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CONDITIONALLY ACCEPTED Space Below for Office Use Only

NOV 04 2019

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: 10/11/19 **Through** 10/29/19
date 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)	\$1,897.42
2	Total Monetary Contributions (line 11)	\$2,117.00
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$4,014.42
4	Total Monetary Expenditures (line 19)	\$4,185.99
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	-\$171.57

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: _____

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:

10/11/19

Through

10/29/19

Funds on hand at the beginning of reporting period (Monetary Only):		\$1,897.42
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$2,090.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$27.00
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$2,117.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$198.42
13	Total Contributions (Line 11 + line 12)	\$2,315.42
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$4,131.65
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	\$54.34
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)	\$198.42
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$4,185.99
20	Total Monetary Expenditures (Line 18 + Line 19)	\$4,384.41

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: 10/11/19 **Through** 10/29/19
date date

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

Total Itemized Contributions: \$ 2,090.00

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/11/2019	4 Name (Last, First): <u>Gaskins, Abigail</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>2580 E 150 Ave</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>State of Colorado</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Manager</u>
1 <u>Date Accepted</u> 10/11/2019	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> \$ 100.00	6 City/State/Zip: <u>Denver, CO 80206</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Namaste Solar</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>O&M Technician</u>
1 <u>Date Accepted</u> 10/11/2019	4 Name (Last, First): <u>Murphy, Megan</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>12573 Eudora St</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____
1 <u>Date Accepted</u> 10/12/2019	4 Name (Last, First): <u>Levine, Samantha</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>8094 E 31st Ave</u>
3 <u>Aggregate Amount*</u> \$ 150.00	6 City/State/Zip: <u>Denver, CO 80238</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Social Leadership Solutions</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</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:

10/11/19	Through	10/29/19
date		date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/12/2019	4 Name (Last, First): <u>Vondracek, JoAnn</u>
2 <u>Contribution Amount</u> \$ 20.00	5 Address: <u>2489 W 122nd Ave</u>
3 <u>Aggregate Amount*</u> \$ 56.00	6 City/State/Zip: <u>Westminster, CO 80234</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not Employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/18/2019	4 Name (Last, First): <u>Devore, Gail</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>6144 E Oregon Pl</u>
3 <u>Aggregate Amount*</u> \$ 186.00	6 City/State/Zip: <u>Denver, CO 80224</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not Employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/22/2019	4 Name (Last, First): <u>Dillon, Rachelle</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>12650 DAHLIA WAY</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not Employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Gibson, Hazel</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>3222 East 1st Ave #505</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Denver, CO 80206</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not Employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

10/11/19

Through

10/29/19

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Lewis, Ellen</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>791 Jasmine St.</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Denver, CO 80220</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Ellen Lewis MD</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Physician</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Spikes, Kimberly</u>
2 <u>Contribution Amount</u> \$ 20.00	5 Address: <u>11613 Columbine Street</u>
3 <u>Aggregate Amount*</u> \$ 20.00	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Caption Colorado, a Division of VITAC</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Captioner</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Dougherty, Kelly</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1710 White Ave</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Grand Junction, CO 81501</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Western Colorado Alliance</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Membership Coordinator</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Caraveo, Yadira</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>2691 E 121st Pl</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Peak Pediatrics</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Pediatrician</u>

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

10/11/19

Through

10/29/19

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Willford, Virginia</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>10447 Lipan Street</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Northglenn, CO 80234</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>City of Northglenn</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Council Member</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Carminati, Maria-Vittoria</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>6562 S Irvington Way</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Aurora, CO 80016</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>The Woman's Lawyer</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Lawyer</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Johnson, Alexis</u>
2 <u>Contribution Amount</u> \$ 75.00	5 Address: <u>3833 s broadway</u>
3 <u>Aggregate Amount*</u> \$ 75.00	6 City/State/Zip: <u>Englewood, CO 80113</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Contractor</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>AbuSaeedi, Shereen</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>5288 E 118th Pl</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Thornton, jCO 80233</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

10/11/19

Through

10/29/19

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Nizam, Sam</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>4660 summit grove pkway</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Cabrall, Suzanne</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>13575 Franklin St</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Kaiser</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Nurse</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Dreher, Cynthia</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>9360 Osceola Street</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Stone, Mary</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>28 Water Oaks way</u>
3 <u>Aggregate Amount*</u> \$ 125.00	6 City/State/Zip: <u>Naples, FL 34105</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

Full Name of Committee/Person: Friends of Jessica Troy

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Weise, Leslie</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>7578 Crestview Drive</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Niwot, CO 80504</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Weise Consulting</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

1 <u>Date Accepted</u> 10/23/2019	4 Name (Last, First): <u>Brundage, Suzie</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>2415 East 137th Avenue</u>
3 <u>Aggregate Amount*</u> \$ 125.00	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>TRU Community Care</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Social Worker</u>

1 <u>Date Accepted</u> 10/24/2019	4 Name (Last, First): <u>Collins, Lyndsey</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>14641 Garfield st</u>
3 <u>Aggregate Amount*</u> \$ 700.00	6 City/State/Zip: <u>Brighton, CO 80602</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Brighton CO</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1 <u>Date Accepted</u> 10/25/20019	4 Name (Last, First): <u>AbuSaccdi, Sherccen</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>5288 E 118th Pl</u>
3 <u>Aggregate Amount*</u> \$ 50.00	6 City/State/Zip: <u>Thorton CO 80233</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>not employed</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

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Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

10/11/19

date

Through

10/29/19

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 10/18/2019	4 Name (Last, First): <u>United Food and Commercial Workers International Union, AFL-CIO</u>
2 <u>Contribution Amount</u> \$ 1000.00	5 Address: <u>1775 K Street, N.W.</u>
3 <u>Aggregate Amount*</u> \$ 1000.00	6 City/State/Zip: <u>Washington, DC 20006-1598</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/12/2019	4 Name (Last, First): <u>Sherman-Kessler, Susan</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>3879 E 120th Ave. #178</u>
3 <u>Aggregate Amount*</u> \$ 25.00	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>unknown</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 10/12/2019	4 Name (Last, First): <u>Phillips, Jacqueline</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>8960 Fox Dr. #204</u>
3 <u>Aggregate Amount*</u> \$ 100.00	6 City/State/Zip: <u>Thornton, jCO 80260-8821</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): <u>Lawyer</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>): _____

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Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

10/11/19

Through

10/29/19

date

date

PLEASE PRINT/TYPE

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>): _____

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>): _____

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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: 10/11/19 date **Through** 10/29/19 date

Total Itemized Expenditures: 4,131.65

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/11/19	4 Name (Last, First): <u>Lindsey-Severns, Emma</u>
2 <u>Amount</u> \$ 400.00	5 Address: <u>787 Kendall Ct.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Lakewood, CO 80214</u>
	7 Purpose of Expenditure: <u>Consulting</u>

1 <u>Date Expended</u> 10/15/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ 23.72	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/15/19	4 Name (Last, First): <u>Office Max</u>
2 <u>Amount</u> \$ 63.75	5 Address: <u>801 E 120th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Purpose of Expenditure: <u>Address labels</u>

1 <u>Date Expended</u> 10/16/19	4 Name (Last, First): <u>Westminster Postoffice</u>
2 <u>Amount</u> \$ 805.00	5 Address: <u>3051 W 105th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Purpose of Expenditure: <u>Stamps</u>

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

Full Name of Committee/Person: Friends of Jessica Troy

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 10/18/19	4 Name (Last, First): <u>Mayacoop LLC</u>
2 <u>Amount</u> \$ 500.00	5 Address: <u>780 Utica Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Boulder, CO 80304</u>
	7 Purpose of Expenditure: <u>Digital advertising</u>

1 <u>Date Expended</u> 10/22/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ 50.00	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/25/19	4 Name (Last, First): <u>C&D Printing</u>
2 <u>Amount</u> \$ 2184.18	5 Address: <u>5351 Tennyson St. #1c</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Purpose of Expenditure: <u>Mailers printing and postage</u>

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 checked="" type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Purpose of Expenditure: <u>Stamps</u>

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

Full Name of Committee/Person: Friends of Jessica Troy

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

PLEASE PRINT/TYPE

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

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

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

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

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:

10/11/19

date

Through

10/29/19

date

Total Itemized Expenditures:

\$198.42

PLEASE PRINT/TYPE

1 <u>Date Provided</u> 10/29/19	4 Name (Last, First): Nikki Riedt, Conservation Colorado Grassroots Action Fund
2 <u>Fair Market Value</u> \$198.42	5 Address: 1536 Wynkoop St Ste 510,
3 <u>Aggregate Amount</u> \$253.37	6 City/State/Zip: Denver, CO 80202
	7 Description: Email and staff time
	8 Employer (if applicable, <u>mandatory</u>): Conservation Colorado
	9 Occupation (if applicable, <u>mandatory</u>): Operations & Finance Director
	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: _____
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: _____
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: _____
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.*

* 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."