

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



Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (C.R.S. 1-45-108)

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

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

Regularly Scheduled Filing.

October 15, 2019 (21 days prior to the November 5, 2019 Municipal Election)

November 1, 2019 (Friday prior to the November 5, 2019 Municipal Election)

December 5, 2019 (30 days after the November 5, 2019 Municipal Election)

Annual - candidates from prior election held on _____

Amended Filing. This amends previous report filed on (date) _____
 Submit changes or new information **ONLY**

Termination Report (Termination Reports **MUST** have a Monetary Balance of Zero in Line 5)

Reporting Period Covered:

7/1/19

Through

10/10/19

date

date

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

\$ N/A

		Totals Detailed Summary Page
1	Funds on Hand at Beginning of Reporting Period (monetary only)	\$0.00
2	Total Monetary Contributions (line 11)	\$5,383.00
3	Total of Monetary Contributions & Beginning 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 Period (monetary) (line 3 - line 4)	\$2,585.87

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 10 (2) (a)]

Authorization (Must be completed by either the Registered Agent **OR** the Candidate) I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's (Treasurer's) Name: _____

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

Print Candidate Name: _____

Candidate's Signature: _____ Date: _____

Colorado Secretary of State
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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*)
- Check () 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.
- 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.

STEP 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 <u>Date Accepted</u> 7/18/2019	4 Name (Last, First): <u>Troy, Jessica</u>
2 <u>Contribution Amount</u> \$ 40.00	5 Address: <u>4446 Cottonwood Lakes Blvd</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Gardens that Rock</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Horticulturist</u>

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): <u>Fox, Lynne</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4262 E. 130th Dr.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description: <u>Kick off party donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9 Occupation (if applicable, <u>mandatory</u>): _____

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): <u>Nimock, David</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>2807 S. Oswego Ct.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Aurora, CO 80014</u>
	7 Description: <u>Kick off party donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>UBS</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Life Enhancement Specialist</u>

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): <u>Mullica, Kyle</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>11187 Elati St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Northglenn, CO 80224</u>
	7 Description: <u>Kick off party donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>PS/L</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Trauma Nurse</u>

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

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered:

7/1/19
date

Through

10/10/19
date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): Goldstein, Lori
2 <u>Contribution Amount</u> \$ 35.00	5 Address: 3277 W. 102nd Pl.
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Westminster, CO 80031
	7 Description: Kick off party donation
	8 Employer (if applicable, <u>mandatory</u>): Retired
	9 Occupation (if applicable, <u>mandatory</u>):

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): Montoya, Eric
2 <u>Contribution Amount</u> \$ 30.00	5 Address: 3165 E. 94th Dr.
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Thornton, CO 80229
	7 Description: Kick off party donation
	8 Employer (if applicable, <u>mandatory</u>): Landmark Monuments
	9 Occupation (if applicable, <u>mandatory</u>): Memorial Consultant

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): Apodaca, True
2 <u>Contribution Amount</u> \$ 30.00	5 Address: 4190 Perry St.
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80212
	7 Description: Kick off party donation
	8 Employer (if applicable, <u>mandatory</u>): Self
	9 Occupation (if applicable, <u>mandatory</u>): Consultant

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): Chavez, Shey
2 <u>Contribution Amount</u> \$ 20.00	5 Address: 3165 E. 94th Dr.
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Thornton, CO 80229
	7 Description: Kick off party donation
	8 Employer (if applicable, <u>mandatory</u>): Comprehensive Pain Specialists
	9 Occupation (if applicable, <u>mandatory</u>): Scheduler/Medical Records

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

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 Accepted</u> 7/21/2019	4 Name (Last, First): <u>Cabral, Suzanne</u>
2 <u>Contribution Amount</u> \$ 75.00	5 Address: <u>13575 Franklin St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description: <u>Kick off party donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Kaiser Permanente</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>RN</u>

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): <u>Dawiskiba, Sebastian</u>
2 <u>Contribution Amount</u> \$ 20.00	5 Address: <u>1750 Wewatta St. #826</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, 80202</u>
	7 Description: <u>Kick off party donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>HVD</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Advisor</u>

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): <u>Vigil, Valerie</u>
2 <u>Contribution Amount</u> \$ 40.00	5 Address: <u>11324 Niagra St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80233</u>
	7 Description: <u>Kick off party donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Adams 12 5 Star Schools</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Counselor</u>

1 <u>Date Accepted</u> 8/8/2019	4 Name (Last, First): <u>Perkins, Jamie</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1020 Lincoln st #301</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80203</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>HCPF</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Communications</u>

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

7/1/19

Through

10/10/19

date

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 8/8/2019	4 Name (Last, First): <u>Gaffney, Andrew</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4295 Horseshoe Creek Dr.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>St. Charles, MO 63304</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Applause App Quality Inc.</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>DevOps Engineer</u>

1 <u>Date Accepted</u> 8/8/2019	4 Name (Last, First): <u>Brundage, Suzie</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>2415 East 137th Avenue</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>TRU Community Care</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Social Worker</u>

1 <u>Date Accepted</u> 8/11/2019	4 Name (Last, First): <u>Stone, Ronald</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>8192 Sweetbriar Way</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Boca Raton, FL 33496</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Clorox</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Supervisor</u>

1 <u>Date Accepted</u> 8/20/2019	4 Name (Last, First): <u>Knapp, Courtney</u>
2 <u>Contribution Amount</u> \$ 20.00	5 Address: <u>4411 Umatilla St</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80211</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>ARTiculate: Real&Clear</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Learning & Development</u>

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

7/1/19

date

Through

10/10/19

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 8/22/2019	4 Name (Last, First): Sebastian Dawiskiba
2 <u>Contribution Amount</u> \$ 20.00	5 Address: 1750 Wewatta St #829
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Denver, CO 80202
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): ATVD
	9 Occupation (if applicable, <u>mandatory</u>): Advisor

1 <u>Date Accepted</u> 8/23/2019	4 Name (Last, First): Solano, Judith
2 <u>Contribution Amount</u> \$ 100.00	5 Address: See Attached
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: 14789 Harrison Street
	7 Description Brighton, CO 80602
	8 Employer (if applicable, <u>mandatory</u>): N/A
	9 Occupation (if applicable, <u>mandatory</u>): Not Employed

1 <u>Date Accepted</u> 8/23/2019	4 Name (Last, First): Rogalo, Michelle
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 6369 S QUAIL ST
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Littleton, CO 80127
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): Quantum Water & Environment
	9 Occupation (if applicable, <u>mandatory</u>): Business Manager

1 <u>Date Accepted</u> 08/30/100	4 Name (Last, First): Pignataro, Julie
2 <u>Contribution Amount</u> \$ 100.00	5 Address: 3201 Silverwood Drive
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Fort Collins, CO 80525
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): AceInfo Solutions
	9 Occupation (if applicable, <u>mandatory</u>): Program Manager

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

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

1 <u>Date Accepted</u> 9/3/2019	4 Name (Last, First): <u>Glover, Danielle</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>3728 Jason Street</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80211</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>CRL Associates</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Account Executive</u>

1 <u>Date Accepted</u> 9/5/2019	4 Name (Last, First): <u>Stone, Joslyn</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>7740 suffolk ave</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>St. Louis, MO 63119</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Caleres</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Quality Assurance Supervisor</u>

1 <u>Date Accepted</u> 9/7/2019	4 Name (Last, First): <u>Levine, Samantha</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>8094 E. 31st Ave.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80238</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Social Leadership Solutions</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>

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

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 Accepted</u> 7/21/2019	4 Name (Last, First): <u>Beach, Corinne</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>13748 Locust St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description: <u>Kickoff Party Donation</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>OCH</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Paralegal</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>McNay, Kenneth</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1003 Grace Point Road</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Morrisville, NC 27560</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Cisco Systems Inc.</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Network Consulting Engineer</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Green, Elan</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>2722 E 136th pl</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Department of Defense</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Analyst</u>

1 <u>Date Accepted</u> 9/24/2019	4 Name (Last, First): <u>Hilton, Jeffrey</u>
2 <u>Contribution Amount</u> \$ 55.00	5 Address: <u>6403 E 114th Ave</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Videographer</u>

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

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

7/1/19

date

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10/10/19

date

PLEASE PRINT/TYPE

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Vondracek, JoAnn</u>
2 <u>Contribution Amount</u> \$ 36.00	5 Address: <u>2489 W 122ND AVE</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Westminster, CO 80234</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Not Employed</u>

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

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Oyan Longbreak, Inga</u>
2 <u>Contribution Amount</u> \$ 36.00	5 Address: <u>710 Jasmine St</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80220</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Messiah ELCA</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Pastor</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Devore, Gail</u>
2 <u>Contribution Amount</u> \$ 36.00	5 Address: <u>6144 E Oregon Pl</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80224</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Not Employed</u>

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

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

Full Name of Committee/Person:

Friends of Jessica Troy

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1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Stone, Ronald</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>8192 Sweetbriar Way</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Boca Raton, FL 33496</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Clorox</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Supervisor</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>O'Doriso, Robin</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>7403 Race Street</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Welby, CO 80229</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Executive</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Luminosity</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Gottlieb, Vivian</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>8192 Sweetbriar Way</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Boca Raton, FL 33496</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Stone, Mary</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>21 Stonehedge Dr S</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Greenwich, CT 68831</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Not Employed</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:

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1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Culpepper, Lisa</u>
2 <u>Contribution Amount</u> \$ 36.00	5 Address: <u>1090 W 69th Ave</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80221</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Treasurer</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Adams County</u>

1 <u>Date Accepted</u> 7/21/2019	4 Name (Last, First): <u>Curtis Kowalski</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>2909 E 152nd Pl.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description <u>Kickoff Party Donation</u>
	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> 9/8/2019	4 Name (Last, First): <u>Collins, Lindsey</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>14641 Garfield st</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Brighton, CO 80602</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>School Psychologist</u>

1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>O'Doriso, Steve</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>7403 Race St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Welby, CO 80229</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Adams County</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>County Commissioner</u>

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

Full Name of Committee/Person:

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1 <u>Date Accepted</u> 9/8/2019	4 Name (Last, First): <u>Wilson, Joe and Darien</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4351 Canyonbrook Drive</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Highlands Ranch, CO 80130</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Volare Systems Inc</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Vice President</u>

1 <u>Date Accepted</u> 10/9/2019	4 Name (Last, First): <u>Martinez, Justin</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>452 W. 91st Circle</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80260</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Polyport Inc</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Software Engineer</u>

1 <u>Date Accepted</u> 9/9/2019	4 Name (Last, First): <u>Downey, Joshua</u>
2 <u>Contribution Amount</u> \$ 36.00	5 Address: <u>1225 Downing St. #304</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80218</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Service Employees International Union Local 105</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Political Director</u>

1 <u>Date Accepted</u> 9/10/2019	4 Name (Last, First): <u>Hauser, Lauren</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>258 Kelly Ln</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Brighton, CO 80603</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Not Employed</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:

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

1 <u>Date Accepted</u> 9/17/2019	4 Name (Last, First): <u>Reeves, Laura</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>100 Flowerburst Dr</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Highlands Ranch, CO 80126</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Not Employed</u>

1 <u>Date Accepted</u> 9/17/2019	4 Name (Last, First): <u>Levine, Sarah</u>
2 <u>Contribution Amount</u> \$ 500.00	5 Address: <u>180 Cook St Apt 308</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80206</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>

1 <u>Date Accepted</u> 9/17/2019	4 Name (Last, First): <u>Devore, Gail</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>6144 E Oregon Pl</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80224</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</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).

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

1 <u>Date Accepted</u> 9/18/2019	4 Name (Last, First): <u>Hatcher, Stephanie</u>
2 <u>Contribution Amount</u>	5 Address: <u>1300 Breezeway Dr.</u>
\$ <u>50.00</u>	6 City/State/Zip: <u>Anneapolis, MD 21409</u>
3 <u>Aggregate Amount*</u>	7 Description: _____
\$ _____	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> 9/18/2019	4 Name (Last, First): <u>Fruchtman, Diane</u>
2 <u>Contribution Amount</u>	5 Address: <u>6A Lincoln Place</u>
\$ <u>100.00</u>	6 City/State/Zip: <u>North Brunswick, NJ 08912</u>
3 <u>Aggregate Amount*</u>	7 Description: _____
\$ _____	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> 9/19/2019	4 Name (Last, First): <u>Arthur, Rebecca</u>
2 <u>Contribution Amount</u>	5 Address: <u>3360 W 114 Pl</u>
\$ <u>50.00</u>	6 City/State/Zip: <u>Westminster, CO 80031</u>
3 <u>Aggregate Amount*</u>	7 Description: _____
\$ _____	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Corporate Event Planner</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).

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1 <u>Date Accepted</u> 9/19/2019	4 Name (Last, First): Hellman, Folio
2 <u>Contribution Amount</u> \$ 50.00	5 Address: 33 Hawley Road
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Oxford, CT 06438
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): Brighton and Have ltd
	9 Occupation (if applicable, <u>mandatory</u>): Office manager

1 <u>Date Accepted</u> 9/20/2019	4 Name (Last, First): Dykstra, Nicole
2 <u>Contribution Amount</u> \$ 150.00	5 Address: 221 Park Road
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Oxford, CT 06478
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): Rutgers
	9 Occupation (if applicable, <u>mandatory</u>): Graduate Teaching Assistant

1 <u>Date Accepted</u> 9/23/2019	4 Name (Last, First): McNay, Kenneth
2 <u>Contribution Amount</u> \$ 23.00	5 Address: 1003 Grace Point Road
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Morrisville, NC 27560
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): Cisco Systems Inc.
	9 Occupation (if applicable, <u>mandatory</u>): Network Consulting Engineer

1 <u>Date Accepted</u> 9/26/2019	4 Name (Last, First): Berg, Christine
2 <u>Contribution Amount</u> \$ 30.00	5 Address: 1605 Parkside Circle
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: Lafayette, CO 80026
	7 Description
	8 Employer (if applicable, <u>mandatory</u>): Moms Clean Air Force
	9 Occupation (if applicable, <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:

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1 <u>Date Accepted</u> 9/29/2019	4 Name (Last, First): <u>Wakefield, Cindy</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>3124 E. 132 Ct.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>

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

1 <u>Date Accepted</u> 10/1/2019	4 Name (Last, First): <u>Mitchell, Laura</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4380 Augusta Drive</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Broomfield, CO 80023</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>

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

* 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:

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1 <u>Date Accepted</u> 10/3/2019	4 Name (Last, First): <u>Bell, Gayle</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>2778 S Patton Ct</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80236</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>DSST Public Schools</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Education</u>

1 <u>Date Accepted</u> 10/3/2019	4 Name (Last, First): <u>Collins, Lindsey</u>
2 <u>Contribution Amount</u> \$ 500.00	5 Address: <u>14641 Garfield st</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Brighton, CO 80602</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Brighton, CO</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1 <u>Date Accepted</u> 10/5/2019	4 Name (Last, First): <u>Marvin, Julia</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>10305 Gaylord St</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80229</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Digabit</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>PR Manager</u>

1 <u>Date Accepted</u> 10/5/2019	4 Name (Last, First): <u>Stewart, Julia</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1227 E 30th Ave</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80205</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>The Gathering Place</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Nonprofit Executive</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:

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1 <u>Date Accepted</u> 10/7/2019	4 Name (Last, First): <u>Mahnke, Sheela</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>11727 Quitman Street Unit A</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Every Child Pediatrics</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Physician</u>

1 <u>Date Accepted</u> 10/7/2019	4 Name (Last, First): <u>Koller, Tracey</u>
2 <u>Contribution Amount</u> \$ 60.00	5 Address: <u>2345 Andrew Drive</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Superior, CO 80027</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Walgreens</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>FNP</u>

1 <u>Date Accepted</u> 10/8/2019	4 Name (Last, First): <u>Emma Pinter</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>10755 Tennyson Way</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Westminster, CO 80031</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Adams County</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>County Commissioner</u>

1 <u>Date Accepted</u> 10/8/2019	4 Name (Last, First): <u>Winter, Faith</u>
2 <u>Contribution Amount</u> \$ 200.00	5 Address: <u>11676 Osceola St.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>\$80,031.00</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Leadership PAC donation</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Gotta Have Faith</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

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1 <u>Date Accepted</u> 10/9/2019	4 Name (Last, First): <u>Kowalski, Curtis</u>
2 <u>Contribution Amount</u> \$ 100.00	5 Address: <u>2909 E 152nd PL</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80602</u>
	7 Description _____
	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> 10/9/2019	4 Name (Last, First): <u>Gaffney, Andrew</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>4295 Horseshoe Creek Dr.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>St. Charles, MO 63304</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Applause App Quality Inc.</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>DevOps Engineer</u>

1 <u>Date Accepted</u> 10/9/2019	4 Name (Last, First): <u>Stone, Ronald</u>
2 <u>Contribution Amount</u> \$ 50.00	5 Address: <u>8192 Sweetbriar Way</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Boca Raton, FL 33496</u>
	7 Description _____
	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> 10/10/2019	4 Name (Last, First): <u>Ledden, Stacey</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>3328 Eliot St</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Denver, CO 80211</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Anythink</u>
	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:

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1 <u>Date Accepted</u> 10/10/2019	4 Name (Last, First): <u>Henkel, Heidi</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>14049 Park Cove Dr.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Broomfield, CO 80023</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Communications</u>

1 <u>Date Accepted</u> 10/10/2019	4 Name (Last, First): <u>Bird, Shannon</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1125 W. 140th Dr.</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Westminster, CO 80023</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>

1 <u>Date Accepted</u> 10/10/2019	4 Name (Last, First): <u>Fox, Lynne</u>
2 <u>Contribution Amount</u> \$ 75.00	5 Address: <u>4262 E 130th Drive</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Thornton, CO 80241</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>

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

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

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1 <u>Date Accepted</u> 10/10/2019	4 Name (Last, First): <u>Baca, Lynn</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1513 Bellflower Dr</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Brighton, CO 80601</u>
	7 Description _____
	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> 10/10/2019	4 Name (Last, First): <u>Ciabatinni, Lori</u>
2 <u>Contribution Amount</u> \$ 25.00	5 Address: <u>1038 Angus Glen Court</u>
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: <u>Beaumont, CA 92223</u>
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): <u>n/a</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>not employed</u>

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

1 <u>Date Accepted</u> 10/10/2019	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	7 Description _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

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

Full Name of Committee/Person: Friends of Jessica Troy

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

<u>1 Date Accepted</u>	4 Name (Last, First): <u>Alge, John</u>
10/9/2019	5 Address: <u>4187 E 95th Dr.</u>
<u>2 Contribution Amount</u>	6 City/State/Zip: <u>Thornton, CO 80229</u>
\$ <u>50.00</u>	7 Description _____
<u>3 Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
\$ _____	9 Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

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

<u>1 Date Accepted</u>	4 Name (Last, First): <u>Conservation Colorado</u>
9/29/2019	5 Address: <u>1536 Wynkoop St. #510</u>
<u>2 Contribution Amount</u>	6 City/State/Zip: <u>Denver, CO 80202</u>
\$ <u>250.00</u>	7 Description <u>Endorsement contribution</u>
<u>3 Aggregate Amount*</u>	8 Employer (if applicable, <u>mandatory</u>): _____
\$ _____	9 Occupation (if applicable, <u>mandatory</u>): _____

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 **Through** 10/10/19
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ 	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

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

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

* 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

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PLEASE PRINT/TYPE

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

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

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

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

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

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 **Through** 10/10/19
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1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Contribution Amount</u> \$ 	5 Address: _____
3 <u>Aggregate Amount*</u> \$	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____

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

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

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

* 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).

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

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

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

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

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

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

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

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

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

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

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

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

* 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).

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

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

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

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

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Full Name of Committee/Person: Friends of Jessica Troy

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

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

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

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

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

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

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

1 <u>Date Accepted</u>	4 Name (Last, First): _____
	5 Address: _____
2 <u>Contribution Amount</u> \$ _____	6 City/State/Zip: _____
	7 Description _____
3 <u>Aggregate Amount*</u> \$ _____	8 Employer (if applicable, <u>mandatory</u>): _____
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Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 **Through** 10/10/19
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2 <u>Contribution Amount</u> \$ _____	5 Address: _____
3 <u>Aggregate Amount*</u> \$ _____	6 City/State/Zip: _____
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Schedule A - Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

7/1/19

Through

10/10/19

date

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

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

7/1/19

date

Through

10/10/19

date

PLEASE PRINT/TYPE

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

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

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

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

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

Full Name of Committee/Person:

Friends of Jessica Troy

Reporting Period Covered:

7/1/19
date

Through

10/10/19
date

PLEASE PRINT/TYPE

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

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

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

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

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

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

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19
date **Through** 10/10/19
date

Total Itemized Expenditures: 2,760.79

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 8/5/19	4 Name (Last, First): <u>Colorado Democratic Party</u>
2 <u>Amount</u> \$ <u>200.00</u>	5 Address: <u>789 Sherman St.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80203</u>
	7 Purpose of Expenditure: <u>VAN access</u>

1 <u>Date Expended</u> 8/5/19	4 Name (Last, First): <u>Squarespace Inc.</u>
2 <u>Amount</u> \$ <u>46.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Campaign Website</u>

1 <u>Date Expended</u> 8/6/19	4 Name (Last, First): <u>C&D Printing</u>
2 <u>Amount</u> \$ <u>208.55</u>	5 Address: <u>5351 Tennyson St. #1c</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Purpose of Expenditure: <u>Printing BREs</u>

1 <u>Date Expended</u> 8/8/19	4 Name (Last, First): <u>Survey Monkey</u>
2 <u>Amount</u> \$ <u>37.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Survey service/voter outreach</u>

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

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): <u>C&D Printing</u>
2 <u>Amount</u> \$ <u>308.00</u>	5 Address: <u>5351 Tennyson St. #1c</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Purpose of Expenditure: <u>Printing Walk lit</u>

1 <u>Date Expended</u> 8/27/19	4 Name (Last, First): <u>Creative Awards</u>
2 <u>Amount</u> \$ <u>18.27</u>	5 Address: <u>10475 Irma Dr. #6</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Northglenn, CO 80233</u>
	7 Purpose of Expenditure: <u>Name tags</u>

1 <u>Date Expended</u> 9/3/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>32.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 9/5/19	4 Name (Last, First): <u>Squarespace</u>
2 <u>Amount</u> \$ <u>26.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Campaign website</u>

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

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> 9/9/19	4 Name (Last, First): <u>Survey Monkey</u>
2 <u>Amount</u> \$ <u>37.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Survey service/voter outreach</u>

1 <u>Date Expended</u> 9/9/19	4 Name (Last, First): <u>Safeway</u>
2 <u>Amount</u> \$ <u>20.78</u>	5 Address: <u>500 E. 120th Ave</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Northglenn, CO 80233</u>
	7 Purpose of Expenditure: <u>Stamps and thank you cards</u>

1 <u>Date Expended</u> 9/9/19	4 Name (Last, First): <u>C&D Printers</u>
2 <u>Amount</u> \$ <u>250.35</u>	5 Address: <u>5351 Tennyson St. #1c</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Denver, CO 80212</u>
	7 Purpose of Expenditure: <u>Printing Postcards</u>

1 <u>Date Expended</u> 9/10/19	4 Name (Last, First): <u>Vantiv E Commerce/Act Blue</u>
2 <u>Amount</u> \$ <u>20.23</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Fees for my online contributions platform</u>

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

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> 9/12/19	4 Name (Last, First): <u>Lindsey Severns, Emma</u>
2 <u>Amount</u> \$ <u>380.00</u>	5 Address: <u>787 Kendall Ct.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Lakewood, CO 80214</u>
	7 Purpose of Expenditure: <u>Consulting</u>

1 <u>Date Expended</u> 9/17/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>25.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 9/23/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>25.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 9/24/19	4 Name (Last, First): <u>Eastlake Post Office</u>
2 <u>Amount</u> \$ <u>22.00</u>	5 Address: <u>12470 York St.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Thornton, 80241</u>
	7 Purpose of Expenditure: <u>Stamps</u>

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 Through 10/10/19
date date

PLEASE PRINT/TYPE

1 <u>Date Expended</u> 9/24/19	4 Name (Last, First): <u>My Campaign Store</u>
2 <u>Amount</u> \$ <u>372.19</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Yard Signs</u>

1 <u>Date Expended</u> 9/27/19	4 Name (Last, First): <u>Lindsey Severns, Emma</u>
2 <u>Amount</u> \$ <u>480.00</u>	5 Address: <u>787 Kendall Ct.</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Lakewood, CO 80214</u>
	7 Purpose of Expenditure: <u>Consulting</u>

1 <u>Date Expended</u> 9/30/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>25.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/3/19	4 Name (Last, First): <u>Vantiv E Commerce/Act Blue</u>
2 <u>Amount</u> \$ <u>33.72</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Fees for my online contributions platform</u>

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

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> 10/7/19	4 Name (Last, First): <u>Squarespace</u>
2 <u>Amount</u> \$ <u>26.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Campaign website</u>

1 <u>Date Expended</u> 10/10/19	4 Name (Last, First): <u>Facebook</u>
2 <u>Amount</u> \$ <u>35.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Advertising</u>

1 <u>Date Expended</u> 10/10/19	4 Name (Last, First): <u>Survey Monkey</u>
2 <u>Amount</u> \$ <u>37.00</u>	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: <u>Survey service/voter outreach</u>

1 <u>Date Expended</u> 10/9/19	4 Name (Last, First): <u>Frolic Brewing</u>
2 <u>Amount</u> \$ <u>95.70</u>	5 Address: <u>12910 Zuni St. #1300</u>
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: <u>Westminster, CO 80234</u>
	7 Purpose of Expenditure: <u>Food for fundraiser</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 <u>Amount</u> \$ 	5 Address: _____
3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6 City/State/Zip: _____
	7 Purpose of Expenditure: _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 date **Through** 10/10/19 date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Purpose: _____

Returned Expenditures

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ 	6 City/State/Zip: _____
	7 Comment (optional): _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 **Through** 10/10/19
date date

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$ _____	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$ _____	7 Purpose: _____

Returned Expenditures

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$ _____	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u>	6 City/State/Zip: _____
\$ _____	7 Comment (optional): _____

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 **Through** 10/10/19
date date

Returned Contributions

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

PLEASE PRINT/TYPE

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Purpose: _____

1 <u>Date Accepted</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Purpose: _____

Returned Expenditures

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

PLEASE PRINT/TYPE

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

1 <u>Date Expended</u>	4 Name (Last, First): _____
2 <u>Date Returned</u>	5 Address: _____
3 <u>Amount</u> \$ _____	6 City/State/Zip: _____
	7 Comment (optional): _____

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]

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

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered: 7/1/19 **Through** 10/10/19
date date

Total Itemized Expenditures: \$480.00

PLEASE PRINT/TYPE

1 <u>Date Provided</u> 8/24/19	4 Name (Last, First): <u>Deanna Smith</u>
2 <u>Fair Market Value</u> \$400.00	5 Address: <u>5701 S. Queen St.</u>
3 <u>Aggregate Amount</u>	6 City/State/Zip: <u>Littleton, CO 80241</u>
	7 Description: <u>Graphic design services</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Graphic Designer</u>
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): <u>Deanna Smith</u>
2 <u>Fair Market Value</u> \$80.00	5 Address: <u>5701 S. Queen St.</u>
3 <u>Aggregate Amount</u>	6 City/State/Zip: <u>Littleton, CO 80241</u>
	7 Description: <u>Graphic Design Services</u>
	8 Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9 Occupation (if applicable, <u>mandatory</u>): <u>Graphic Designer</u>
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Statement of Non-Monetary Contributions

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 Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> <div style="background-color: yellow; height: 15px; width: 100%;"></div>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> <div style="background-color: yellow; height: 15px; width: 100%;"></div>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> <div style="background-color: yellow; height: 15px; width: 100%;"></div>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> <div style="background-color: yellow; height: 15px; width: 100%;"></div>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> <div style="background-color: yellow; height: 15px; width: 100%;"></div>	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Statement of Non-Monetary Contributions

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 Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Statement of Non-Monetary Contributions

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 Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
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1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
	10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.*

1 <u>Date Provided</u>	4 Name (Last, First): _____
2 <u>Fair Market Value</u> _____	5 Address: _____
3 <u>Aggregate Amount</u>	6 City/State/Zip: _____
	7 Description: _____
	8 Employer (if applicable, <u>mandatory</u>): _____
	9 Occupation (if applicable, <u>mandatory</u>): _____
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Statement of Non-Monetary Contributions

Full Name of Committee/Person: Friends of Jessica Troy

Reporting Period Covered:

7/1/19

date

Through

10/10/19

date

PLEASE PRINT/TYPE

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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 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