Credit Union, 12820 Holl	y St, Thornton, CO	80602
SOS ID NUMBER (state and coun	ty committees ONLY):		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: 10/30/19 Through 11/30/19 date Declared Total Spending (if applicable): [Art. (XXVIII, Sect 4(1)]]			
Funds on Hand at Beginning of Reporting	Period (monetary only)		Totals Detailed Summary Page \$825.70
2 Total Monetary Contributions (line 11)			\$0.00
3 Total of Monetary Contributions & Beginning Amount (line 1+ line 2)			\$825.70
4 Total Monetary Expenditures (line 19)			\$810.67
5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)			\$15.03
The appropriate officer shall impose	a penalty of \$50 per day for each d Art. XXVIII Sect. 10 (2) (a)	ay that a report is fi	led late.
	Art. XXVIII Sect. 10 (2) (a) Registered Agent OR the Candidate) ributions received during this reporting	I hearby certify and one of the course of th	leclare, under penalty of perjury,

DETAILED SUMMARY

Full Name of Committee/Person: Friends For David Acunto

10/30/19 11/30/19 **Current Reporting Period:** Through Funds on hand at the beginning of reporting period (Monetary Only): \$825.70 Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] 6 (Please list on Schedule "A") \$0.00 **Total of Non-Itemized Contributions** 7 (Contributions of \$19.99 and Less) Loans Received 8 (Please list on Schedule "C") \$0.00 **Total of Other Receipts** 9 (Interest, Dividends, etc.) Returned Expenditures (from recipient) 10 (Please list on Schedule "D") \$0.00 **Total Monetary Contributions** П (Total of lines 6 through 10) \$0.00 **Total Non-Monetary Contributions** 12 (From Statement of Non-Monetary Contributions) \$0.00 **Total Contributions** 13 (Line 11 + line 12) \$0.00 Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] 14 (Please list on Schedule "B") \$810.67 **Total of Non-Itemized Expenditures** 15 (Expenditures of \$19.99 and less) Loan Repayments Made 16 (Please list on Schedule "C") \$0.00 Returned Contributions (To Donor) 17 (Please list on Schedule "D") \$0.00 **Total Coordinated Non-Monetary Expenditures** 18 (Candidate/Candidate Committee & Political Parties only) **Total Monetary Expenditures** 19 (Total of lines 14 through 17) \$810.67 **Total Monetary Expenditures** 20 (Line 18 + Line 19)

\$810.67

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: 10/30/19 Through 11/30/19			
WARNING: Please read the instruction page for Schedule "A" before completing!				
DI FACE DDINT/TVDC	Total Itemized Contributions: \$ -			
PLEASE PRINT/TYPE				
1 Date Accepted	4 Name (Last, First);			
	5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):			
\$	9 Occupation (if applicable, mandatory):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):			
\$	9 Occupation (if applicable, mandatory):			
Date Accepted	4 Name (Last, First):			
	4 Name (Last, First): 5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, mandatory):			
\$	9 Occupation (if applicable, mandatory):			
1 Date Accepted	4 Name (Last, First):			
	5 Address:			
2 Contribution Amount	6 City/State/Zip:			
\$	7 Description			
3 Aggregate Amount*	8 Employer (if applicable, mandatory):			
\$	9 Occupation (if applicable, mandatory):			

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

Full Name of Committee/Person: Friends For David Acunto				
	Reporting Period Covered: 10/30/19 Through 11/30/19			
	date date			
	Total Itemized Expenditures: 810.67			
PLEASE PRINT/TYPE				
Date Expended	4 Name (Last, First): Facebook			
10/31/19 2 Amount	5 Addrson L Prophed Way			
	5 Address: 1 Facebook Way			
\$ 165.00 3 Recipient is (optional):	6 City/State/Zip: Menlo Park, CA 94025			
Committee	7 Purpose of Expenditure: Facebook Ads			
Non-Committee				
A.—				
** POPPOSITE TO ACCOUNT OF THE	Carabasi			
1 <u>Date Expended</u> 11/3/19	4 Name (Last, First): Facebook			
2 <u>Amount</u>	5 Address: 1 Facebook Way			
\$ 125.00	6 City/State/Zip: Menlo Park, CA 94025			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure: Facebook Ads			
Non-Committee				
1 Date Expended	4 Name (Last, First): DaveCo Beer Wine and Spirits			
_ 11/4/19				
2 Amount	5 Address: 16434 Washington St			
\$ 141.03	6 City/State/Zip: Thornton, CO 80602			
3 Recipient is (optional):	7 Description of Francisco			
Committee	7 Purpose of Expenditure: Election Night Watch Party			
Non-Committee				
1 Date Expended	4 Name (Last, First): Costco			
11/5/19				
2 Amount	5 Address: 16375 N Washington St			
\$ 279.64 3 Recipient is (optional):	6 City/State/Zip: Thornton, CO 80602			
	7. Dominion of Commission Classical Michigan			
Committee	7 Purpose of Expenditure: Election Night Watch Party			
Non-Committee	·			

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

Page 2

Full Name of Committee/Person: Friends For David Acunto			
	Reporting Period Covered: 10/30/19 Through 11/30/19 date date		
PLEASE PRINT/TYPE			
1 <u>Date Expended</u> 11/6/19	4 Name (Last, First): Lira, Jocelyn		
2 Amount	5 Address: 15360 E Iowa Place		
\$ 100.00	6 City/State/Zip: Aurora, CO 80017		
3 Recipient is (optional);			
Committee	7 Purpose of Expenditure: Spanish Translation Services		
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee			
1 Date Expended	4 Name (Last, First):		
2 Amount	5 Address:		
\$	6 City/State/Zip:		
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:		
Non-Committee			