

Elections Division
 Department of State
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CONDITIONALLY ACCEPTED

DEC 05 2019 Space Below For Office Use Only

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	Friends of Jessica Troy <small>As Shown on Registration</small>
Address of Committee/Person:	4446 Cottonwood Lakes Blvd
City, State & Zip Code:	Thornton, CO 80241
Committee Type:	Political Campaign
Name and Address of Financial Institution:	Bank of the West

SOS ID NUMBER (state and county 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:

10/28/19
date

Through

12/5/19
date

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

\$ N/A

	Totals Detailed Summary Page
1 Funds on Hand at Beginning of Reporting Period (monetary only)	\$276.39
2 Total Monetary Contributions (line 11)	\$1,177.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$1,453.39
4 Total Monetary Expenditures (line 19)	\$811.03
5 Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$642.36

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: Jessica Troy

Registered Agent's (Treasurer's) Signature: [Signature] Date: 12-05-19

Print Candidate Name: Jessica Troy

Candidate's Signature: [Signature] Date: 12-05-19

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

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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:

10/28/19
date

Through

12/5/19
date

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\$ N/A

		Totals Detailed Summary Page
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3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$1,453.39
4	Total Monetary Expenditures (line 19)	\$811.03
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Print Registered Agent's (Treasurer's) Name: _____

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

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Friends of Jessica Troy

Current Reporting Period: 10/28/19 Through 12/5/19

Funds on hand at the beginning of reporting period (Monetary Only):		\$276.39
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$920.00
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")	\$257.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$1,177.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$257.00
13	Total Contributions (Line 11 + line 12)	\$1,434.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$456.03
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")	\$355.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$811.03
20	Total Monetary Expenditures (Line 18 + Line 19)	\$811.03

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

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 Through 12/5/19
date date

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

Total Itemized Contributions: \$ 920.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/31/2019	4 Name (Last, First): <u>Cobell, Alexander</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>4190 Perry St.</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>May for State Senate</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Politics</u>

1 <u>Date Accepted</u> 11/2/2019	4 Name (Last, First): <u>Hardin, Gina</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>3330 W 31st Ave</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Denver, CO 80211</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>hospitality</u>

1 <u>Date Accepted</u> 11/4/2019	4 Name (Last, First): <u>Wheeland, Ashley</u>
2 <u>Contribution Amount</u> \$ 30.00	5 Address: <u>1673 S. Trenton St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80231</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

1 <u>Date Accepted</u> 11/8/2019	4 Name (Last, First): <u>Pinter, Emma</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>10755 Tennyson Way</u>
3 <u>Aggregate Amount*</u> \$ 150.00	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Adams County</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>County Commissioner</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)

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered:

10/28/19

Through

12/5/19

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 11/11/2019	4 Name (Last, First): <u>Nelson, Kevin</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>1605 St. Paul St.</u>
3 <u>Aggregate Amount*</u> \$ 150.00	6 City/State/Zip: <u>Denver, CO 80206</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Namaste jSolar</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>O&M Technician</u>

1 <u>Date Accepted</u> 11/19/2019	4 Name (Last, First): <u>Zentokovich, Craig</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>541 Coventry Ct.</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Mount Dora, FL 32757</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>N/A</u>

1 <u>Date Accepted</u> 11/30/2019	4 Name (Last, First): <u>Cobell, Alexander</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>4190 Perry St.</u>
3 <u>Aggregate Amount*</u> \$ 125.00	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>May for State Senate</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Politics</u>

1 <u>Date Accepted</u> 11/3/2019	4 Name (Last, First): <u>Peterson, Mike</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>9605 Robin Meadow Dr.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Dallas, TX 75243</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).

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

10/28/19

Through

12/5/19

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 11/3/2019	4 Name (Last, First): AFSCME
2 <u>Contribution Amount</u> \$ 500.00	5 Address: 1625 L St. NW
3 <u>Aggregate Amount*</u> \$ 500.00	6 City/State/Zip: Washington, DC 20036
	7 Description
	8 Employer (if applicable, <u>mandatory</u>):
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 11/3/2019	4 Name (Last, First): Reyes, Rosanna
2 <u>Contribution Amount</u> \$ 40.00	5 Address: 3641 W. 101st. Ave
3 <u>Aggregate Amount*</u> \$ 40.00	6 City/State/Zip: Westminster, CO 80031
	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:
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>):

1 <u>Date Accepted</u>	4 Name (Last, First):
2 <u>Contribution Amount</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>):

* 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).

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 Through 12/5/19
date date

PLEASE PRINT/TYPE

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

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

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

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

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

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 **Through** 12/5/19
date date

Total Itemized Expenditures: 456.03

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/29/19	4 Name (Last, First): <u>Westminster Postoffice</u>
2 <u>Amount</u> \$ 105.00	5 Address: <u>3051 W. 105th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Purpose of Expenditure: <u>Stamps</u>

1 <u>Date Expended</u> 10/29/19	4 Name (Last, First): <u>Target</u>
2 <u>Amount</u> \$ 19.29	5 Address: <u>1001 E. 120th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Purpose of Expenditure: <u>Mailing Labels</u>

1 <u>Date Expended</u> 11/1/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ 75.00	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 11/4/19	4 Name (Last, First): <u>Office Max</u>
2 <u>Amount</u> \$ 26.02	5 Address: <u>801 E. 120th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Purpose of Expenditure: <u>Labels</u>

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 Through 12/5/19
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 11/5/19	4 Name (Last, First): <u>Squarespace</u>
2 <u>Amount</u> \$ <u>26.00</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: <u>Website</u>

1 <u>Date Expended</u> 11/5/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>75.00</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: <u>Advertising</u>

1 <u>Date Expended</u> 11/6/19	4 Name (Last, First): <u>Act Blue</u>
2 <u>Amount</u> \$ <u>37.81</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: <u>Fees for online donation platform</u>

1 <u>Date Expended</u> 11/8/19	4 Name (Last, First): <u>Survey Monkey</u>
2 <u>Amount</u> \$ <u>37.00</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: <u>Voter outreach</u>

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 Through 12/5/19
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 11/12/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>24.14</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 11/13/19	4 Name (Last, First): <u>Vantiv/ActBlue</u>
2 <u>Amount</u> \$ <u>20.77</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Fees for online donation service</u>

1 <u>Date Expended</u> 11/21/19	4 Name (Last, First): <u>Bank of the West</u>
2 <u>Amount</u> \$ <u>10.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Monthly Service Charge</u>

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

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 **Through** 12/5/19
date date

Total Returned Contributions: \$ 355.00

Total Returned Expenditures: \$ 257.00

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 11/8/19	4 Name (Last, First): Pinter, Emma
2 <u>Date Returned</u> 11/12/19	5 Address: 10755 Tennyson Way
3 <u>Amount</u> \$ 50.00	6 City/State/Zip: Westminster, CO 80031
	7 Purpose: My campaign was over, doesn't seem right to keep taking contributions

1 <u>Date Accepted</u> 11/11/19	4 Name (Last, First): Nelson, Kevin
2 <u>Date Returned</u> 11/12/19	5 Address: 1605 St. Paul St.
3 <u>Amount</u> \$ 50.00	6 City/State/Zip: Denver, CO 80206
	7 Purpose: Campaign over

Returned Expenditures

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/30/19	4 Name (Last, First): Troy, Jessica
2 <u>Date Returned</u> 11/29/19	5 Address: 4446 Cottonwood Lakes Blvd
3 <u>Amount</u> \$ 257.00	6 City/State/Zip: Thornton, CO 80241
	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: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 **Through** 12/5/19
date date

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 11/19/19	4 Name (Last, First): Zentkovich, Craig
2 <u>Date Returned</u> 12/5/19	5 Address: 541 Coventry Ct.
3 <u>Amount</u> \$ 50.00	6 City/State/Zip: Mount Dora, FL 32757
	7 Purpose: Campaign over

1 <u>Date Accepted</u> 11/30/19	4 Name (Last, First): Cobell, Alexander
2 <u>Date Returned</u> 12/5/19	5 Address: 4190 Perry St.
3 <u>Amount</u> \$ 25.00	6 City/State/Zip: Denver, CO 80212
	7 Purpose: Campaign over

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: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 **Through** 12/5/19
date date

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/27/19	4 Name (Last, First): Troy, Jessica
2 <u>Date Returned</u> 10/28/19	5 Address: 4446 Cottonwood Lakes Blvd
3 <u>Amount</u> \$ 180.00	6 City/State/Zip: Thornton, CO 80241
	7 Purpose: Returning what I put in to cover printing costs while waiting for checks to

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: Friends of Jessica Troy

Reporting Period Covered: 10/28/19 **Through** 12/5/19
date date

Total Itemized Expenditures: \$257.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u> 10/30/19	4 Name (Last, First): Troy, Jessica
2 <u>Fair Market Value</u> \$257.00	5 Address: 4446 Cottonwood Lakes Blvd.
3 <u>Aggregate Amount</u>	6 City/State/Zip: Thornton, CO 80241
	7 Description: Stamps
	8 Employer (if applicable, <u>mandatory</u>): Self
	9 Occupation (if applicable, <u>mandatory</u>): Horticulturist
	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: _____
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Statement of Non-Monetary Contributions

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 10/28/19
date

Through 12/5/19
date

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