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)

	(C.11.5. 1-45-100)		
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:			
Name and Address of Financial Institution:	Bank of the West		
SOS ID NUMBER (state and coun	ty committees ONLY):		N/A
Type of Report:			
Regularly Scheduled Filing.			
October 15, 2019 (2)	days prior to the November 5, 20	19 Municipal Elec	etion)
November 1, 2019 (1	Friday prior to the November 5, 20	19 Municipal Elec	etion)
December 5, 2019 (3	30 days after the November 5, 2019	9 Municipal Election	on)
Annual - candidate	s from prior election held on		
Amended Filing. This amends previ	ous report filed on (date)		
Submit changes or new information Ol			
Termination Report (Termination	Reports MUST have a Monetary Balance of Zer	ro in Line 5)	
Reporting Period Covered:	7/1/19	Through	10/10/19
Declared Total Spending (if applicable): [Art.	date	- 1	date
XXVIII, Sect. 4 (1)]	\$ N/A	_	
			Totals Detailed Summary Page
1 Funds on Hand at Beginning of Reporting	Period (monetary only)		\$0.00
2 Total Monetary Contributions (line 11)			\$5,383.00
3 Total of Monetary Contributions & Begin	ning Amount (line 1+ line 2)		\$5,383.00
4 Total Monetary Expenditures (line 19)			\$2,797.13
5 Funds on Hand at End of Reporting Perio	d (monetary) (line 3 - line 4)		\$2,585.87
The appropriate officer shall impose	e 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 l		hearby certify and a	declare, under penalty of periury
that to the best of my knowledge or belief all cont form of membership dues transferred by a member	ributions received during this reportin	g period, including a	
Print Registered Agent's (Treasurer's) Name:			
Registered Agent's (Treasurer's) Signature:		Date:	
		Date.	
Print Candidate Name:		Buic.	

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

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REPORT OF CONTRIBUTIONS AND EXPENDITURES 2010 Revised Reporting Forms

The Report of Contributions and Expenditures is a financial report required for all committees or parties that accept contributions or make expenditures to support or oppose a candidate or an initiative seeking access to the ballot and/or a referendum placed on the ballot by the general assembly. The report is comprised of 7 basic data entry pages along with several informational and instructional pages. The data entry forms consist of the Report of Contributions and Expenditures with the Detail Summary, Schedules A, B, C, D and the Statement of Non-Monetary Contributions. Completion of Schedules A, B, C, D and the Statement of Non-Monetary Contribution forms should be done prior to completion of the Report of Contributions and Expenditures and Detail Summary pages. Listed below are brief descriptions of what each data entry page accomplishes to help you complete and finalize this report.

Report of Contributions and Expenditures (page 1)

A summary page of the committee or party name, address, financial institution, registered agent and the contribution/expenditure totals for a specific reporting period with the **Detailed Summary page** (page 2) that summarizes totals for all other data entry forms. Complete this 2-page form last.

Schedule A

This form is used to report monetary contributions received by the committee or party that exceed \$19.99. (Money received into the committee/party.)

Schedule B

This form is used to report expenditures paid out by the committee or party that exceed \$19.99. (Money expended/paid out by the committee/party.)

Schedule C

This form details loans received and repaid by the committee/party. (Money received by committee from a financial institution and/or repayment of a loan to a financial institution.)

Schedule D

This form allows the committee/party to account for either a contribution or expenditure that has been made and is being returned to the committee/party.

Statement of Non-Monetary Contributions

This form details contributions received that are tangible and can be assessed a fair market value. Expenditures on behalf of a candidate that are coordinated with or controlled by the candidate, candidate's agent or the political party shall be counted as a contribution to and expenditure by the candidate committee or the political party.

The Report of Contributions and Expenditures MUST be received by the appropriate officer on or before the due date. Postmark dates are not recognized. A faxed report MUST be followed up with the original document within seven calendar days. The candidate and/or registered agent are responsible for the content and accuracy of the report.

Municipal committees should contact their municipal/town clerk for assistance.

Instructions for

REPORT OF CONTRIBUTIONS AND EXPENDITURES DETAILED SUMMARY

Reference Colorado Revised Statute: 1-45-108, C.R.S.
Who uses this form? All Committees

Purpose of form: This form is used to summarize the information from all other forms.

Is this form required? Yes

When do I file this form? This form must be received by the designated election official on or

before the filing due date for the reporting period. Postmarks are not

accepted.

COMPLETING THE FORM

This form uses information contained on other forms; all other applicable forms must be completed prior to filing this summary form.

- STEP 1. Completely fill out the Report of Contributions and Expenditures page until you reach Line 1.
 - > Print or type the full name of the committee
 - > Print or type the address of your committee. Print or type the city, state and zip code of your committee.
 - > Print or type the name of the financial institution where the committee funds are deposited. [1-45-108(1)(a)(IV)(b), C.R.S.]
 - > Print or type the address of the financial institution including city, state and zip code.
 - > Determine what type of report is being filed.
 - Regularly Scheduled Filings are normal reporting periods as required in 1-45-108 & 1-45-109, C.R.S. (These dates are available through the Campaign and Political Finance manual, your local election official, the calendars provided and the Secretary of State web site www.sos.state.co.us)
 - Amended Filings are reports that correct a previously filed report.
 - Termination Reports are filings that close a committee, indicating the committee is no longer in existence. You must report a zero balance on line #5. (Art. XXVIII, Sec. 2(3), 1-45-106, C.R.S., and the Rules Concerning Campaign and Political Finance 3.3)
 - \triangleright Check (\boxtimes) the appropriate box next to the type of report filed. If this report is an *amended filing*, print or type the date of the originally filed report being amended.
 - > Print or type the Reporting Period being covered. (The beginning and ending dates)
- STEP 2. Skip Lines 1-5 and the Authorization portion of the Report of Contributions and Expenditures page (page 1) and go to the Detailed Summary page (page 2).
- STEP 3. On the Detail Summary page of the Report of Contributions and Expenditures form completely fill out the header information and lines 6 through 20.
 - ➤ Line #6 Enter the total amount from Schedule A.

- ➤ Line #7 Enter the total amount of contributions received this reporting period that were \$19.99 or less.
- ➤ Line #8 Enter the total amount of all loans received this reporting period. (Schedule C)
- Line #9 Enter the total amount of all other receipts. (Example: Interest, Dividends)
- ➤ Line #10 Enter the total amount of all expenditures returned or refunded to the committee. (Schedule D money coming back to the committee).
- ➤ Line #11 Enter the sum of Lines #6 through #10.
- ➤ Line #12 Enter the total amount of all Non-Monetary Contributions from the Statement of Non-Monetary Contributions form.
- ➤ Line #13 Enter the sum of Line #11 and #12.
- ➤ Line #14 Enter the total amount from Schedule B.
- ➤ Line #15 Enter the total amount of all Expenditures \$19.99 or less.
- ➤ Line #16 Enter the total amount of all loan payments paid this reporting period. (Schedule C)
- ➤ Line #17 Enter the total amount of contributions returned to the donor. Example: A contributor exceeded contribution limits and the amount exceeding that limit must be returned. (Schedule D money going out of the committee).
- Line #18 Enter the total amount of expenditures by a third party that are controlled by or coordinated with a candidate, candidate committee or political party. (Statement of Non-Monetary Contribution form)
- Line #19 Enter the sum of Lines #14 through #17.
- ➤ Line #20 Enter the sum of lines #18 and #19. [Art. XXVIII, Sec. 5(3)]
- STEP 4. Return to the Report of Contributions and Expenditures form and complete Lines 1-5.
 - ➤ Line #1 If this is your first Report of Contributions and Expenditures as a committee enter zero (0). If you have previously filed enter the ending balance from line #5 of your most recently filed report.
 - ➤ Line #2 Enter the total amount from Line #11.
 - \triangleright Line #3 Enter the sum of Lines #1 and #2.
 - ➤ Line #4 Enter the total amount from Line #19.
 - ➤ Line #5 Enter the difference of Line #3 minus Line #4.
- <u>STEP</u> 5. Complete the Authorization portion of the Report of Contributions and Expenditures form by printing the name of the registered agent and then sign and date the report.

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: 7/1/19 Through 10/10/19

date date

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

Total Itemized Contributions: \$ 5,178.00

PLEASE PRINT/TYPE

1 Date Accepted	4 Name (Last, First): Troy, Jessica
7/18/2019	5 Address: 4446 Cottonwood Lakes Blvd
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton, CO 80241
\$ 40.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Gardens that Rock
\$	9 Occupation (if applicable, <u>mandatory</u>): Horticulturist
1 Date Accepted	4 Name (Last, First): Fox, Lynne
7/21/2019	5 Address: 4262 E. 130th Dr.
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton, CO 80241
\$ 50.00	7 Description Kick off party donation
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
\$	9 Occupation (if applicable, <u>mandatory</u>):
1 Date Accepted	4 Name (Last, First): Nimock, David
7/21/2019	5 Address: 2807 S. Oswego Ct.
2 <u>Contribution Amount</u>	6 City/State/Zip: Aurora, CO 80014
\$ 50.00	7 Description Kick off party donation
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): UBS
	<u> </u>
\$	9 Occupation (if applicable, mandatory): Life Enhancement Specialist
\$ 1 Date Accepted	
	9 Occupation (if applicable, mandatory): Life Enhancement Specialist Mullion Kylo
1 <u>Date Accepted</u>	9 Occupation (if applicable, <u>mandatory</u>): <u>Life Enhancement Specialist</u> 4 Name (Last, First): <u>Mullica, Kyle</u>
1 <u>Date Accepted</u> 7/21/2019	9 Occupation (if applicable, <u>mandatory</u>): <u>Life Enhancement Specialist</u> 4 Name (Last, First): Mullica, Kyle 5 Address: <u>11187 Elati St.</u>
1 <u>Date Accepted</u> 7/21/2019 2 <u>Contribution Amount</u>	9 Occupation (if applicable, mandatory): Life Enhancement Specialist 4 Name (Last, First): Mullica, Kyle 5 Address: 11187 Elati St. 6 City/State/Zip: Northglenn, CO 80224

^{*} 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 Through **Reporting Period Covered:** 10/10/19 7/1/19 date date PLEASE PRINT/TYPE Goldstein, Lori 1 Date Accepted 4 Name (Last, First): 7/21/2019 5 Address: 3277 W. 102nd Pl. 6 City/State/Zip: 2 Contribution Amount Westminster, CO 80031 \$ 35.00 7 Description Kick off party donation 8 Employer (if applicable, mandatory): 3 Aggregate Amount* Retired 9 Occupation (if applicable, mandatory):

\$	30.00	7	Description	Kick off party don	nation
3	Aggregate Amount*	8	Employer (if applica	able, <u>mandatory</u>):	Landmark Monuments
\$		9	Occupation (if applied	cable, <u>mandatory</u>):	Memorial Consultant
1	Date Accepted	4	Name (Last, First):	Apodaca, True	
	7/21/2019	5	Address:	4190 Perry St.	

Montoya, Eric

3165 E. 94th Dr.

Thornton, CO 80229

4 Name (Last, First):

Address:

6 City/State/Zip:

\$

1 Date Accepted

7/21/2019

2 Contribution Amount

	1/21/2019	J Address	•	4190 Felly St.	
2	Contribution Amount	6 City/Star	te/Zip:	Denver, CO 80212	2
\$	30.00	7 Descript	tion	Kick off party don	ation
3	Aggregate Amount*	8 Employe	8 Employer (if applicable, <u>mandatory</u>):		Self
\$		9 Occupat	ion (if applic	cable, <u>mandatory</u>):	Consultant

1 <u>Date Accepted</u>	4 Name (Last, First): Chavez, Shey
7/21/2019	5 Address: 3165 E. 94th Dr.
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton, CO 80229
\$ 20.00	7 Description Kick off party donation
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Comprehensive Pain Specialists
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Scheduler/Medical Records</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 Co	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last, First):	Cabral, Suzanne				_
7/21/2019	5 Address:	13575 Franklin St	•			_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 802	241			_
\$ <mark>75.00</mark>	7 Description	Kick off party dor	nation			_
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Kaiser Permanente			_
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	RN			_
1 <u>Date Accepted</u>	4 Name (Last, First):	Dawiskiba, Sebasi	tian			_
7/21/2019	5 Address:	1750 Wewatta St.	#826			_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, 80202				_
\$ 20.00	7 Description	Kick off party dor	nation			_
3 Aggregate Amount*	8 Employer (if applica	ible, mandatory):	HVD			_
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Advisor			_
1 Date Accepted	4 Name (Last, First):	Vigil, Valerie				
7/21/2019	5 Address:	11324 Niagra St.				_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 802	233			_
\$ 40.00	7 Description	Kick off party dor	nation			_
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	Adams 12 5 Star Scho	ools		_
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Counselor			_
1 <u>Date Accepted</u>	4 Name (Last, First):	Perkins, Jamie				_
8/8/2019	5 Address:	1020 Lincoln st #3	301			_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 8020	3			_
\$ 25.00	7 Description					_
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	HCPF			_
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Communications			_

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Full Name of Committee/Person:		Friends of Jessica Troy				
	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE						
1 Date Accepted	4 Name (Last, First):	Gaffney, Andrew				
8/8/2019	5 Address:	4295 Horseshoe C	Creek Dr.			
2 <u>Contribution Amount</u>	6 City/State/Zip:	St. Charles, MO 6	3304			
\$ 50.00	7 Description	-				
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Applause App Qualit	y Inc.		
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	DevOps Engineer			
1 Date Accepted	4 Name (Last, First):	Brundage, Suzie				
8/8/2019	5 Address:	2415 East 137th A	Avenue			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 806	502			
\$ 100.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	TRU Community Car	re		
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Social Worker			
1 Date Accepted	4 Name (Last, First):	Stone, Ronald				
8/11/2019	5 Address:	8192 Sweetbriar V	Way			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Boca Raton, FL 32	3496			
\$ 100.00	7 Description				_	
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Clorox			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Supervisor			
1 Date Accepted	4 Name (Last, First):	Knapp, Courtney				
8/20/2019	5 Address:	4411 Umatilla St				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 8021	1			
\$ 20.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	ARTiculate: Real&C	lear		
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Learning & Developi	ment		

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Full Name of Committee/Person:		Friends of Jessica Troy				
	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last, First):	Sebastian Dawiski	ba			
8/22/2019	5 Address:	1750 Wewatta St	¥829			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80202	2			
\$ 20.00	7 Description					
3 Aggregate Amount*	8 Employer (if application	able, <u>mandatory</u>):	ATVD			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Advisor			
1 Date Accepted	4 Name (Last, First):	Solano, Judith				
8/23/2019	5 Address:	See Attached				
2 <u>Contribution Amount</u>	6 City/State/Zip:	14789 Harrison St	reet			
\$ <mark>100.00</mark>	7 Description	Brighton, CO 806	02		_	
3 Aggregate Amount*	8 Employer (if application	able, <u>mandatory</u>):	N/A			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Not Employed			
1 Date Accepted	4 Name (Last, First):	Rogalo, Michelle				
8/23/2019	5 Address:	6369 S QUAIL ST	[
2 <u>Contribution Amount</u>	6 City/State/Zip:	Littleton, CO 8012	27			
\$ 50.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Quantum Water & Env	ironment		
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Business Manager			
1 <u>Date Accepted</u>	4 Name (Last, First):	Pignataro, Julie				
08/30/100	5 Address:	3201 Silverwood	Drive			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Fort Collins, CO 8	0525			
\$ 100.00	7 Description					
3 Aggregate Amount*	8 Employer (if application 8)	able, <u>mandatory</u>):	AceInfo Solutions			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Program Manager			

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Full Name of Committee/Person:		Friends of Jessica Troy				
	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last, First):	Cobell, Alexander	•			_
8/31/2019	5 Address:	4190 Perry St				_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80212	2			_
\$ 25.00	7 Description					
3 Aggregate Amount*	8 Employer (if application	able, mandatory):	May for State Senate		_	-
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Politics			_
1 <u>Date Accepted</u>	4 Name (Last, First):	Glover, Danielle				
9/3/2019	5 Address:	3728 Jason Street				_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 8021	1			_
\$ 25.00	7 Description					_
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	CRL Associates			_
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Account Executive			_
1 Date Accepted	4 Name (Last, First):	Stone, Joslyn				_
9/5/2019	5 Address:	7740 suffolk ave				
2 <u>Contribution Amount</u>	6 City/State/Zip:	St. Louis, MO 631	119			_
\$ 100.00	7 Description					_
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Caleres			_
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Quality Assurance Su	ıpervisor		_
1 Date Accepted	4 Name (Last, First):	Levine, Samantha				
9/7/2019	5 Address:	8094 E. 31st Ave.				_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 8023	8			_
\$ 100.00	7 Description					_
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Social Leadership So	lutions		_
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Consultant			_

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Full Name of Committee/Person:		Friends of Jess	ica Troy	
	Reporting Period Co	vered:	7/1/19 Through	10/10/19 date
PLEASE PRINT/TYPE				
1 <u>Date Accepted</u>	4 Name (Last, First):	Beach, Corinne		
7/21/2019	5 Address:	13748 Locust St.		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 806	502	
\$ 50.00	7 Description	Kickoff Party Dor	nation	
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	OCH	
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Paralegal	
1 Date Accepted	4 Name (Last, First):	McNay, Kenneth		
9/8/2019	5 Address:	1003 Grace Point	Road	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Morrisville, NC 2	7560	
\$ 25.00	7 Description			
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Cisco Systems Inc.	
\$	9 Occupation (if applie	cable, <u>mandatory</u>):	Network Consulting Engineer	
1 Date Accepted	4 Name (Last, First):	Green, Elan		
9/8/2019	5 Address:	2722 E 136th pl		_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 806	502	
\$ 25.00	7 Description			
3 Aggregate Amount*	8 Employer (if application 8)	able, <u>mandatory</u>):	Department of Defense	
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Analyst	
1 Date Accepted	4 Name (Last, First):	Hilton, Jeffrey		
9/24/2019	5 Address:	6403 E 114th Ave	;	
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 806	502	
\$ 55.00	7 Description			
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Self	
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Videographer	

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Full Name of Committee/Person:		Friends of Jessica Troy				
PLEASE PRINT/TYPE	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date	
1 Date Accepted	4 Name (Last, First):	Vondracek, JoAnn	1			
9/8/2019	5 Address:	2489 W 122ND A	VE		_	
2 Contribution Amount	6 City/State/Zip:	Westminster, CO				
\$ 36.00	7 Description	,				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	N/A			
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Not Employed			
1 Date Accepted	4 Name (Last, First):	Pinter, Emma			_	
9/8/2019	5 Address:	10755 Tennyson V	Way			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Westminster, CO	80031			
\$ 50.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	Adam's County			
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	County Commissioner			
1 <u>Date Accepted</u>	4 Name (Last, First):	Oyan Longbreak,	Inga			_
9/8/2019	5 Address:	710 Jasmine St				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80220)			
\$ 36.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	Messiah ELCA			
\$	9 Occupation (if applie	cable, <u>mandatory</u>):	Pastor			
1 Date Accepted	4 Name (Last, First):	Devore, Gail				
9/8/2019	5 Address:	6144 E Oregon Pl				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80224	4			
\$ 36.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	N/A			
\$	9 Occupation (if applie	cable, <u>mandatory</u>):	Not Employed			

^{*} 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			
DI EASE DDINE/EVDE	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE		Stone, Ronald			
1 <u>Date Accepted</u>	4 Name (Last, First):	Stone, Rohard			
9/8/2019	5 Address:	8192 Sweetbriar V	•		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Boca Raton, FL 3	3496		
\$ 100.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Clorox		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Supervisor		
1 Date Accepted	4 Name (Last, First):	O'Dorisio, Robin			
9/8/2019	5 Address:	7403 Race Street			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Welby, CO 80229)		
\$ 50.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	Executive		
\$	9 Occupation (if applie	cable, <u>mandatory</u>):	Luminosity		
1 Date Accepted	4 Name (Last, First):	Gottlieb, Vivian			
9/8/2019	5 Address:	8192 Sweetbriar V	Way		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Boca Raton, FL 3	3496		
\$ 50.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	N/A		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Retired		
1 Date Accepted	4 Name (Last, First):	Stone, Mary			
9/8/2019	5 Address:	21 Stonehedge Dr	·S		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Greenwich, CT 68	3831		
\$ 25.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):	N/A		
\$	9 Occupation (if applie	cable, <u>mandatory</u>):	Not Employed		

^{*} 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	tee/Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 Through 10/10/19 date
PLEASE PRINT/TYPE	
1 <u>Date Accepted</u>	4 Name (Last, First): Culpepper, Lisa
9/8/2019	5 Address: 1090 W 69th Ave
2 <u>Contribution Amount</u>	6 City/State/Zip: Denver, CO 80221
\$ 36.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Treasurer</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): Adams County
1 <u>Date Accepted</u>	4 Name (Last, First): Curtis Kowalski
7/21/2019	5 Address: 2909 E 152nd Pl.
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton, CO 80602
\$ 50.00	7 Description Kickoff Party Donation
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Teradata</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>
1 <u>Date Accepted</u>	4 Name (Last, First): Collins, Lindsey
9/8/2019	5 Address: 14641 Garfield st
2 <u>Contribution Amount</u>	6 City/State/Zip: Brighton, CO 80602
\$ 100.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Self
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>School Psychologist</u>
1 <u>Date Accepted</u>	4 Name (Last, First): O'Dorisio, Steve
9/8/2019	5 Address: 7403 Race St.
2 <u>Contribution Amount</u>	6 City/State/Zip: Welby, CO 80229
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Adams County
\$	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).

Full Name of Committee/Person:		Friends of Jessi	ica Troy		
		Reporting Period Co	vered:	7/1/19 Through	10/10/19
PL	EASE PRINT/TYPE			date	date
1	Date Accepted	4 Name (Last, First):	Wilson, Joe and D	Darien	
	9/8/2019	5 Address:	4351 Canyonbrool	k Drive	
2	Contribution Amount	6 City/State/Zip:	Highlands Ranch,		
\$	50.00	7 Description			
3		8 Employer (if applica	ıble, <u>mandatory</u>):	Volare Systems Inc	
\$		9 Occupation (if applic	cable, <u>mandatory</u>):	Vice President	
1	Date Accepted	4 Name (Last, First):	Martinez, Justin		
	10/9/2019	5 Address:	452 W. 91st Circle	e	
2	Contribution Amount	6 City/State/Zip:	Thornton, CO 802	260	
\$	25.00	7 Description			
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Polyport Inc	
\$		9 Occupation (if applic	cable, <u>mandatory</u>):	Software Engineer	
1	Date Accepted	4 Name (Last, First):	Downey, Joshua		
	9/9/2019	5 Address:	1225 Downing St.	. #304	
2	Contribution Amount	6 City/State/Zip:	Denver, CO 80218	8	
\$	36.00	7 Description			
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Service Employees International Un	nion Local 105
\$		9 Occupation (if applic	cable, <u>mandatory</u>):	Political Director	
1	Date Accepted	4 Name (Last, First):	Hauser, Lauren		
	9/10/2019	5 Address:	258 Kelly Ln		
2	Contribution Amount	6 City/State/Zip:	Brighton, CO 806	03	
\$	100.00	7 Description			
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	N/A	
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	Not Employed	

^{*} 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:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE			dute		anc
1 Date Accepted	4 Name (Last, First):	Nelson, Kevin			
9/11/2019	5 Address:	1605 St Paul St			_
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80206	<u> </u>		
\$ 50.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Namaste Solar		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	O&M Technician		
1 <u>Date Accepted</u>	4 Name (Last, First):	Reeves, Laura			
9/17/2019	5 Address:	100 Flowerburst D	O r		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Highlands Ranch,	CO 80126		
\$ 25.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	n/a		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Not Employed		
1 Date Accepted	4 Name (Last, First):	Levine, Sarah			
9/17/2019	5 Address:	180 Cook St Apt 3	808		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80206	<u> </u>		
\$ 500.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	ble, mandatory):	n/a		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	not employed		
1 Date Accepted	4 Name (Last, First):	Devore, Gail			
9/17/2019	5 Address:	6144 E Oregon Pl			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80224	1		
\$ 100.00	7 Description				
3 Aggregate Amount*	8 Employer (if application 8)	ble, <u>mandatory</u>):	n/a		
\$	9 Occupation (if appli	cable, mandatory):	not employed		

^{*} 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	tee/Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 date Through 10/10/19 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 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
\$	9 Occupation (if applicable, <u>mandatory</u>):
1 <u>Date Accepted</u>	4 Name (Last, First): Hatcher, Stephanie
9/18/2019	5 Address: 1300 Breezeway Dr.
2 <u>Contribution Amount</u>	6 City/State/Zip: Anneapolis, MD 21409
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>DOD</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Training Instructor</u>
1 <u>Date Accepted</u>	4 Name (Last, First): Fruchtman, Diane
9/18/2019	5 Address: 6A Lincoln Place
2 <u>Contribution Amount</u>	6 City/State/Zip: North Brunswick, NJ 08912
\$ 100.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Rutgers</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Professor</u>
1 <u>Date Accepted</u>	4 Name (Last, First): Arthur, Rebecca
9/19/2019	5 Address: 3360 W 114 Pl
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>): <u>Self</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): Corporate Event Planner

^{*} 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 Co	vered:	7/1/19	Through	10/10/19
PL	EASE PRINT/TYPE			date		date
1	Date Accepted	4 Name (Last, First):	Hellman, Folio			
	9/19/2019	5 Address:	33 Hawley Road			
2	Contribution Amount	6 City/State/Zip:	Oxford, CT 06438			
\$	50.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Brighton and Have ltd		
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	Office manager		
1	Date Accepted	4 Name (Last, First):	Dykstra, Nicole			
	9/20/2019	5 Address:	221 Park Road			
2	Contribution Amount	6 City/State/Zip:	Oxford, CT 06478	3	,	
\$	150.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Rutgers		
\$		9 Occupation (if applic	cable, <u>mandatory</u>):	Graduate Teaching As	sistant	
1	Date Accepted	4 Name (Last, First):	McNay, Kenneth			
	9/23/2019	5 Address:	1003 Grace Point	Road		
2	Contribution Amount	6 City/State/Zip:	Morrisville, NC 2	7560		
\$	23.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Cisco Systems Inc.		
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	Network Consulting E	ngineer	
1	Date Accepted	4 Name (Last, First):	Berg, Christine			
	9/26/2019	5 Address:	1605 Parkside Cir	cle		
2	Contribution Amount	6 City/State/Zip:	Lafayette, CO 800)26		
\$	30.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	Moms Clean Air Force	<u> </u>	
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	Consultant		

^{*} 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 Co	vered:	7/1/19	Through	10/10/19
PL	EASE PRINT/TYPE			date		date
1	Date Accepted	4 Name (Last, First):	Wakefield, Cindy			
	9/29/2019	5 Address:	3124 E. 132 Ct.			
2	Contribution Amount	6 City/State/Zip:	Thornton, CO 802	41		
\$	50.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	n/a		
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	not employed		
1	Date Accepted	4 Name (Last, First):	Cobell, Alexander			_
	9/30/2019	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	<u> </u>	
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	Politics		
1	Date Accepted	4 Name (Last, First):	Mitchell, Laura			
	10/1/2019	5 Address:	4380 Augusta Driv	ve		
2	Contribution Amount	6 City/State/Zip:	Broomfield, CO 8	0023		
\$	50.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):	n/a		
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	not employed		
1	Date Accepted	4 Name (Last, First):	Weiss, Leslie			
	10/1/2019	5 Address:	7578 Crestview D	rive		
2	Contribution Amount	6 City/State/Zip:	Niwot, CO 80504			
\$	25.00	7 Description				
3	Aggregate Amount*	8 Employer (if applica	ble, mandatory):	Weise Consulting		
\$		9 Occupation (if applied	cable, <u>mandatory</u>):	Consultant		

^{*} 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 Co	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last, First):	Bell, Gayle				
10/3/2019	5 Address:	2778 S Patton Ct				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 8023	6			
\$ 50.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	DSST Public Schools			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Education			
1 Date Accepted	4 Name (Last, First):	Collins, Lindsey				
10/3/2019	5 Address:	14641 Garfield st				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Brighton, CO 806	02			
\$ <mark>500.00</mark>	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Brighton, CO		_	
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Teacher			
1 Date Accepted	4 Name (Last, First):	Marvin, Julia				
10/5/2019	5 Address:	10305 Gaylord St				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 802	229			
\$ 50.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Digabit			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	PR Manager			
1 Date Accepted	4 Name (Last, First):	Stewart, Julia				
10/5/2019	5 Address:	1227 E 30th Ave				
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 8020	5			
\$ 25.00	7 Description					
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	The Gathering Place			
\$	9 Occupation (if appli	cable, <u>mandatory</u>):	Nonprofit Executive			

^{*} 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).

Friends of Jessica Troy **Full Name of Committee/Person:** Through **Reporting Period Covered:** 7/1/19 10/10/19 date date PLEASE PRINT/TYPE Mahnke, Sheela 1 Date Accepted 4 Name (Last, First): 10/7/2019 5 Address: 11727 Quitman Street Unit A 2 Contribution Amount 6 City/State/Zip: Westminster, CO 80031 \$ 50.00 7 Description 3 Aggregate Amount* 8 Employer (if applicable, <u>mandatory</u>): **Every Child Pediatrics** \$ 9 Occupation (if applicable, mandatory): Physician Koller, Tracey 1 Date Accepted 4 Name (Last, First): 10/7/2019 5 Address: 2345 Andrew Drive 2 Contribution Amount 6 City/State/Zip: Superior, CO 80027 60.00 7 Description 8 Employer (if applicable, mandatory): 3 Aggregate Amount* Walgreens \$ 9 Occupation (if applicable, mandatory): FNP Emma Pinter 1 Date Accepted 4 Name (Last, First): 10/8/2019 Address: 10755 Tennyson Way 2 Contribution Amount 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 \$ Winter, Faith 1 Date Accepted 4 Name (Last, First): 10/8/2019 Address: 11676 Osceola St. 2 Contribution Amount 6 City/State/Zip: \$80,031.00 \$ 200.00 7 Description 8 Employer (if applicable, <u>mandatory</u>): 3 Aggregate Amount* Leadership PAC donation 9 Occupation (if applicable, mandatory): Gotta Have Faith \$

^{*} 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	tee/Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 date Through 10/10/19 date
PLEASE PRINT/TYPE	
1 Date Accepted	4 Name (Last, First): Kowalski, Curtis
10/9/2019	5 Address: 2909 E 152nd PL
2 <u>Contribution Amount</u>	6 City/State/Zip: Thornton, CO 80602
\$ 100.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Teradata</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): Consultant
1 Date Accepted	4 Name (Last, First): Gaffney, Andrew
10/9/2019	5 Address: 4295 Horseshoe Creek Dr.
2 <u>Contribution Amount</u>	6 City/State/Zip: St. Charles, MO 63304
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Applause App Quality Inc.
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>DevOps Engineer</u>
1 Date Accepted	4 Name (Last, First): Stone, Ronald
10/9/2019	5 Address: 8192 Sweetbriar Way
2 <u>Contribution Amount</u>	6 City/State/Zip: Boca Raton, FL 33496
\$ 50.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>Clorox</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Supervision</u>
1 <u>Date Accepted</u>	4 Name (Last, First): Ledden, Stacey
10/10/2019	5 Address: 3328 Eliot St
2 <u>Contribution Amount</u>	6 City/State/Zip: Denver, CO 80211
\$ 25.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): Anythink
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Innov Director</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 Jessi	ica Troy		
	Reporting Period Co	vered:	7/1/19	Through	10/10/19
PLEASE PRINT/TYPE			date		date
1 Date Accepted	4 Name (Last, First):	Henkel, Heidi			
10/10/2019	5 Address:	14049 Park Cove	Dr.		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Broomfield, CO 8	0023		
\$ 25.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	Self		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	Communications		
1 <u>Date Accepted</u>	4 Name (Last, First):	Bird, Shannon			
10/10/2019	5 Address:	1125 W. 140th Dr	·.		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Westminster, CO	80023		
\$ 25.00	7 Description				
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	n/a		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	not employed		
1 Date Accepted	4 Name (Last, First):	Fox, Lynne			
10/10/2019	5 Address:	4262 E 130th Driv	/e		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 802	41		
\$ <mark>75.00</mark>	7 Description				
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):	n/a		
\$	9 Occupation (if applied	cable, <u>mandatory</u>):	not employed		
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	able, <u>mandatory</u>):			
\$	9 Occupation (if applied)	cable, <u>mandato</u> ry):			

^{*} 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	ee/Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 Through 10/10/19 date date
PLEASE PRINT/TYPE	
1 <u>Date Accepted</u>	4 Name (Last, First): Baca, Lynn
10/10/2019	5 Address: 1513 Bellflower Dr
2 <u>Contribution Amount</u>	6 City/State/Zip: Brighton, CO 80601
\$ 25.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>City of Aurora</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>Procurement Agent</u>
1 <u>Date Accepted</u>	4 Name (Last, First): Ciabatinni, Lori
10/10/2019	5 Address: 1038 Angus Glen Court
2 <u>Contribution Amount</u>	6 City/State/Zip: Beaumont, CA 92223
\$ 25.00	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
\$	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>
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 applicable, <u>mandatory</u>):
\$	9 Occupation (if applicable, <u>mandatory</u>):
1 <u>Date Accepted</u>	4 Name (Last, First):
10/10/2019	5 Address:
2 <u>Contribution Amount</u>	6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	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 Jessi	ica Troy		
	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE	1				1
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$	6 City/State/Zip: 7 Description				
3 Aggregate Amount*	8 Employer (if applica	able, mandatory):			
\$	9 Occupation (if applied	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):	Alge, John			
10/9/2019	5 Address:	4187 E 95th Dr.			
2 <u>Contribution Amount</u>	6 City/State/Zip:	Thornton, CO 802	29		
\$ 50.00 3 Aggregate Amount*	7 Description8 Employer (if application)	ble, mandatory):	N/A		
\$	9 Occupation (if applied		Retired		
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 Contribution Amount	6 City/State/Zip:				_
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applica	able, <u>mandatory</u>):			
\$	9 Occupation (if applied	cable, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):	Conservation Colo	orado		
9/29/2019	5 Address:	1536 Wynkoop St	. #510		
2 <u>Contribution Amount</u>	6 City/State/Zip:	Denver, CO 80202	2		
\$ <mark>250.00</mark>	7 Description	Endorsement cont	ribution		
3 Aggregate Amount*	8 Employer (if applica	ıble, <u>mandatory</u>):			
\$	9 Occupation (if applied	cable, <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 Jessi	ca Troy		
PLEASE PRINT/TYPE	Reporting Period Cove	ered:	7/1/19 date	Through	10/10/19 date
1 Date Accepted	4 Name (Last, First): _ 5 Address:				
2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applicable) 9 Occupation (if applicale)	e, <u>mandatory</u>):			
1 Date Accepted					
2 Contribution Amount \$ 3 Aggregate Amount*	5 Address:6 City/State/Zip:7 Description8 Employer (if applicable)				
\$	9 Occupation (if applica				
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applicabl	e, <u>mandatory</u>):			
\$	9 Occupation (if applica	ble, <u>mandatory</u>):			
1 <u>Date Accepted</u>	4 Name (Last, First): _ 5 Address:				
2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applicabl				
\$	9 Occupation (if applica	ble, <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 Jessi	ca Troy		
PLEASE PRINT/TYPE	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 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 application of application) 9 Occupation (if application)	ble, <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)	ble, <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)	ble, <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 of application) 9 Occupation (if application)	ble, <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 Jessi	ca Troy		
	Reporting Period Cov	ered:	7/1/19 date	Through	10/10/19 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 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
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 applicat	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
					1
1 <u>Date Accepted</u>	4 Name (Last, First):				
	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
	1				

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Full Name of Committee/Person:		Friends of Jess	ca Troy		
	Reporting Period Cov	ered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE	T				
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):			
\$	9 Occupation (if application)	able, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
- <u></u>	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicab	ole, <u>mandatory</u>):			
\$	9 Occupation (if application)	able, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First): 5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u>):			
\$	9 Occupation (if application)	able, <u>mandatory</u>):			
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 applicab	ole, <u>mandatory</u>):			
\$	9 Occupation (if application)	able, <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 Cov	vered:	7/1/19 date	Through	10/10/19 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 Aggregate Amount*	8 Employer (if applicat					
\$	9 Occupation (if applic	able, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):					
1 Date Accepted	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u>):				
\$	9 Occupation (if applic	able, <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 Aggregate Amount*	8 Employer (if applicat	ole, <u>mandatory</u>):				
\$	9 Occupation (if applic	able, <u>mandatory</u>):				
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 applicab	ole, <u>mandatory</u>):				
\$	9 Occupation (if applic	able, <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 Cove	ered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE	 .					
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 applicab	le, <u>mandatory</u>):				
\$	9 Occupation (if applica	able, <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 Aggregate Amount*	8 Employer (if applicab					
\$	9 Occupation (if applica	able, <u>mandatory</u>):				
	T					
1 <u>Date Accepted</u>	4 Name (Last, First): _ 5 Address:					
2 Contribution Amount	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicab	le, mandatory):				
\$	9 Occupation (if applica	able, <u>mandatory</u>):				
	 				_	
1 <u>Date Accepted</u>	4 Name (Last, First):					
	5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$ 2. A correcte Amount*	7 Description	1- mandatary)				
3 Aggregate Amount*	8 Employer (if applicab	le, <u>mandatory</u>):				
\$	9 Occupation (if applica	able, <u>mandatory</u>):				

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Full Name of Committee/Person:		Friends of Jessi	ca Troy		
	Reporting Period Cov	vered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE	•				
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 applical	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
1 Date Accepted	5 Address:				
2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
					1
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 applical	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			
1 Date Accepted	4 Name (Last, First):				
	5 Address:				
2 Contribution Amount	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ole, <u>mandatory</u>):			
\$	9 Occupation (if applic	able, <u>mandatory</u>):			

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Full Name of Committee/Person:		Friends of Jessica Troy					
	Reporting Period Co	overed:	7/1/19 date	Through	10/10/19 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 applic						
\$	9 Occupation (if appl	icable, <u>mandatory</u>):			_		
	1						
1 <u>Date Accepted</u>	4 Name (Last, First):						
-	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applic	able, <u>mandatory</u>):					
\$	9 Occupation (if appl	icable, <u>mandatory</u>):					
1 Date Accepted	4 Name (Last, First):	_					
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applic	able, <u>mandatory</u>):					
\$	9 Occupation (if appl	icable, <u>mandatory</u>):					
1 <u>Date Accepted</u>	4 Name (Last, First):						
	5 Address:						
2 Contribution Amount	6 City/State/Zip:						
\$	7 Description						
3 Aggregate Amount*	8 Employer (if applic	able, <u>mandatory</u>):					
\$	9 Occupation (if appl	<u> </u>					
Ψ	, occupation (if uppl						

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Full Name of Committee/Person:		Friends of Jessica Troy				
PY EAGE DDING/DVDE	Reporting Period Cove	ered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE	T					
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	-				
1 Date Accepted	4 Name (Last, First): _ 5 Address:					
2 Contribution Amount	6 City/State/Zip:					
3 Aggregate Amount*	7 Description 8 Employer (if applicabl	le, <u>mandatory</u>):				
\$	9 Occupation (if applical	ble, <u>mandatory</u>):				
	 T					
1 <u>Date Accepted</u>	4 Name (Last, First):					
2 Contribution Amount	5 Address:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicabl	le, <u>mandatory</u>):				
\$	9 Occupation (if applical	ble, <u>mandatory</u>):				
Г						
1 <u>Date Accepted</u>	4 Name (Last, First):					
2 Contribution Amount	5 Address: 6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applicabl	le, <u>mandatory</u>):				
\$	9 Occupation (if applical	ble, <u>mandatory</u>):				

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Full Name of Committe	tee/Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 date Through 10/10/19 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 Aggregate Amount*	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 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
\$	9 Occupation (if applicable, <u>mandatory</u>):
	
1 Date Accepted	4 Name (Last, First):
2 Contribution Amount	5 Address: 6 City/State/Zip:
\$	7 Description
3 Aggregate Amount*	8 Employer (if applicable, <u>mandatory</u>):
\$	9 Occupation (if applicable, <u>mandatory</u>):
	-
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 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 Cov	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount* \$	8 Employer (if applical 9 Occupation (if applic					
	-					
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applical	ble, <u>mandatory</u>):				
\$	9 Occupation (if applic	cable, <u>mandatory</u>):				
						
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applical	ble, <u>mandatory</u>):				
\$	9 Occupation (if applic	cable, <u>mandatory</u>):				
	<u> </u>					
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
2 <u>Contribution Amount</u>	6 City/State/Zip:					
\$	7 Description					
3 Aggregate Amount*	8 Employer (if applical	ble, <u>mandatory</u>):				
\$	9 Occupation (if applic	cable, <u>mandatory</u>):				

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Full Name of Committee/Person:		Friends of Jessica Troy				
	Reporting Period Co	vered:	7/1/1 date		hrough	10/10/19 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 applica 9 Occupation (if applic					
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applica					
\$	9 Occupation (if applic	eable, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applica	ble, <u>mandatory</u>):				
\$	9 Occupation (if applied	able, <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 Aggregate Amount*	8 Employer (if applica	-				
\$	9 Occupation (if applied	eable, <u>mandatory</u>):				

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Full Name of Committee/Person:		Friends of Jessi	ca Troy		
	Reporting Period Cov	vered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE	T				
1 <u>Date Accepted</u>	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 applic	cable, <u>mandatory</u>):			
	1				1
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 applic	cable, <u>mandatory</u>):			
	T				
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 applic	cable, <u>mandatory</u>):			
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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 applic	cable, <u>mandatory</u>):			

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Full Name of Committee/Person:		Friends of Jessi	ca Troy			
	Reporting Period Co	vered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE	T					
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount* \$	8 Employer (if applica 9 Occupation (if applic	ble, <u>mandatory</u>):				
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applica 9 Occupation (if applic	ble, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First):					
1 Date Accepted	5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applica	-				
\$	9 Occupation (if applied	cable, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount*	8 Employer (if applica	-				
\$	9 Occupation (if applied	eable, <u>mandatory</u>):				

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Full Name of Committee/Person:		Friends of Jessica Troy				
PLEASE PRINT/TYPE	Reporting Period Cov	vered:	7/1/19 date	Through	10/10/19 date	
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$ 3 Aggregate Amount*	6 City/State/Zip: 7 Description 8 Employer (if applical 9 Occupation (if applic	ble, <u>mandatory</u>):				
1 Date Accepted	4 Name (Last, First): 5 Address:					
2 Contribution Amount \$	6 City/State/Zip: 7 Description					
3 Aggregate Amount* \$	8 Employer (if applical 9 Occupation (if applic					
1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
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3 Aggregate Amount* \$	8 Employer (if applical 9 Occupation (if applical					
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2 Contribution Amount \$	6 City/State/Zip: 7 Description					
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1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:					
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2 <u>Contribution Amount</u>	6 City/State/Zip:					
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3 Aggregate Amount*	8 Employer (if applicable	, <u>mandatory</u>):				
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1 <u>Date Accepted</u>	4 Name (Last, First): 5 Address:				
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3 Aggregate Amount*	8 Employer (if applical	ble, <u>mandatory</u>):		_	
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Full Name of Committ	Friends of Jessica Troy				
PLEASE PRINT/TYPE	Reporting Period Cov	vered:	7/1/19 date	Through	10/10/19 date
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1 Date Accepted	4 Name (Last, First): 5 Address:				
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3 Aggregate Amount*	8 Employer (if applical				
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3 Aggregate Amount*	8 Employer (if applical	ble, <u>mandatory</u>):			
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2 <u>Contribution Amount</u>	6 City/State/Zip:				
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Full Name of Committ	tee/Person:	Friends of Jessica Troy			
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Full Name of Committe	Friends of Jessica Troy				
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Full Name of Committ	Name of Committee/Person: Friends of		sica Troy			
	Reporting Period Covered:	7/1/19 date	Through 10/10/19 date			
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PLEASE PRINT/TYPE	Reporting Period Cov	vered:	7/1/19 date	Through	10/10/19 date
1 Date Accepted	4 Name (Last, First): 5 Address:				
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Full Name of Committee/Person:		Friends of Jessica Troy			
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2 <u>Contribution Amount</u>	6 City/State/Zip:				
\$	7 Description				
3 Aggregate Amount*	8 Employer (if applical	ble, mandatory):			
\$	9 Occupation (if applic	cable, <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 Aggregate Amount*	8 Employer (if applical	ble, <u>mandatory</u>):		_	
\$	9 Occupation (if applic	cable, <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	Friends of Jessica Troy				
	Reporting Period Cov	date date				
		Total Itemized Expenditures: 2,7	760.79			
PLEASE PRINT/TYPE						
1 <u>Date Expended</u>	4 Name (Last, First):	t): Colorado Democratic Party				
8/5/19 2 Amount	5 Address:	789 Sherman St.				
\$ 200.00	6 City/State/Zip:	Denver, CO 80203				
3 Recipient is (optional):	o Chyrolaes zip.	Denver, CO 66263				
Committee	7 Purpose of Expend	nditure: VAN access				
Non-Committee						
	<u> </u>	C I				
1 <u>Date Expended</u>	4 Name (Last, First):	Squarespace Inc.				
8/5/19 2 Amount	5 Address:					
\$ 46.00	6 City/State/Zip:					
3 Recipient is (optional):	, ,					
Committee	7 Purpose of Expend	nditure: Campaign Website				
Non-Committee						
		t): C&D Printing				
1 <u>Date Expended</u> 8/6/19	4 Name (Last, First):): Cad Finding				
2 Amount	5 Address:	5351 Tennyson St. #1c				
\$ 208.55	6 City/State/Zip:	Denver, CO 80212				
3 Recipient is (optional):						
Committee	7 Purpose of Expend	nditure: Printing BREs				
Non-Committee						
1 D . E . 1 1	4 Name (Last, First):	Survey Monkey				
1 <u>Date Expended</u> 8/8/19	4 Name (Last, First):): Survey Monkey				
2 Amount	5 Address:					
\$ 37.00	6 City/State/Zip:					
3 Recipient is (optional):						
Committee	7 Purpose of Expend	nditure: Survey service/voter outreach				
Non-Committee						

Full Name of Committee	Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 Through 10/10/19
	date date
PLEASE PRINT/TYPE	
1 <u>Date Expended</u> 8/26/19	4 Name (Last, First): C&D Printing
2 <u>Amount</u>	5 Address: 5351 Tennyson St. #1c
\$ 308.00	6 City/State/Zip: Denver, CO 80212
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Printing Walk lit
Non-Committee	
1 <u>Date Expended</u>	4 Name (Last, First): Creative Awards
8/27/19 2 <u>Amount</u>	5 Address: 10475 Irma Dr. #6
\$ 18.27	6 City/State/Zip: Northglenn, CO 80233
3 Recipient is (optional):	
Committee	7 Purpose of Expenditure: Name tags
Non-Committee	
	I
1 <u>Date Expended</u>	4 Name (Last, First): Facebook
9/3/19 2 <u>Amount</u>	5 Address:
\$ 32.00	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): Squarespace
9/5/19	
2 Amount	5 Address:
\$ 26.00 3 Recipient is (optional):	6 City/State/Zip:
Committee	7 Purpose of Expenditure: Campaign website
Non-Committee	, Turpose of Expenditure.
Non-Committee	

Full Name of Committee	Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 Through 10/10/19 date
PLEASE PRINT/TYPE	
1 Date Expended 9/9/19 2 Amount \$ 37.00 3 Recipient is (optional): Committee	4 Name (Last, First): Survey Monkey 5 Address: 6 City/State/Zip: 7 Purpose of Expenditure: Survey service/voter outreach
Non-Committee	
1 <u>Date Expended</u> 9/9/19	4 Name (Last, First): Safeway
2 <u>Amount</u>	5 Address: 500 E. 120th Ave
\$ 20.78	6 City/State/Zip: Northglenn, CO 80233
3 Recipient is (optional):	
Committee Non-Committee	7 Purpose of Expenditure: Stamps and thank you cards
1 <u>Date Expended</u> 9/9/19	4 Name (Last, First): C&D Printers
2 Amount	5 Address: 5351 Tennyson St. #1c
\$ <mark>250.35</mark>	6 City/State/Zip: Denver, CO 80212
3 Recipient is (optional): Committee Non-Committee	7 Purpose of Expenditure: Printing Postcards
1 <u>Date Expended</u>	4 Name (Last, First): Vantiv E Commerce/Act Blue
9/10/19 2 <u>Amount</u>	5 Address:
\$ 20.23	6 City/State/Zip:
3 Recipient is (optional):	
Committee Non-Committee	7 Purpose of Expenditure: Fees for my online contributions platform

Full Name of Committee/Person: Friends of Jessica Troy					
	Reporting Period Covered: 7/1/19 Through 10/10/19				
	date date				
PLEASE PRINT/TYPE	L'. 1 C				
1 <u>Date Expended</u> 9/12/19	4 Name (Last, First): Lindsey Severns, Emma				
9/12/19 2 <u>Amount</u>	5 Address: 787 Kendall Ct.				
\$ 380.00	6 City/State/Zip: Lakewood, CO 80214				
3 Recipient is (optional):					
Committee	7 Purpose of Expenditure: Consulting				
Non-Committee					
Tron commuce					
1 <u>Date Expended</u>	4 Name (Last, First): Facebook				
9/17/19 2 Amount	5 Address:				
\$ 25.00	6 City/State/Zip:				
3 Recipient is (optional):	o City/Suito/Zap.				
Committee	7 Purpose of Expenditure: Advertising				
Non-Committee					
Tron-committee					
1 <u>Date Expended</u>	4 Name (Last, First): Facebook				
9/23/19 2 <u>Amount</u>	5 Address:				
\$ 25.00	6 City/State/Zip:				
3 Recipient is (optional):					
Committee	7 Purpose of Expenditure: Advertising				
Non-Committee					
Tron committee					
1 <u>Date Expended</u>	4 Name (Last, First): Eastlake Post Office				
9/24/19 2 <u>Amount</u>	5 Address: 12470 York St.				
\$ 22.00	6 City/State/Zip: Thornton, 80241				
3 Recipient is (optional):					
Committee	7 Purpose of Expenditure: Stamps				
Non-Committee					
1 Ton-Commutee					

Full Name of Committee/Person: Friends of Jessica Troy					
	Reporting Period Covered: 7/1/19 Through 10/10/19				
PLEASE PRINT/TYPE	date date				
1 Date Expended	4 Name (Last, First): My Campaign Store				
9/24/19		_			
2 Amount	5 Address:	-			
\$ 372.19 3 Recipient is (optional):	6 City/State/Zip:	-			
Committee	7 Purpose of Expenditure: Yard Signs				
	7 Purpose of Experiantifie. 1 and Signs	-			
Non-Committee		_			
1 <u>Date Expended</u>	4 Name (Last, First): Lindsey Severns, Emma	_			
9/27/19 2 Amount	5 Address: 787 Kendall Ct.				
\$ 480.00	6 City/State/Zip: Lakewood, CO 80214	-			
3 Recipient is (optional):	O Chyround D.p	-			
Committee	7 Purpose of Expenditure: Consulting				
Non-Committee		-			
Tion Committee		_			
	4 Name (Last First). Facebook				
1 <u>Date Expended</u> 9/30/19	4 Name (Last, First): Facebook	-			
2 <u>Amount</u>	5 Address:	_			
\$ 25.00	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): Vantiv E Commerce/Act Blue	_			
10/3/19	+ Ivanic (Last, 1 iist).	-			
2 Amount	5 Address:	_			
\$ 33.72	6 City/State/Zip:	_			
3 Recipient is (optional):					
Committee	7 Purpose of Expenditure: Fees for my online contributions platform	_			
Non-Committee		_			

Full Name of Committee/Person: Friends of Jessica Troy					
	Reporting Period Covered:	7/1/19 date	Through	10/10/19 date	
PLEASE PRINT/TYPE					
1 Date Expended 10/7/19 2 Amount \$ 26.00 3 Recipient is (optional): Committee	4 Name (Last, First): Square 5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:	Campaign website			
Non-Committee					
1 <u>Date Expended</u> 10/10/19 2 <u>Amount</u> \$ 35.00	4 Name (Last, First): Facebook 5 Address: 6 City/State/Zip:	ook			
3 Recipient is (optional): Committee Non-Committee	7 Purpose of Expenditure:	Advertising			
1 <u>Date Expended</u> 10/10/19	4 Name (Last, First): Survey	y Monkey			
2 Amount \$ 37.00	5 Address: 6 City/State/Zip:				
3 Recipient is (optional): Committee Non-Committee	7 Purpose of Expenditure:	Survey service/voter outr	each		
1 <u>Date Expended</u> 10/9/19	4 Name (Last, First): Frolic	Brewing			
2 Amount \$ 95.70 3 Recipient is (optional):		Zuni St. #1300 inster, CO 80234			
Committee Non-Committee	7 Purpose of Expenditure:	Food for fundraiser			

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:		Through	10/10/19
DE EACE DRIVE/PVDE		date		date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee	, Turpose of Emperiores.			
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	C. Cita/State/Zin			
3 Recipient is (optional):	· · <u> </u>			
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 <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				

Full Name of Committee	e/Person: Friends of Jes	ssica Troy		
	Reporting Period Covered:	7/1/19	Through	10/10/19
	roporting - transfer to the same	date	I vwg	date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$ 3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee				
<u> </u>				
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 <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 <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				

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19	Through 10/10/19	
	Reporting 1 criou Covercu.	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 <u>Date Expended</u>	4 Name (Last, First):			
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3 Recipient is (optional):				
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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 <u>Date Expended</u>	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				

Full Name of Committee	/Person: Friends of Jes	ssica Troy		
	Reporting Period Covered:	7/1/19	Through	10/10/19
	reporting remou covered.	date	Imough	date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
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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 <u>Recipient is (optional):</u>				
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 <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				

Full Name of Committee	Person: Friends of Jes	ssica Troy		
	Reporting Period Covered:	7/1/19	Through	10/10/19
	reporting remote covered.	date	Imough	date
PLEASE PRINT/TYPE				
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):			
1 <u>Bute Emperated</u>	Trume (East, 1 list).			_
2 Amount	5 Address:			
\$ Projection (antique)	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 <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				

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19	Through	10/10/19
	Reporting 1 criou covereu.	date	I III ough	date
PLEASE PRINT/TYPE				
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	l			
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 6: (9: 1/7:			
3 <u>Recipient is (optional):</u>	7			
Committee	7 Purpose of Expenditure:			
Non-Committee	<u> </u>			
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			
3 <u>Recipient is (optional):</u>	7			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$ Amount	6 City/State/Zip:			
3 Recipient is (optional):	υ επιγισιατοί Σπρ.		·	
Committee	7 Purpose of Expenditure:			

Full Name of Committee	e/Person: Friends of Jes	ssica Troy		
	Reporting Period Covered:	7/1/19	Through	10/10/19
	Reporting Ferrou Covereu.	date	Tiirougii	10/10/19 date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zip:			<u> </u>
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		_	_	
Tron-Commutee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2. 4				
2 Amount	5 Address:			
3 Recipient is (optional):	6 City/State/Zip:			
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				

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount \$	6 City/State/Zin			
3 Recipient is (optional):	o city/state/21p.			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount				
3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount				
3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
	5 Address:			
2 Amount \$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19	Through	10/10/19
	Reporting refloa Coverea.	date	Infough	date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
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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):			
1 Date Expended	4 Trume (Lust, 1 list).			
2 Amount	5 Address:			
\$ Recipient is (optional):	6 City/State/Zip:			
S Recipient is (optionar).				
Committee	7 Purpose of Expenditure:			
Non-Committee				
	1			
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				

Full Name of Committee	e/Person: Friends of Jes	ssica Troy		
	Reporting Period Covered:	7/1/19 date	Through	10/10/19 date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount				
3 Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$ Recipient is (optional):	6 City/State/Zip:			
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				

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19	Through 10/10/19	
	Reporting Ferrou Covereu.	//1/19 date	date	
PLEASE PRINT/TYPE				
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 <u>Date Expended</u>	4 Name (Last, First):			
2 <u>Amount</u>	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 <u>Date Expended</u>	4 Name (Last, First):			
2 <u>Amount</u>	5 Address:			
\$	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				

Full Name of Committee	e/Person: Friends of Jes	sica Troy		
	Reporting Period Covered:	7/1/19	Through	10/10/19
	Reporting 1 criou Covercu.	date	Imougn	date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$ 2 P :: ((() P)	6 City/State/Zip:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 Date Expended	4 Name (Last, First):			
1 <u>Duo Dapondoo</u>				
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 <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				

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19 date	Through 10/10/19	
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount \$	5 Address: 6 City/State/Zip:			
3 <u>Recipient is (optional):</u>				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1.0.5	4 N (7 + F')			
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount				
\$ Pariniant is (antiquel):	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 <u>Amount</u>	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				

Full Name of Committee/Person: Friends of Jessica Troy					
	Reporting Period Covered:	7/1/19	Through	10/10/19	
	1 0	date		date	
PLEASE PRINT/TYPE					
1 <u>Date Expended</u>	4 Name (Last, First):				
2 Amount					
3 Recipient is (optional):	6 City/State/Zip:				
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 <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 <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					

Full Name of Committee/Person: Friends of Jessica Troy				
	Reporting Period Covered:	7/1/19	Through	10/10/19
PLEASE PRINT/TYPE		date		date
1 Date Expended	4 Name (Last, First):			
2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:			
1 Date Expended 2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	6. 6:4-/84-4-/7:			
1 Date Expended 2 Amount \$ 3 Recipient is (optional): Committee Non-Committee	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:			
Date Expended Amount Recipient is (optional): Committee Non-Committee	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose of Expenditure:			

Full Name of Committee	e/Person: Friends of Jes	ssica Troy		
	Reporting Period Covered:	7/1/19	Through	10/10/19
	reporting i error coveren.	date	Imougn	date
PLEASE PRINT/TYPE				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount				
\$ Recipient is (optional):	6 City/State/Zip:			
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount	5 Address:			
\$	6 City/State/Zin:			
3 Recipient is (optional):				
Committee	7 Purpose of Expenditure:			
Non-Committee				
1 <u>Date Expended</u>	4 Name (Last, First):			
2 Amount				
\$ Recipient is (optional):	6 City/State/Zip:			
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				

Schedule C - Loans

Full Name of Committee/Person: Friends of Jessica Troy **Reporting Period Covered:** 7/1/19 10/10/19 **Through** date 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: (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: \$0.00 Amount Repaid This Reporting Period: **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 Full Name

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

Full Name of Committee/Person: Friend	ds of Jessica Troy			
Reporting Perio	od Covered:	7/1/19 date	Through	10/10/19 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 on Deformation of Period Balance: TERMS OF LOAN:	\$0.00 etail Summary) Date Loan Re	ceived		Due Date for Final Payment
LIST ALL EN	DORSERS OR	GUARANTORS	OF THIS LOAN	·
Full Name	_	Address, City, St.,		Amount Guaranteed

Full Name of Committee/Person: Friends	s of Jessica Troy			
Reporting Period	l Covered:	7/1/19 date	Through	10/10/19 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 on Detain Coutstanding Balance:	\$0.00 il Summary)			
-				
TERMS OF LOAN:	Date Loan Recei	ved		Due Date for Final Payment
LIST ALL END	ORSERS OR G	UARANTORS	OF THIS LOAN	
Full Name	Ad	ldress, City, St.	, Zip	Amount Guaranteed

$Schedule\ D-Returned\ Expenditures\ \&\ Contributions$

Full Name of Committee/P	Person: Friends of Jessica Troy
	Reporting Period Covered: 7/1/19 Through 10/10/19 date date Total Returned Contributions: 5 -
	Total Returned Expenditures: \$ -
(Previous	Returned Contributions sly reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TYPE	
1 <u>Date Accepted</u> 4	Name (Last, First):
	Address: City/State/Zip:
	Purpose:
1 Date Accepted 4	Name (Last, First):
	Address: City/State/Zip:
3 <u>Amount</u> 7	Purpose:
(Previousl ₂	Returned Expenditures y reported on Schedule B – Expenditures returned or refunded to the committee)
PLEASE PRINT/TYPE	
1 <u>Date Expended</u> 4	Name (Last, First):
	Address: City/State/Zip:
	Comment (optional):
1 Date Expended	
2 <u>Date Returned</u> 5	Name (Last, First): Address: City/State/Zip:
3 <u>Amount</u> 7	Comment (optional):

Full Name of Commit	tee/Person: <u>F</u>	Friends of Jessic	a Troy			
			Period Covered:	date	Through	10/10/19 date
(Pre	eviously reported o		ned Contributions acco		urned to donors)	
PLEASE PRINT/TYPE						
1 <u>Date Accepted</u>	4 Name (Last,	First):				
2 <u>Date Returned</u>	5 Address:6 City/State/Zi	 n:				
3 Amount \$	7 Purpose:					
1 <u>Date Accepted</u>	4 Name (Last,	First):				
2 <u>Date Returned</u>	5 Address:6 City/State/Zi	p:				
3 Amount \$	7 Purpose:					
(Prev	viously reported on		ned Expenditure Expenditures return		the committee)	
1 Date Expended						
	4 Name (Last,	First):				_
2 <u>Date Returned</u>	5 Address:6 City/State/Zi	p:				
3 Amount \$	7 Comment (o)	otional):				
1 <u>Date Expended</u>	4 Name (Last,	First):				
2 <u>Date Returned</u>	5 Address:6 City/State/Zi	p:				
3 Amount \$	7 Comment (o)	otional):				

Full Name of Commi	ttee/Person: Friends of	Jessica Troy			
	Report	ting Period Covered:	7/1/19 date	Through	10/10/19 date
(Pr	<u>F</u> reviously reported on Schedul	Returned Contribution le A – Contributions accept	_	turned to donors)	
PLEASE PRINT/TYPE 1 Date Accepted 2 Date Returned 3 Amount	4 Name (Last, First): 5 Address: 6 City/State/Zip: 7 Purpose:				
1 Date Accepted					
2 Date Returned	4 Name (Last, First): 5 Address: 6 City/State/Zip:				
3 Amount \$	7 Purpose:				
(Pre	<u>Re</u> viously reported on Schedule	eturned Expenditures B – Expenditures returned	l or refunded to	the committee)	
1 <u>Date Expended</u>	4 Name (Last, First):				
2 <u>Date Returned</u> 3 <u>Amount</u>	5 Address: 6 City/State/Zip: 7 Comment (optional):				
\$	(optional)				
1 <u>Date Expended</u> 2 <u>Date Returned</u>	4 Name (Last, First): 5 Address:				
3 Amount \$	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				
Repor	ting Period Covered:	7/1/19	Through	10/10/19
		date		date
		Total	Itemized Expenditures:	\$480.00
PLEASE PRINT/TYPI				
1 <u>Date Provided</u>	4 Name (Last, First):			
8/24/19	5 Address:	5701 S. Queen St.		
2 <u>Fair Market Value</u>	6 City/State/Zip:	Littleton, CO 80241		
\$400.00	7 Description:	Graphic design service	ces	
	8 Employer (if applic	able, <u>mandatory</u>):	Self	
3 Aggregate Amount	9 Occupation (if appl	icable, <u>mandatory</u>):	Graphic Designer	
	10 Check box if	Coordinated with a Ca	ndidate/Candidate Committee	e or Political Party.*
1 <u>Date Provided</u>	4 Name (Last, First):	Deanna Smith		
	5 Address:	5701 S. Queen St.		
2 <u>Fair Market Value</u>	6 City/State/Zip:	Littleton, CO 80241		
\$80.00	7 Description:	Graphic Design Servi	ices	
	8 Employer (if applic	able, <u>mandatory</u>):	Self	
3 Aggregate Amount	9 Occupation (if appl	icable, <u>mandatory</u>):	Graphic Designer	
	10 Check box if	Coordinated with a Ca	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	able, <u>mandatory</u>):		<u>. </u>
3 Aggregate Amount	9 Occupation (if appl	icable, <u>mandatory</u>):		
			ndidate/Candidate Committee	e or Political Party.*
				-
1 Date Provided	4 Name (Last, First):			
	5 Address:			<u> </u>
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 Committee	e or Political Party.*
	•			
1 <u>Date Provided</u>	4 Name (Last, First):			
	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
= 1 1111100 7 111100	7 Description:			_
	8 Employer (if applic	able mandatory).		
3 Aggregate Amount	9 Occupation (if apple			
J Aggregate Amount	10 Charl 1 1 16	Constituted 1	- 1' 1-1-1 (C 1' 1-1- C '''	D 1'c' 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 Committee/Person: Friends of Jessica Troy				
Repor	ting Period Covered:	7/1/19	Through	10/10/19
-		date	L	date
PLEASE PRINT/TYP	E			
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			
		· ·	didate/Candidate Committee	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 applicate	ole. mandatory):		
3 Aggregate Amount	9 Occupation (if applic			
3 riggregate rimount		· · · · · · · · · · · · · · · · · · ·	didate/Candidate Committee	or Political Party *
	10 Check box ii ex	sorumated with a car	condition of the contract of t	or rondear runty.
1 Date Provided	4 Name (Last, First):			
<u> </u>	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 Tun Market Value	7 Description:			
	8 Employer (if applicate	ale mandatory):		
3 Aggregate Amount	9 Occupation (if applied			
3 Aggregate Amount			didate/Candidate Committee	or Political Party *
	10 CHECK BOX II CO	ordinated with a Car	ididate/Candidate Committee	of Fondear Farty.
1 Date Provided	4 Name (Last, First):			
1 Date Flovided	5 Address:			
2 Fair Market Value	-			
2 Tall Walket Value	· -			
	7 Description:	-1		
2 A	8 Employer (if application of the continuous states)	= ,		
3 Aggregate Amount	9 Occupation (if applic	•	1.1.4.701.1.4.00	D-1'4' 1 D 4 *
	10 Check box if Co	oordinated with a Can	didate/Candidate Committee	e or Political Party.*
1 Data Brazidad	4 Name (Leat First)			
1 <u>Date Provided</u>	4 Name (Last, First): _ 5 Address:			
2 F : M 1 (W1	_			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:	1 1 2 3		
2.4	8 Employer (if applicat	· · · · · · · · · · · · · · · · · · ·		
3 Aggregate Amount	9 Occupation (if applic	· · · · · · · · · · · · · · · · · · ·		D 111 17 1
	10 Check box if Co	oordinated with a Can	didate/Candidate Committee	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."

Full Name of	Committee/Person:	Friends of Jessica Troy		
Repor	rting Period Covered:	7/1/19	Through	10/10/19
•		date	8	date
PLEASE PRINT/TYP	<u> </u>			
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 applica	ble, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applied	cable, <u>mandatory</u>):		
	10 Check box if C	coordinated with a Cand	lidate/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 applica			
3 Aggregate Amount	9 Occupation (if applied			
	10 Check box if C	coordinated with a Cand	lidate/Candidate Committe	e or Political Party.*
	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 applica			
3 Aggregate Amount	9 Occupation (if applied			D. Maria de D. Maria
	10 Check box if C	coordinated with a Cand	lidate/Candidate Committe	e or Political Party.*
1 D . D . 1 1	LAN (LAPIN)			
1 <u>Date Provided</u>	4 Name (Last, First):			-
2. Fair Market Wales	5 Address:			-
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description: 8 Employer (if applica	hla mandatami)		
3 Aggregate Amount	1 17 \ 11 11			
3 Aggregate Amount			lidate/Candidate Committe	o or Political Party *
	10 CHECK DOX II C	oordinated with a Cand	iidate/Candidate Committe	e of Folitical Farty.
1 Date Provided	4 Name (Last, First):			
1 <u>Date 110vided</u>	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
2 I all Market Value	7 Description:			
	8 Employer (if applica	ble, mandatory):		_
3 Aggregate Amount	9 Occupation (if applied	_		_
			lidate/Candidate Committe	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repor	rting Period Covered:	7/1/19	Through	10/10/19
•		date	G	date
PLEASE PRINT/TYP	<u> </u>			
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	oordinated 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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Can	didate/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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	-		
	10 Check box if Co	oordinated 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 applicat			
3 Aggregate Amount	9 Occupation (if applic	•		
	10 Check box if Co	oordinated with a Can	didate/Candidate Committe	e or Political Party.*
	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 applicat			
3 Aggregate Amount	9 Occupation (if applic	-		D. W. L. D
	I IO I Check box if Co	ordinated with a Can	didate/Candidate Committe	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repoi	rting Period Covered:	7/1/19	Through	10/10/19
		date		date
PLEASE PRINT/TYP	<u> </u>			
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, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Ca	ndidate/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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Ca	ndidate/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 applicat	=		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Ca	ndidate/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 applicate	•		
3 Aggregate Amount	9 Occupation (if applic			
	10 Check box if Co	oordinated with a Ca	ndidate/Candidate Committe	ee or Political Party.*
ı 	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 applicate	· · · · · · · · · · · · · · · · · · ·		_
3 Aggregate Amount	9 Occupation (if applic	·		_
	Check box if Co	oordinated with a Ca	ndidate/Candidate Committe	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repor	rting Period Covered:	7/1/19	Through	10/10/19
PLEASE PRINT/TYP	T.	date		date
1 Date Provided	Name (Last, First):			
1 Butc 110vided	5 Address:			
2 Fair Market Value	6 City/State/Zip:			
Z Tun Wanter varae	7 Description:			_
	8 Employer (if applica	ble, mandatory):		_
3 Aggregate Amount	9 Occupation (if applied			_
- <u>- 88 - 8 </u>			didate/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 applica	ble, mandatory):		
3 Aggregate Amount	9 Occupation (if applied	cable, <u>mandatory</u>):		
	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 Fair Market Value	6 City/State/Zip:			
	7 Description:			
	8 Employer (if applica	ble, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applied	cable, <u>mandatory</u>):		
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	e or Political Party.*
	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 applica	-		
3 Aggregate Amount	9 Occupation (if applied	•		
	10 Check box if C	Coordinated with a Can	didate/Candidate Committe	e or Political Party.*
L D . D	1 . W. G T			
1 <u>Date Provided</u>	4 Name (Last, First):			
0 F : M :	5 Address:			
2 <u>Fair Market Value</u>	6 City/State/Zip:			
	7 Description:			
2 4	8 Employer (if applica			
3 Aggregate Amount	9 Occupation (if applied		4'.1/C1'.1	D. I'i' 1 D
	10 Check box if C	oordinated with a Can	didate/Candidate Committe	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."

Full Name of Committee/Person: Friends of Jessica Troy				
Repor	rting Period Covered:	7/1/19	Through	10/10/19
•		date	G	date
PLEASE PRINT/TYP	<u> </u>			
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	oordinated 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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	able, <u>mandatory</u>):		
	10 Check box if Co	oordinated with a Can	didate/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 applicat	ole, <u>mandatory</u>):		
3 Aggregate Amount	9 Occupation (if applic	-		
	10 Check box if Co	oordinated 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 applicat			
3 Aggregate Amount	9 Occupation (if applic	•		
	10 Check box if Co	oordinated with a Can	didate/Candidate Committe	e or Political Party.*
	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 applicat			
3 Aggregate Amount	9 Occupation (if applic	-		D. W. L. D
	I IO I Check box if Co	ordinated with a Can	didate/Candidate Committe	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."

Full Name of	Committee/Person: I	Friends of Jessica Troy		
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DETAILED SUMMARY

Full Name of Committee/Person:

Friends of Jessica Troy

Current Reporting Period: 7/1/19 Through 10/10/19

Funds on l	hand at the beginning of reporting period (Monetary Only):	\$0.00
6	Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A")	\$5,178.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$205.00
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")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$5,383.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$480.00
13	Total Contributions (Line 11 + line 12)	\$5,863.00
14	Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B")	\$2,760.79
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less)	\$36.34
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)	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$2,797.13
20	Total Monetary Expenditures (Line 18 + Line 19)	\$2,797.13