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



CONDITIONALLY ACCEPTED: Office Use Only

NOV 0 4 2019

THORNTON CITY CLERK

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 coun	ty committees ONLY):		N/A		
Regularly Scheduled Filing. October 15, 2019 (21 November 1, 2019 (Figure 1) December 5, 2019 (3)	days prior to the November 5, 20 days prior to the November 5, 20 days after the November 5, 2019	19 Municipal Ele	ction)		
Amended Filing. This amends previous	Annual - candidates from prior election held on Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY				
		8			
Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]					
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 & Beginn	ing 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		
	Art. XXVIII Sect. 10 (2) (a)]				
Authorization (Must be completed by either the R that to the best of my knowledge or belief all contributions of membership dues transferred by a members Print Registered Agent's (Treasurer's) Name:	butions received during this reporting	period, including	declare, under penalty of perjury, any contributions received in the		
Registered Agent's (Treasurer's) Signature:		Date:	_		
Print Candidate Name:		Dutc.			
		Date;			

DETAILED SUMMARY

Full Name of Committee/Person:

Friends of Jessica Troy

Current Reporting Period:

10/11/19

Through

10/29/19

	Through	10/29/19
Funds on l	nand 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")	
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$2,090.00
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	30.00
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	Date Accepted	4 Name (Last, First): Gaskins, Abigail
	10/11/2019	5 Address: 2580 E 150 Ave
2	Contribution Amount	6 City/State/Zip: Thornton, CO 80602
\$	25.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): State of Colorado
\$	25.00	9 Occupation (if applicable, mandatory): Manager
1	Date Accepted	4 Name (Last, First): Nelson, Kevin
	10/11/2019	5 Address: 1605 St Paul St
2	Contribution Amount	6 City/State/Zip: Denver, CO 80206
\$	50.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, mandatory): Namaste Solar
\$	100.00	9 Occupation (if applicable, mandatory): O&M Technician
1	Date Accepted	4 Name (Last, First): Murphy, Megan
	10/11/2019	5 Address: 12573 Eudora St
2	Contribution Amount	6 City/State/Zip: Thornton, CO 80241
\$	25.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, mandatory): Not employed
\$	25.00	9 Occupation (if applicable, <u>mandatory</u>):
1	Date Accepted	4 Name (Last, First): Levine, Samantha
	10/12/2019	5 Address: 8094 E 31st Ave
2	Contribution Amount	6 City/State/Zip; Denver, CO 80238
	Contribution Amount	
\$	50.00	7 Description
3		

^{*} 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:** Through 10/11/19 10/29/19 date date PLEASE PRINT/TYPE Vondracek, JoAnn 4 Name (Last, First): 1 Date Accepted 2489 W 122nd Ave 10/12/2019 5 Address: 2 Contribution Amount 6 City/State/Zip: Westminster, CO 80234 \$ 20.00 7 Description 3 Aggregate Amount* 8 Employer (if applicable, mandatory): Not Employed 56.00 9 Occupation (if applicable, mandatory): Devore, Gail 4 Name (Last, First): 1 Date Accepted 10/18/2019 Address: 6144 E Oregon Pl 6 City/State/Zip: Denver, CO 80224 2 Contribution Amount 50.00 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* Not Employed \$ 186.00 9 Occupation (if applicable, mandatory): Dillon, Rachelle 1 Date Accepted 4 Name (Last, First): 10/22/2019 Address: 12650 DAHLIA WAY 2 Contribution Amount 6 City/State/Zip: Thornton, CO 80241 \$ 50.00 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* Not Employed 9 Occupation (if applicable, mandatory): \$ 50.00 Gibson, Hazel 1 Date Accepted 4 Name (Last, First): 10/23/2019 Address: 3222 East 1st Ave #505 6 City/State/Zip: Denver, CO 80206 2 Contribution Amount \$ 25.00 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* Not Employed 25.00 9 Occupation (if applicable, 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:		e/Person: Friends of Jes	ssica Troy
		Reporting Period Covered:	10/11/19 Through 10/29/19
PLEASE	PRINT/TYPE		date date
1 Date	Accepted	4 Name (Last, First): Lewis, Ellen	
10/23		5 Address: 791 Jasmine St.	
	ribution Amount	6 City/State/Zip: Denver, CO 802	20
\$ 25.00		7 Description	
Tu.	egate Amount*	8 Employer (if applicable, <u>mandatory</u>):	Ellen Lewis MD
\$ 25.00		9 Occupation (if applicable, <u>mandatory</u>)	: Physician
1 Date	Accepted	4 Name (Last, First): Spikes, Kimberly	у
10/23/	/2019	5 Address: 11613 Columbin	ne Street
2 Contri	ibution Amount	6 City/State/Zip: Thornton, CO 80)233
\$ 20.00		7 Description	
3 Aggre	egate Amount*	8 Employer (if applicable, <u>mandatory</u>):	Caption Colorado, a Division of VITAC
\$ 20.00		9 Occupation (if applicable, <u>mandatory</u>)	: Captioner
1 Date /	Accepted	4 Name (Last, First): Dougherty, Kelly	у
10/23/	/2019	5 Address: 1710 White Ave	
2 Contri	ibution Amount	6 City/State/Zip: Grand Junction,	CO 81501
\$ 25.00		7 Description	
3 Aggre	gate Amount*	8 Employer (if applicable, <u>mandatory</u>):	Western Colorado Alliance
\$ 25.00		9 Occupation (if applicable, mandatory)	Membership Coordinator
1 Date A	Accepted	4 Name (Last, First): Caraveo, Yadira	
10/23/	/2019	5 Address: 2691 E 121st Pl	
2 Contri	ibution Amount	6 City/State/Zip: Thornton, CO 80)241
\$ 50.00		7 Description	
3 Aggre	gate Amount*	8 Employer (if applicable, mandatory):	Peak Pediatrics
\$ 50.00		9 Occupation (if applicable mandatory):	· Pediatrician

^{*} 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 Commit	Friends of Jessica Troy
	Reporting Period Covered: 10/11/19 Through 10/29/19 date date
PLEASE PRINT/TYPE	
1 Date Accepted	4 Name (Last, First): Willford, Virginia
10/23/2019	5 Address: 10447 Lipan Street
2 Contribution Amount	6 City/State/Zip: Northglenn, CO 80234
\$ 25.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>City of Northglenn</u>
\$ 25.00	9 Occupation (if applicable, mandatory): Council Member
1 Date Accepted	4 Name (Last, First): Carminati, Maria-Vittoria
10/23/2019	5 Address: 6562 S Irvington Way
2 Contribution Amount	6 City/State/Zip: Aurora, CO 80016
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, mandatory): The Woman's Lawyer
\$ 50.00	9 Occupation (if applicable, mandatory): Lawyer
1 Date Accepted	4 Name (Last, First): Johnson, Alexis
10/23/2019	5 Address: 3833 s broadway
2 Contribution Amount	6 City/State/Zip: Englewood, CO 80113
\$ 75.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, mandatory): Self
\$ 75:00	9 Occupation (if applicable, mandatory): Contractor
l Date Accepted	4 Name (Last, First): AbuSaeedi, Shereen
10/23/2019	5 Address: 5288 E 118th Pl
2 Contribution Amount	6 City/State/Zip: Thornton, jCO 80233
\$ 25.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Not employed
\$ 25.00	9 Occupation (if applicable 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).

Fu	ıll Name of Committ	Friends of Jessica Troy
		Reporting Period Covered: 10/11/19 Through 10/29/19
PL	EASE PRINT/TYPE	date date
1	Date Accepted	4 Name (Last, First): Nizam, Sam
	10/23/2019	5 Address: 4660 summit grove pkway
2	Contribution Amount	6 City/State/Zip: Thornton, CO 80241
\$	25.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, mandatory): Not employed
\$	25.00	9 Occupation (if applicable, mandatory):
1	Date Accepted	4 Name (Last, First): Cabrall, Suzanne
	10/23/2019	5 Address: 13575 Franklin St
2	Contribution Amount	6 City/State/Zip: Thornton, CO 80241
\$	25.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, mandatory): Kaiser
\$	100.00	9 Occupation (if applicable, <u>mandatory</u>): <u>Nurse</u>
1	Date Accepted	4 Name (Last, First): Dreher, Cynthia
	10/23/2019	5 Address: 9360 Osceola Street
2	Contribution Amount	6 City/State/Zip: Westminster, CO 80031
\$	50.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, mandatory): Not employed
\$	50.00	9 Occupation (if applicable, mandatory):
1	Date Accepted	4 Name (Last, First): Stone, Mary
	10/23/2019	5 Address: 28 Water Oaks way
2	Contribution Amount	6 City/State/Zip: Naples, FL 34105
\$	100.00	7 Description
3	Aggregate Amount*	8 Employer (if applicable, mandatory): Not employed
\$	125.00	9 Occupation (if applicable, 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 Jess	ica Troy	
Reporting Period Cov		vered:	10/11/19 Through 10/29/19 date date	
PLE	ASE PRINT/TYPE			
i <u>I</u>	Date Accepted	4 Name (Last, First):	Weise, Leslie	
1	10/23/2019	5 Address:	7578 Crestview D	rive
2 (Contribution Amount	6 City/State/Zip:	Niwot, CO 80504	
\$ 2	25.00	7 Description		
3 /	Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Weise Consulting
\$ 2	25.00	9 Occupation (if applic	cable, mandatory):	Consultant
1 <u>I</u>	Date Accepted	4 Name (Last, First):	Brundage, Suzie	
	10/23/2019	5 Address:	2415 East 137th A	venue
2 (Contribution Amount	6 City/State/Zip:	Thornton, CO 806	02
\$ 2	25.00	7 Description		
3 1	Aggregate Amount*	8 Employer (if applica	ble, mandatory):	TRU Community Care
\$ 1	125.00	9 Occupation (if applic	cable, mandatory):	Social Worker
1]	Date Accepted	4 Name (Last, First):	Collins, Lyndsey	
	10/24/2019	5 Address:	14641 Garfield st	
2 9	Contribution Amount	6 City/State/Zip:	Brighton, CO 806	02
\$	100.00	7 Description	<u>.</u>	
3]	Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Brighton CO
\$ 7	700.00	9 Occupation (if applic	cable, <u>mandatory</u>):	Teacher
1 1	Date Accepted	4 Name (Last, First):	AbuSaccdi, Shered	en
	10/25/20019	5 Address:	5288 E 118th Pl	
2	Contribution Amount	6 City/State/Zip:	Thorton CO 80233	3
\$ 2	25.00	7 Description		
3	Aggregate Amount*	8 Employer (if applica	ble, mandatory):	not employed
_{\$:}	50.00	9 Occupation (if applied	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 Jess	ica Troy		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	10/11/19 date	Through	10/29/19 date
1 Date Accepted	4 Name (Last, First):	United Food and	Commercial Workers	International Uni	on, AFL-CIO
10/18/2019	5 Address:	1775 K Street, N.	W		
2 Contribution Amount	6 City/State/Zip:	Washington, DC 2			N
\$ 1000.00	7 Description				3
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 1000.00	9 Occupation (if applied	cable, <u>mandatory</u>):			 8
1 Date Accepted	4 Name (Last, First):	Sherman-Kessler,	Susan		
10/12/2019	5 Address:	3879 E 120th Ave	. #178		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 802	33		
\$ 25.00	7 Description				Σ.
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	unknown		
\$ 25.00	9 Occupation (if applied	cable, <u>mandatory</u>):	·		X
1 Date Accepted	4 Name (Last, First):	Phillips, Jacquelin	e		
10/12/2019	5 Address:	8960 Fox Dr. #204	1		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, jCO 802	260-8821		v
\$ 100.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):			
\$ 100.00	9 Occupation (if applied	cable, <u>mandatory</u>):	Lawyer		
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):	ati		
\$	9 Occupation (if applied	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).

Schedule A - Itemized Contributions Statement (\$20 or more) Page 8					
Full Name of Committee	tee/Person:	Friends of Jess	ica Troy		
	Reporting Period Cove	ered:	10/11/19 date	Through 1	0/29/19 date
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 applicabl				
\$	9 Occupation (if applical	ble, 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	e, <u>mandatory</u>):			
\$	9 Occupation (if applical	ble, <u>mandatory</u>):			
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description _		4		
3 Aggregate Amount*	8 Employer (if applicable	e, <u>mandatory</u>):	· ·		
\$	9 Occupation (if applical	ole, mandatory):	il.		
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				 -
\$	7 Description				

8 Employer (if applicable, mandatory):

9 Occupation (if applicable, mandatory):

Aggregate Amount*

\$

^{*} For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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

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

Full Name of Committee/Pe	Friends of Jessi	ica Troy	
R	eporting Period Covered:	10/11/19 Through	10/29/19 date
		Total Itemized Expenditures:	4,131.65
PLEASE PRINT/TYPE			
1 Date Expended	4 Name (Last, First): Lindsey	y-Severns, Emma	
10/11/19	5 A 11 797 V	1 11 0	
2 Amount	· · · · · · · · · · · · · · · · · · ·	ndall Ct.	*
\$ 400.00 3 Recipient is (optional):	6 City/State/Zip: <u>Lakewo</u>	ood, CO 80214	
Committee	7 Purpose of Expenditure:	Consulting	
Non-Committee	7 Turpose of Experience.	Consuming	-
Non-Commutee	-		
1 Date Expended	4 Name (Last, First): Facebo	iok	
10/15/19 2 Amount	5 Address:		
\$ 23.72	6 City/State/Zip:		
3 Recipient is (optional):	1		*
Committee	7 Purpose of Expenditure:	Advertising	
✓ Non-Committee			
	-		,
1 Date Expended	4 Name (Last, First): Office l	 Max	
1 <u>Date Expended</u> 10/15/19	4 Name (Last, First).		
2 Amount	5 Address: <u>801 E 1</u>	20th Ave	
\$ 63.75	6 City/State/Zip: Thornto	on, CO 80233	
3 Recipient is (optional):			
Committee	7 Purpose of Expenditure:	Address labels -	
✓ Non-Committee	*		
1 <u>Date Expended</u>	4 Name (Last, First): Westmi	inster Postoffice	
10/16/19			
2 Amount	\ -	/ 105th Ave	
\$ 805.00 3 Recipient is (optional):	6 City/State/Zip: Westmin	nster, CO 80031	
Committee	7 Purpose of Expenditure:	Stamps	
	/ Furpose of Expenditure.	Stamps	
Non-Committee			

Full Name of Committee	Person: Friends of Jessica Troy	
	Reporting Period Covered: 10/11/19 Through	10/29/19 date
PLEASE PRINT/TYPE		
1 <u>Date Expended</u> 10/18/19	4 Name (Last, First): Mayacoop LLC	
2 Amount	5 Address: 780 Utica Ave	
\$ 500.00	6 City/State/Zip: Boulder, CO 80304	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure: Digital advertising	
Non-Committee	4	
		,
1 <u>Date Expended</u> 10/22/19	4 Name (Last, First): Facebook	-
2 Amount	5 Address:	
\$ 50.00	6 City/State/Zip:	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure: Advertising	
Non-Committee		
1 Date Expended	4 Name (Last, First): C&D Printing	
10/25/19	4	
2 Amount	5 Address: 5351 Tennyson St. #1c	
\$ 2184.18	6 City/State/Zip: Denver, CO 80212	
3 Recipient is (optional):		
Committee	7 Purpose of Expenditure: Mailers printing and postage	
✓ Non-Committee		
	4	
1 <u>Date Expended</u>	4 Name (Last, First): Westminster Postoffice	4:
10/29/19	2051 W 1051 A	
2 Amount	5 Address: <u>3051 W 105th Ave</u>	
\$ 105.00 3 Recipient is (optional):	6 City/State/Zip: Westminster, CO 80031	
Committee	7 Purpose of Expenditure: Stamps	
✓ Non-Committee		

Full Name of Committee/Person: Friends of Jessica Troy			
I	porting Period Covered: 10/11/19 Through 10/29/19		
	date date		
PLEASE PRINT/TYPE			
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 <u>Date Expended</u>	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			
2 Amount \$ 3 Recipient is (optional):	5 Address: 6 City/State/Zip:		
Non-Committee			

Schedule C - Loans

Full Name of Committee/Person:

Reporting Period Covered: 10/11/19 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		P	
Name (Last, First or Institution):			
Address:			
City/State/Zip:			
Original Amount of Loan: \$		Interest Rate:	%
		Total of All Loans This Repor	rting
			80.00
		(Place on line 8 of Detail	led 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: (Amount Repaid is sum of Principal & Interest entered on De	\$0.00 stail Summary)	Total Repayments Made: (Sum of Schedule C pages, Place o	\$0.00 In line 16 of Detailed Summary)
Outstanding Balance:			
TERMS OF LOAN:		<u> </u>	ă .
	Date Loan Received		Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

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

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person:	riends of Jessica Troy					
	Reporting Period Covered: 10/11/19 Through 10/29/19 date date Total Returned Contributions: \$ -					
	Total Returned Expenditures: \$ -					
(Previously report	Returned Contributions ed on Schedule A – Contributions accepted and then returned to donors)					
1 Date Accepted						
2 Date Returned 5 Address: 6 City/Stat						
3 Amount 7 Purpose:						
1 <u>Date Accepted</u> 4 Name (L	ast, First):					
2 <u>Date Returned</u> 5 Address: 6 City/Stat	(
3 Amount 7 Purpose:						
$\frac{\textbf{Returned Expenditures}}{(Previously reported on Schedule \textit{B}-Expenditures returned or refunded to the committee})}$						
PLEASE PRINT/TYPE 1 Date Expended						
4 Name (L 2 <u>Date Returned</u> 5 Address: 6 City/Stat						
	t (optional):					
1 <u>Date Expended</u> 4 Name (L						
2 <u>Date Returned</u> 5 Address: 6 City/Stat						
3 Amount 7 Commen \$	t (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					
Repo	rting Period Covered:	10/11/19	Through	10/29/19	
		date		date	
		Total	Itemized Expenditures:	\$198.42	
PLEASE PRINT/TYP					
1 Date Provided	4 Name (Last, First):	Nikki Riedt, Conserva	ation Colorado Grassroots A	ction Fund	
10/29/19	5 Address:	1536 Wynkoop St Ste	510,		
2 Fair Market Value	6 City/State/Zip:	Denver, CO 80202			
\$198.42	7 Description:	Email and staff time			
	8 Employer (if applic	able, mandatory):	Conservation Colorado		
3 Aggregate Amount	9 Occupation (if appl	icable, mandatory):	Operations & Finance Direct	etor	
\$253.37	10 X Check box if	Coordinated with a Car	ndidate/Candidate Committe	e 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 applic				
3 Aggregate Amount	9 Occupation (if appl	icable, mandatory):		•	
			ndidate/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	icable, mandatory):			
			ndidate/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:				
N N	8 Employer (if applic	able, mandatory):	7.	5	
3 Aggregate Amount	9 Occupation (if appl				
			ndidate/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 applications)	able, mandatory):			
3 Aggregate Amount	9 Occupation (if apple	and the same of th			
				e 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."