Elections Division Department of State 1700 Broadway, Ste. 200 Denver, CO 80290

Ph: (303) 894-2200 ext. 6383 Fax: (303) 869-4861

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

www.sos.state.co.us

Candidate's Signature:



CONDITIONALLY ACCEPTED

Space Below For Office Use Only 2019

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-108) Full Name of Committee/Person: Friends of Jessica Trov As Shown on Registration 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 Through 12/5/19 date date Declared Total Spending (if applicable): IAn. N/A XXVIII, Sect. 4 (1)] **Totals Detailed Summary Page** Funds on Hand at Beginning of Reporting Period (monetary only) \$276.39 \$1,177.00 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Beginning Amount (line 1+ line 2) \$1,453.39 Total Monetary Expenditures (line 19) \$811.03 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 hearby 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 pennissible sources. Print Registered Agent's (Treasurer's) Name: Date: 13-05-19 Registered Agent's (Treasurer's) Signature: Print Candidate Name: §

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



REPORT OF CONTRIBUTIONS AND EXPENDITURES

	(C.R.S. 1-45-108)		
Full Name of Committee/Person:	Friends of Jessica Troy As Shown on Registration		
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 countrype of Report:	nty committees ONLY):		N/A
Regularly Scheduled Filing. October 15, 2019 (2 November 1, 2019 (2 December 5, 2019 (2 Annual - candidate Amended Filing. This amends prevent Submit changes or new information O		19 Municipal Electi	etion)
Reporting Period Covered:	10/28/19	Through	12/5/19
Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]	date		date
			Totals Detailed Summary Page
1 Funds on Hand at Beginning of Reporting	g Period (monetary only)		\$276.39
2 Total Monetary Contributions (line 11) 3 Total of Monetary Contributions & Begin	aning Amount (line 1+ line 2)		\$1,177.00 \$1,453.39
4 Total Monetary Expenditures (line 19)	ming remodiff (line 1+ line 2)		\$811.03
5 Funds on Hand at End of Reporting Period	od (monetary) (line 3 - line 4)		\$642.36
The appropriate officer shall impos	se a penalty of \$50 per day for each d [Art. XXVIII Sect. 10 (2) (a)]	lay that a report is	filed late.
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 due to the description of the	tributions received during this reportin	g period, including	
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 h	nand 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

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

Total Itemized Contributions: \$ 920.00

PLEASE PRINT/TYPE

PLEASE PRINT/TYPE	
1 Date Accepted	4 Name (Last, First): Cobell, Alexander
10/31/2019	5 Address: 4190 Perry St.
2 <u>Contribution Amount</u>	6 City/State/Zip: Denver, CO 80212
\$ 25.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>May for State Senate</u>
\$ 100.00	9 Occupation (if applicable, <u>mandatory</u>): Politics
1 <u>Date Accepted</u>	4 Name (Last, First): Hardin, Gina
11/2/2019	5 Address: <u>3330 W 31st Ave</u>
2 Contribution Amount	6 City/State/Zip: Denver, CO 80211
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): self
\$ 50.00	9 Occupation (if applicable, <u>mandatory</u>): <u>hospitality</u>
1 Date Accepted	4 Name (Last, First): Wheeland, Ashley
11/4/2019	5 Address: 1673 S. Trenton St.
2 <u>Contribution Amount</u>	6 City/State/Zip: Denver, CO 80231
\$ 30.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): Consultant
1 Date Accepted	4 Name (Last, First): Pinter, Emma
11/8/2019	5 Address: 10755 Tennyson Way
2 <u>Contribution Amount</u>	6 City/State/Zip: Westminster, CO 80031
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Adams County
	9 Occupation (if applicable, mandatory): County Commissioner

^{*} 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						
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/28/19 date	Through	12/5/19 date	
1 Date Accepted	4 Name (Last, First):	Nelson, Kevin				
11/11/2019	5 Address:	1605 St. Paul St.				
2 Contribution Amount	6 City/State/Zip:	Denver, CO 8020	5			
\$ 50.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	Namaste jSolar			
\$ 150.00	9 Occupation (if applied	cable, mandatory):	O&M Technician			
1 Date Accepted	4 Name (Last, First):	Zentokovich, Crai	g			
11/19/2019	5 Address:	541 Coventry Ct.				
2 Contribution Amount	6 City/State/Zip:	Mount Dora, FL 3	2757			
\$ 50.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	N/A			
\$ 50.00	9 Occupation (if applied	cable, mandatory):	N/A			
1 Date Accepted	4 Name (Last, First):	Cobell, Alexander				
11/30/2019	5 Address:	4190 Perry St.				
2 Contribution Amount	6 City/State/Zip:	Denver, CO 80212	2			
\$ 25.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	May for State Senate			
\$ 125.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Politics			
1 Date Accepted	4 Name (Last, First):	Peterson, Mike				
11/3/2019	5 Address:	9605 Robin Mead	ow Dr.			
2 Contribution Amount	6 City/State/Zip:	Dallas, TX 75243				
\$ 100.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):				
\$	9 Occupation (if applie	cable, mandatory):				

^{*} 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 Jessi	ca Troy		
	Reporting Period Co	vered:	10/28/19	Through	12/5/19
PLEASE PRINT/TYPE			date		date
1 Date Accepted	4 Name (Last, First):	AFSCME			
11/3/2019	5 Address:	1625 L St. NW			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Washington, DC 2	0036		
\$ 500.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):			
\$ 500.00	9 Occupation (if applied	cable, mandatory):			
1 Date Accepted	4 Name (Last, First):	Reyes, Rosanna			
11/3/2019	5 Address:	3641 W. 101st. Av	re		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Westminster, CO 8	80031		
\$ 40.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 40.00	9 Occupation (if applied	cable, mandatory):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):			
\$	9 Occupation (if applied	cable, mandatory):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$	9 Occupation (if applie	cable, mandatory):			

^{*} 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 Jessi	ca Troy		
PLEASE PRINT/TYPE	Reporting Period Cov	vered:	10/28/19 date	Through	12/5/19 date
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicate) 9 Occupation (if applicate)	ole, <u>mandatory</u>):			
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if application) 9 Occupation (if application)	ole, <u>mandatory</u>):			
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	5 Address:	ole, <u>mandatory</u>):			
1 Date Accepted 2 Contribution Amount \$ 3 Aggregate Amount*	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Description 8 Employer (if applicate) 9 Occupation (if applicate)	ole, <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) [C.R.S. 1-45-108-(1) (a)]

Full Name of Committee/Person:	Friends of Jessica Troy				
Reporting Per	iod Covered:	10/28/19 date	Through	12/5/19 date	
		Total Itemized E	expenditures:	456.03	
PLEASE PRINT/TYPE		Total Itemizeu E	in penuitui est	12 0.02	
1 <u>Date Expended</u> 4 Name (La 10/29/19	st, First): Westmi	nster Postoffice		_	
2 <u>Amount</u> 5 Address:	3051 W.	. 105th Ave			
\$ 105.00 6 City/State	/Zip: Westmir	nster, CO 80031			
3 Recipient is (optional):				_	
Committee 7 Purpose of	f Expenditure:	Stamps			
Non-Committee					
1 <u>Date Expended</u> 4 Name (La 10/29/19	st, First): Target				
2 Amount 5 Address:	1001 E.	120th Ave			
\$ 19.29 6 City/State	/Zip: Thornton	n, CO 80233			
3 Recipient is (optional):					
Committee 7 Purpose of	f Expenditure:	Mailing Labels			
Non-Committee					
	ъ 1	1			
1 <u>Date Expended</u> 4 Name (La	st, First): Faceboo	OK			
11/1/19 2 <u>Amount</u> 5 Address:					
\$ 75.00 6 City/State	/Zip:			_	
3 Recipient is (optional):				_	
Committee 7 Purpose of	f Expenditure:	Advertising			
Non-Committee					
1 Date Expended 4 Name (La	st. First): Office I	Max			
11/4/19					
2 Amount 5 Address:	801 E. 1	20th Ave			
\$ 26.02 6 City/State	/Zip: Thornton	n, CO 80233			
3 Recipient is (optional):					
Committee 7 Purpose of	f Expenditure:	Labels			
Non-Committee					

Full Name of Committee/Person: Friends of Jessica Troy						
	Reporting Period Covered: 10/28/19 Through 12/5/19					
DI EACE DDINE/EVDE	date date					
PLEASE PRINT/TYPE	Squarachaga					
1 <u>Date Expended</u> 11/5/19	4 Name (Last, First): Squarespace					
2 Amount	5 Address:					
\$ 26.00	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expenditure: Website					
Non-Committee						
1 Date Expended	4 Name (Last, First): Facebook					
11/5/19	1 Pulle (Edst, 1 list).					
2 Amount	5 Address:					
\$ 75.00	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expenditure: Advertising					
Non-Committee						
1 <u>Date Expended</u>	4 Name (Last, First): Act Blue					
11/6/19						
2 Amount	5 Address:					
\$ 37.81	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expenditure: Fees for online donation platform					
Non-Committee						
	L					
1 Date Expended	4 Name (Last, First): Survey Monkey					
11/8/19						
2 <u>Amount</u>	5 Address:					
\$ 37.00	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expenditure: Voter outreach					
Non-Committee						

Full Name of Committee/Person: Friends of Jessica Troy						
	Reporting Period Covered: 10/28/19 Through 12/5/19					
	date date					
PLEASE PRINT/TYPE	Facebook					
1 <u>Date Expended</u> 11/12/19	4 Name (Last, First): Facebook					
2 Amount	5 Address:					
\$ 24.14	6 City/State/Zip:					
3 <u>Recipient is (optional):</u>						
Committee	7 Purpose of Expenditure: Advertising					
Non-Committee						
1 Date Expended	4 Name (Last, First): Vantiv/ActBlue					
11/13/19	4 Name (Last, Flist).					
2 Amount	5 Address:					
\$ 20.77	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expenditure: Fees for online donation service					
Non-Committee						
1 <u>Date Expended</u>	4 Name (Last, First): Bank of the West					
11/21/19						
2 Amount	5 Address:					
\$ 10.00	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expenditure: Monthly Service Charge					
Non-Committee						
1 Date Expended	4 Name (Last, First):					
2.4						
2 Amount	5 Address:					
\$ Recipient is (optional):	6 City/State/Zip:					
	7. Dumaga of Evranditura					
Committee	7 Purpose of Expenditure:					
Non-Committee						

Schedule C - Loans **Full Name of Committee/Person:** Friends of Jessica Troy **Reporting Period Covered:** 10/28/19 12/5/19 **Through** date **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): Address: City/State/Zip: Original Amount of Loan: \$ Interest Rate: **Total of All Loans This Reporting Period:** \$0.00 (Place on line 8 of Detailed Summary Report) Loan Amount Received This Reporting Period: Principal Amount Paid This Reporting Period: Interest Amount Paid This Reporting Period: Amount Repaid This Reporting Period: \$0.00 **Total Repayments Made:** \$0.00 (Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages, Place on line 16 of Detailed Summary) Outstanding Balance: TERMS OF LOAN: Date Loan Received Due Date for Final Payment LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN E--II N

Full Name	Address, City, St., Zip	Amount Guaranteed

Full Name of Committee/Person:	Friends of Jessica Tro	ру		
Reporting	Period Covered:	10/28/19 date	Through	12/5/19 date
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate:	
Loan Amount Received This Reporting Period Principal Amount Paid This Reporting Period Interest Amount Paid This Reporting Period Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered Outstanding Balance: TERMS OF LOAN:	od: d: \$0.0			Due Date for Final Payment
<u>LIST ALI</u>	L ENDORSERS O	R GUARANT	ORS OF THIS LOAN	
Full Name		Address, City	y, St., Zip	Amount Guaranteed

Full Name of Committee/Person:	Friends of Jessica Tro	у		
Reporting	Period Covered:	10/28/19 date	Through	12/5/19 date
LOAN SOURCE				
Name (Last, First or Institution):				
Address:				
City/State/Zip:				
Original Amount of Loan: \$			Interest Rate:	
Loan Amount Received This Reporting Period: Principal Amount Paid This Reporting Period Interest Amount Paid This Reporting Period Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entere	iod: d: \$0.00	0		
Outstanding Balance:				
TERMS OF LOAN:	Date Loan I			Due Date for Final Payment
	L ENDORSERS OI			
Full Name		Address, City, St	., Zip	Amount Guaranteed

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			
PLEASE PRINT/TYPE	Returned Contributions ted on Schedule A – Contributions accepted and then returned to donors) Last, First): Pinter, Emma : 10755 Tennyson Way te/Zip: Westminster, CO 80031			
1 <u>Date Accepted</u> 11/11/19 4 Name (1) 2 <u>Date Returned</u> 5 Address 11/12/19 6 City/Sta 3 <u>Amount</u> 7 Purpose	: 1605 St. Paul St. te/Zip: Denver, CO 80206			
(Previously reporte PLEASE PRINT/TYPE 1 Date Expended	Returned Expenditures d on Schedule B – Expenditures returned or refunded to the committee)			
10/30/19 4 Name (I 2 <u>Date Returned</u> 5 Address 11/29/19 6 City/Sta 3 <u>Amount</u> 7 Comme \$ 257.00	: 4446 Cottonwood Lakes Blvd			
1 Date Expended 4 Name (I 2 Date Returned 5 Address 6 City/Sta 3 Amount 7 Comme	:			

Fu	ll Name of Commit	ttee/Person: Friends o	of Jessica Troy
		Repor	rting Period Covered: 10/28/19 Through 12/5/19 date
			Returned Contributions
	(Pr	eviously reported on Schedi	ule A – Contributions accepted and then returned to donors)
PLI	EASE PRINT/TYPE		
1	Date Accepted 11/19/19	4 Name (Last, First):	Zentkovich, Craig
2	Date Returned	5 Address:	541 Coventry Ct.
	12/5/19	6 City/State/Zip:	Mount Dora, FL 32757
3	Amount	7 Purpose:	Campaign over
\$	50.00		
1	Date Accepted 11/30/19	4 Name (Last, First):	Cobell, Alexander
2	Date Returned	5 Address:	4190 Perry St.
	12/5/19	6 City/State/Zip:	Denver, CO 80212
3	Amount	7 Purpose:	Campaign over
\$	25.00		
	EASE PRINT/TYPE		Returned Expenditures See B – Expenditures returned or refunded to the committee)
1	Date Expended	4 Names (Last Einst).	
2	D + D += 1	4 Name (Last, First):	<u> </u>
2	<u>Date Returned</u>	5 Address:	
2	Amount	6 City/State/Zip: 7 Comment (optional):	
\$	Amount	/ Comment (optionar).	
Ψ			
1	Date Expended	Ī	
1	Date Expended	4 Name (Last, First):	
2	Date Returned	5 Address:	
		6 City/State/Zip:	
3	Amount	7 Comment (optional):	
\$,	

Full Name of Commit	ttee/Person: Friends o	f Jessica Troy
	Repoi	rting Period Covered: 10/28/19 Through 12/5/19 date
		Returned Contributions
(Pr	eviously reported on Schedi	$\frac{1}{1}$ $\frac{1}$
PLEASE PRINT/TYPE		
1 <u>Date Accepted</u> 10/27/19	4 Name (Last, First):	Troy, Jessica
2 <u>Date Returned</u>	5 Address:	4446 Cottonwood Lakes Blvd
10/28/19	6 City/State/Zip:	Thornton, CO 80241
3 <u>Amount</u> \$ 180.00	7 Purpose:	Returning what I put in to cover printing costs while waiting for checks to
1 Date Accepted	4 Name (Last, First):	
2 <u>Date Returned</u>	5 Address: 6 City/State/Zip:	
3 Amount \$	7 Purpose:	
(Pre		Returned Expenditures e 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 Amount	6 City/State/Zip: 7 Comment (optional):	
	1	
1 <u>Date Expended</u>	4 Name (Last, First):	
2 <u>Date Returned</u>	5 Address:	
	6 City/State/Zip:	
3 Amount \$	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					
Repor	ting Period Covered:	10/28/19	Through	12/5/19	
		date	_	date	
		Total	I Itemized Expenditures:	\$257.00	
PLEASE PRINT/TYPI					
1 <u>Date Provided</u>	4 Name (Last, First):	Troy, Jessica			
10/30/19	5 Address:	4446 Cottonwood La	kes Blvd.		
2 <u>Fair Market Value</u>	6 City/State/Zip:	Thornton, CO 80241			
\$257.00	7 Description:	Stamps			
	8 Employer (if applic	able, <u>mandatory</u>):	Self		
3 Aggregate Amount	9 Occupation (if appl	icable, mandatory):	Horticulturist		
	10 X Check box if	Coordinated with a Ca	andidate/Candidate Committe	e or Political Party.*	
	-				
1 Date Provided	4 Name (Last, First):				
	5 Address:			_	
2 Fair Market Value	6 City/State/Zip:			<u> </u>	
	7 Description:				
	8 Employer (if applic	able, mandatory):			
3 Aggregate Amount	9 Occupation (if appl	icable, mandatory):			
			andidate/Candidate Committe	e 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 applic	able, mandatory):			
3 Aggregate Amount	9 Occupation (if appl	• /			
Check box if Coordinated with a Candidate/Candidate Committee 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 applic	able, mandatory):			
3 Aggregate Amount	9 Occupation (if appl				
		• /	andidate/Candidate Committe	e or Political Party.*	
1 Date Provided	4 Name (Last, First):				
200 11311000	5 Address:			_	
2 Fair Market Value	6 City/State/Zip:			_	
2 I all Market Value	7 Description:				
	8 Employer (if applic	able mandatory)			
3 Aggregate Amount	* * ` * *	icable, mandatory):			
J Aggregate Amount			andidate/Candidate Committe	o or Political Party *	
	TO CHECK BOX II	Coordinated with a Ca	mundate/Candidate Committe	e of Folitical 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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repor	ting Period Covered:	10/28/19	Through	12/5/19
		date		date
PLEASE PRINT/TYPE	1			
1 <u>Date Provided</u>	4 Name (Last, First):			
0.71.11.11.11	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if application 8)			
3 Aggregate Amount	9 Occupation (if appli			
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	e or Political Party.*
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if application 8	• •		
3 Aggregate Amount	9 Occupation (if appli	cable, <u>mandatory</u>):		
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	ee 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 applica	able, mandatory):		
3 Aggregate Amount	9 Occupation (if appli	cable, mandatory):		
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	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 application	able, mandatory):		
3 Aggregate Amount	9 Occupation (if appli	• • • • • • • • • • • • • • • • • • • •		
	1 11		didate/Candidate Committe	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 application)	able mandatory).		
3 Aggregate Amount	9 Occupation (if appli			
5 Aggregate Amount		• /	didate/Candidate Committe	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."

Full Name of	Committee/Person: F	riends of Jessica Troy		
Repor	ting Period Covered:	10/28/19	Through	12/5/19
PLEASE PRINT/TYPI	G	date		date
1 Date Provided	4 Name (Last, First):			
1 Date 110vided	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 Tall Walket Value	7 Description:			
	8 Employer (if applicate	ala mandatarri):		
3 Aggregate Amount	9 Occupation (if application)			
5 Aggregate Amount		• • • •	idate/Candidate Committee o	r Dolitical Darty *
	10 CHECK DOX II CO	ordinated with a Calle	idate/Candidate Committee o	i Folitical Faity.
1 Date Provided	4 Name (Last, First):			
1 Date 1 Tovided	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 <u>I'ali Walket Value</u>	7 Description:			
	8 Employer (if applicate	ala mandatarri):		
3 Aggregate Amount	9 Occupation (if application)			
5 Aggregate Amount		_	idate/Candidate Committee o	" Daliti aal Danty *
	10 Check box ii Co	ordinated with a Canc	idate/Candidate Committee o	i Folitical Faity.
1 Date Provided	4 Name (Last, First):			
1 Date 110vided	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 Iran Market Value	7 Description:			
	8 Employer (if applicab			
3 Aggregate Amount	9 Occupation (if application)	_		
3 Aggregate Amount		• • • •	idate/Candidate Committee o	r Dolitical Darty *
	10 Check box ii Co	ordinated with a Canc	idate/Candidate Committee o	i Folitical Faity.
1 Date Provided	4 Name (Last, First):			
1 Date 1 Tovided	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 I all Warket Value	7 Description:			
	8 Employer (if applicate	ale mandatory):		
3 Aggregate Amount	9 Occupation (if application)			
3 Aggregate Amount			idate/Candidate Committee o	r Dolitical Darty *
	10 CHECK DOX II CO	ordinated with a Calle	idate/Candidate Committee o	i Folitical Faity.
1 Date Provided	4 Name (Last, First):			
1 Date 110vided	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 ran market value	7 Description:			
	8 Employer (if applicate	ale mandatomy).		
2 Aggregate America		_		
3 Aggregate Amount	9 Occupation (if applic	aute, <u>manuatory</u>):	1:4-4-/C4:4-4 C '''	D1'4'1 D

^{*} 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."

Full Name of	Full Name of Committee/Person: Friends of Jessica Troy				
Repor	rting Period Covered:	10/28/19	Through	12/5/19	
DI E 4 GE DESERVE	-	date		date	
PLEASE PRINT/TYP	,				
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if application 8				
3 Aggregate Amount	9 Occupation (if appli				
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	ee or Political Party.*	
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if application	• • • • • • • • • • • • • • • • • • • •			
3 Aggregate Amount	9 Occupation (if appli	· ·			
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	ee or Political Party.*	
	1				
1 <u>Date Provided</u>					
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if application				
3 Aggregate Amount	9 Occupation (if appli				
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	ee or Political Party.*	
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if application	· ·			
3 Aggregate Amount	9 Occupation (if appli				
L	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	ee or Political Party.*	
1 5 . 5	1				
1 <u>Date Provided</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Fair Market Value</u>	6 City/State/Zip:				
	7 Description:				
	8 Employer (if application				
3 Aggregate Amount	9 Occupation (if appli	• /			
1	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repor	rting Period Covered:	10/28/19	Through	12/5/19
	_	date		date
PLEASE PRINT/TYP	1 -			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicab	_		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	ordinated with a Cand	didate/Candidate Committee of	or Political Party.*
	ī			
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	ordinated with a Cand	didate/Candidate Committee o	or Political Party.*
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, mandatory):		
	10 Check box if Co	oordinated with a Cand	didate/Candidate Committee o	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 applicat	ole, mandatory):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Cand	didate/Candidate Committee o	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 applicat	ole, mandatory):		
3 Aggregate Amount	9 Occupation (if applic	-		
-			lidate/Candidate Committee o	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repor	rting Period Covered:	10/28/19	Through	12/5/19
	_	date		date
PLEASE PRINT/TYP				
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if application			
3 Aggregate Amount	9 Occupation (if appli			
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	ee or Political Party.*
	T			
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applica	able, mandatory):		
3 Aggregate Amount	9 Occupation (if appli	icable, mandatory):		
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	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 application			
3 Aggregate Amount	9 Occupation (if appli			
			didate/Candidate Committe	ee or Political Party.*
	<u> </u>			,
1 Date Provided	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
	7 Description:			_
	8 Employer (if application)	able, mandatory).		
3 Aggregate Amount	9 Occupation (if appli			
5 riggiegate rimount	1		didate/Candidate Committe	ee or Political Party *
<u> </u>	10 CHOCK BOX II C	2007 dilliatod with a Call	Caracter Caractatic Committee	of I difficult uity.
1 Date Provided	4 Name (Last, First):			
1 Dute 110 vided	` '			
2 Fair Market Value	-			
2 1 all ivial KCt v alue	• • • •			
	•	able mandatomy).		
2 A composite A avviit				
5 Aggregate Amount		• * *	didata/Candidata Committe	ee or Political Party *
2 Fair Market Value 3 Aggregate Amount	5 Address: 6 City/State/Zip: 7 Description: 8 Employer (if application of application) 10 Check box if Control of the control of application	able, <u>mandatory</u>): icable, <u>mandatory</u>):	ididate/Candidate Committe	

^{*} 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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repo	rting Period Covered:	10/28/19	Through	12/5/19
	_	date	_	date
PLEASE PRINT/TYP	1 -			
1 Date Provided	4 Name (Last, First):			_
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical	ole, mandatory):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Can	didate/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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, mandatory):		_
		_	didate/Candidate Committee	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 applicat			<u> </u>
3 Aggregate Amount	9 Occupation (if applic	_		
		• • • •	didate/Candidate Committee of	or Political Party.*
	TO CHECK SON II CO	oramatea with a can	sidute, Culturate Committee (i i onicial i arcy.
1 Date Provided	4 Name (Last, First):			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 I dil Market Value	7 Description:			
	8 Employer (if applicate	ale mandatory).		
3 Aggregate Amount	9 Occupation (if application)	•		
3 Aggregate Amount			didate/Candidate Committee of	or Political Party *
	10 CHECK DOX II CO	oorumaieu wiin a Can	mant/Candidate Committee (n i ohucai faity.
1 Date Provided	4 Name (Last, First):			
1 Date Flovided	` -			
2 Fair Market Value	-			
Z rair warket value	6 City/State/Zip:			
	7 Description:	-1 4-4		
2.4	8 Employer (if application of the control of the co			
3 Aggregate Amount	9 Occupation (if applic		111 - 10 - 111 - 2 - 1	n 192 - 1 n - 1 de
	10 Check box if Co	oordinated with a Can	didate/Candidate Committee of	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repo	rting Period Covered:	10/28/19	Through	12/5/19
	_	date	_	date
PLEASE PRINT/TYP	1 -			
1 Date Provided	4 Name (Last, First):			_
	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applical	ole, mandatory):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Can	didate/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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, mandatory):		_
		_	didate/Candidate Committee	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 applicat			<u> </u>
3 Aggregate Amount	9 Occupation (if applic	_		
		• • • •	didate/Candidate Committee of	or Political Party.*
	TO CHECK SON II CO	oramatea with a can	sidute, Culturate Committee (i i onicial i arcy.
1 Date Provided	4 Name (Last, First):			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 I dil Market Value	7 Description:			
	8 Employer (if applicate	ale mandatory).		
3 Aggregate Amount	9 Occupation (if application)	•		
3 Aggregate Amount			didate/Candidate Committee of	or Political Party *
	10 CHECK DOX II CO	oorumaieu wiin a Can	mant/Candidate Committee (n i ohucai faity.
1 Date Provided	4 Name (Last, First):			
1 Date Flovided	` -			
2 Fair Market Value	-			
Z rair warket value	6 City/State/Zip:			
	7 Description:	-1 4-4		
2.4	8 Employer (if application of the control of the co			
3 Aggregate Amount	9 Occupation (if applic		111 - 10 - 111 - 2 - 1	n 192 - 1 n - 1 de
	10 Check box if Co	oordinated with a Can	didate/Candidate Committee of	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."