Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 dial 3
Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us

www.sos.state.co.us



Space Below For Office Use Only



	ido Constitution and Tital 1, Article 45 of the Colora	
Full Name of Committee/Person:	Jennifer 4 Enje Mayo	٥(
Address of Committee/Person:	As Shown On Registration	
City, State & Zip Code:	1342 Graham Cir.	
Committee Type:	Erie, (0 80516	
Name and Address of Financial	Candidate	82014
Institution	Great Western Bank, 785 Cheser	man St, Po Box 449, GriciCo
COMMITTEE ID	NUMBER	
Type of Report		
Regularly Scheduled Filing	5.	
Amended Filing. This amend Submit changes or new informati		
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance of 2	Zero in Line 5)
	rt Contains Electioneering Communication	
check this box if this Repor	to Comains Electioncoming Communications	s information
Reporting Period Covered:	1/3/2018 Through	h 3/11/2018
Declared Total Spending (if apple [Art. XXVIII, Sec. 4(1)]	Date \$	Date
		Totals Detailed Summary Page
	of Reporting Period (monetary only)	\$ 0
2 Total Monetary Contributions (lin		\$ 10,197
3 Total of Monetary Contributions4 Total Monetary Expenditures (line	& Beginning Amount (line 1 + line 2)	\$ 10, 197
	porting Period (monetary) (line 3 – line 4)	\$ 4,830,92
	nall impose a penalty of \$50 per day for each	
A male and a second and a	[Art. XXVIII Sec. 10(2)(a)]	
penalty of perjury, that to the best of n	oy either the Registered Agent OR the Candidate): In which was second to the Registered Agent OR the Candidate): In the form of membership dues transferred by a second to the form of membership dues transferred by a second to the form of membership dues transferred by a second to the form of membership dues transferred by a second to the form of the fo	ed during this reporting period,
Print Registered Agent's Name: _	Alex Carroll	
Registered Agent's Signature:	alex twoole	Date: 3112118
Print Candidate Name:	nifer Carroll	
Candidates Signature:	fe Carnoll	Date: 3 112118
v		Colorado Secretary of State Form Rev. 07/2016

DETAILED SUMMARY

Full Name of Committee/Person: Jennifer 4 Ene Mayor

Current Reporting Period: 1/3/2018 Through 3/11/2018

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$ O
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 4197
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (From Schedule "C")	\$ 6,000
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (From Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 10,197
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 260
13	Total Contributions (Line 11 + line 12)	\$ 10, 457
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 5354.08
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ \2
16	Loan Repayments Made (From Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 5366,08
20	Total Spending (Line 18 + line 19)	\$ 5366.08

Full Name of Committee/Person:

Jennifer 4 Erie Mayor

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

PLEASE PRINT/I	TYPE
1. <u>Date Accepted</u>	4. Name (Last, First): Zintel, Joseph
2. Contribution Amt.	5. Address: 1761 Crestnew Lane
\$ 50	6. City/State/Zip: <u> </u>
3. Aggregate Amt. *	7. Description: paypa
Charleton '6	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Strain, Robert
2. Contribution Amt.	5. Address: 3 860 W. 105th
\$ 400	6. City/State/Zip: westminster / co / 80031
3. Aggregate Amt. *	7. Description: _paypal
Charle how if	8. Employer (if applicable, mandatory): Bou Nevospace
Check box if Electioneering	9. Occupation (if applicable, mandatory): President
Communication	
1. Date Accepted	4 Name (Last First): MC Growth, Thomas
1. Date Accepted	4. Name (Last, First): Mc Grath, Thomas
1. Date Accepted	5. Address: 377 Conrad Dr.
1. Date Accepted \(\ll(\ll2018\) 2. Contribution Amt. \(\frac{25}{3}\) 3. Aggregate Amt.	5. Address: 377 Conrad Dr. 6. City/State/Zip: Ene/ CO / 80516
1. Date Accepted \(\ll \ll \ll \ll \ll \ll \ll \ll \ll \l	5. Address: 377 Conrad Dr.
1. Date Accepted \(\ll(\ll2018\) 2. Contribution Amt. \(\frac{25}{3}\) 3. Aggregate Amt.	5. Address: 377 Conrad Or. 6. City/State/Zip: Ene/Co/80516 7. Description: paypal
1. Date Accepted \(\llimit(\)\)\(\)\(\)\(\)\(\)\(\) 2. Contribution Amt. \(\) 3. Aggregate Amt. * \(\) Check box if Electioneering	5. Address: 377 Conrad Or. 6. City/State/Zip: Enc/Co/80516 7. Description: Poupol 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted \(\langle \langle \langle \langle \langle \rangle \rangle \langle \rangle \r	5. Address: 377 Conrad Dr. 6. City/State/Zip: Enc/Co/80516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): With Michael
1. Date Accepted \(\langle \langle \langle \langle \langle \rangle \rangle \langle \langle \rangle \r	5. Address: 377 Conrad Dr. 6. City/State/Zip: Ene/Co/805lb 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): With Michael 5. Address: 311 DUSK Place
1. Date Accepted	5. Address: 377 Conrad Dr. 6. City/State/Zip: Enc/Co/80516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): With Michael
1. Date Accepted \(\langle \langle \langle \langle \langle \rangle \rangle \langle \langle \rangle \r	5. Address: 377 Conrad Dr. 6. City/State/Zip: Enel Co 80516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): with michael 5. Address: 311 Dusk Place 6. City/State/Zip: Enel Co 80516 7. Description: paypal
1. Date Accepted \(\langle \langle \langle \langle \langle \rangle \langle \langle \rangle \r	5. Address: 377 Canrad Dr. 6. City/State/Zip: Ene (CO 80516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 311 DUSK Place 6. City/State/Zip: Ene Co 80516 7. Description: paypal 8. Employer (if applicable, mandatory): Ball Aerospace
1. Date Accepted /	5. Address: 377 Conrad Dr. 6. City/State/Zip: Ene/Co/80516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): with Michael 5. Address: 311 DUSK Place 6. City/State/Zip: Ene/Co/80516 7. Description: paypal

Full Name of Committee/Person:

Jennifer 4 Erie Mayor

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

PLEASE PRINT/T	YPE
1. Date Accepted	4. Name (Last, First): Cample / Sue
2. Contribution Amt.	5. Address: 4708 Forest Cir-
\$ 200	6. City/State/Zip: Minnetonka/MN 55349
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory): vetired
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): vehice
1. Date Accepted	Condon 100
1122/18	4. Name (Last, First): Saarbach, May Lee
2. Contribution Amt.	5. Address: 3045 Blue Sky Cir. Unit 18-103
\$ 100	6. City/State/Zip: Gte Co 180516
3. Aggregate Amt. *	7. Description: Check
Check box if	8. Employer (if applicable, mandatory): Retired
Electioneering Communication	9. Occupation (if applicable, mandatory): Retired
COMMISSION	
1. Date Accepted	4 Name Clast First). Ware, Pat
1. Date Accepted	4. Name (Last, First): Ware, Pat
Date Accepted 27 8 Contribution Amt.	5. Address: 1150 Lasnik St
Date Accepted \ \ \ \ \ \	5. Address: 1150 Lasnik St. 6. City/State/Zip: 60 180516
1. Date Accepted 27 8 2. Contribution Amt. 50	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: Check
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: Ene / Co / 80516 7. Description: Check 8. Employer (if applicable, mandatory):
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: Check
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: 6ne / Co / 80516 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: 6ne / Co / 80516 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Rojas, Eileen
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: 6ne / Co / 80516 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: 6ne / Co / 80516 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Rojas, Eileen
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: 6ne / Co / 80516 7. Description: 6ne / Co / 80516 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 6ne / Co / 80516 4. Name (Last, First): Rojas, Eileen / 5ne / St.
1. Date Accepted	5. Address: 1150 Lasnik St. 6. City/State/Zip: Ene / Co / 80516 7. Description: Check 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Rojas, Eileen 5. Address: 1358 Washburn St. 6. City/State/Zip: En e / Co / 80516

*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).

0

Full Name of Committee/Person:

Jennifer 4 Erie Mayor

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

PLEASE PRINT/I	УРЕ
1. Date Accepted 2/1/18	4. Name (Last, First): Gazank, Michael
2. Contribution Amt.	5. Address: 2788 State Court
\$ 250	6. City/State/Zip: Superior / Co / 80027
3. Aggregate Amt. *	7. Description: poy pal
Charleton is	8. Employer (if applicable, mandatory): Ball Aerospace
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): Vice President
1. Date Accepted	4. Name (Last, First): Hamison, An
2/118 2. Contribution Amt.	5. Address: 1351 Graham Cir.
\$ 5 ₀	6. City/State/Zip: 6 e / CO / 80516
3. Aggregate Amt. *	7. Description: Check
\$	8. Employer (if applicable, mandatory):
Check box if	9. Occupation (if applicable, mandatory):
Electioneering	9. Occupation (if applicable, mandatory).
Communication	·
1. Date Accepted	4. Name (Last. First): Sargent, Chantel
1. Date Accepted	4. Name (Last, First): Sargent, Chantel
Date Accepted Contribution Amt.	5. Address: 1896 Pripine Dr.
1. Date Accepted 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Address: 1896 Prine Dr. 6. City/State/Zip: Gre/Co 180516
1. Date Accepted 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Address: 1896 Prome Dr. 6. City/State/Zip: Gre/Co 180516 7. Description: paypal
1. Date Accepted 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Address: 896 Prome Or. 6. City/State/Zip: Gre/Co 180516 7. Description: paypal 8. Employer (if applicable, mandatory):
1. Date Accepted 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Address: 1896 Prine Dr. 6. City/State/Zip: Gre/Co 180516 7. Description: paypal
1. Date Accepted 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Address:
1. Date Accepted 2 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2 2	5. Address: 896 Prome Or. 6. City/State/Zip:Gre/ Co /BOSI6 7. Description:paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First):Gruber, Nancy
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt.	5. Address:
1. Date Accepted 2 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2 2 2. Contribution Amt. \$ 3 000	5. Address:
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt.	5. Address: 1896 Ptpine Dr. 6. City/State/Zip: Gre/Co 180516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 1398 Clayton way 6. City/State/Zip: Ene/Co/80516 7. Description: Check
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 300 3. Aggregate Amt. *	5. Address: 896 Prone Or. 6. City/State/Zip: Gre Co 180516 7. Description: Parpal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 1398 Clayton way 6. City/State/Zip: Ene Co 80516 7. Description: Check 8. Employer (if applicable, mandatory): Retired
1. Date Accepted 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Address: 1896 Ptpine Dr. 6. City/State/Zip: Gre/Co 180516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 1398 Clayton way 6. City/State/Zip: Ene/Co/80516 7. Description: Check

Full Name of Committee/Person:

Jennifer 4 Erie Mayor

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

PLEASE PRINT/I	YPE
1. Date Accepted 2/3/18	4. Name (Last, First): Dole Zal, Timothy
2. Contribution Amt.	5. Address: 186 Starlight Cir
\$ 50	6. City/State/Zip: 60 (10 180516
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	, the state of the
1. Date Accepted	20 - 21 - 20 - 20 - 20
2/6/18	4. Name (Last, First): Mangione, Mile
2. Contribution Amt.	5. Address: 425 Balcolm Ct
\$ 100	6. City/State/Zip:
3. Aggregate Amt. *	7. Description: _ CNECK
\$	8. Employer (if applicable, mandatory): Quinata Agency
Check box if	9. Occupation (if applicable, mandatory): They rance Sales & Service
Electioneering Communication	9. Occupation (n applicable, mandatory).
1. Date Accepted	le sal le Vadia
	4. Name (Last, First): Knight, Katie
1. Date Accepted 2 146 169 2. Contribution Amt.	5. Address: 173 maxwell cir.
1. Date Accepted	5. Address: 173 maxwell cir.
Date Accepted Alb 100 Contribution Amt.	
1. Date Accepted 2/46/19 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 173 maxwell cir. 6. City/State/Zip: 610 180516
1. Date Accepted 2 16 100 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if	5. Address: 173 maxwell a'r. 6. City/State/Zip: <u>Gre / Co / 80516</u> 7. Description: <u>ραγρα</u>
1. Date Accepted 2/46/19 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 173 maxwell cir. 6. City/State/Zip: 6/10/80516 7. Description: puppul 8. Employer (if applicable, mandatory):
1. Date Accepted 2 (46) (8 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering	5. Address: 173 maxwell a'r. 6. City/State/Zip: 6re / co / 80516 7. Description: 6. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. [13] [8]	5. Address: 173 maxwell a'r. 6. City/State/Zip: 6re / Co / Bos / 6 7. Description: pay pa 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Billet Cecilee
1. Date Accepted 2 146 16 2. Contribution Amt. \$ 50 3. Aggregate Amt.* \$ Check box if Electioneering Communication 1. Date Accepted 2 13 18 2. Contribution Amt.	5. Address: 173 Maxwell Cir. 6. City/State/Zip: 6re / Co / 80516 7. Description: puy pul 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Billet Cecilee 5. Address: 687 Jam's Dr.
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt.* \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 20	5. Address: 173 Maxwell Cir. 6. City/State/Zip: 61e / CO / BOS / 6 7. Description: pluy pal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Billet Cecilee 5. Address: 687 Jam's Dr. 6. City/State/Zip: 6ne / CO / BOS / 6
1. Date Accepted 2 146 16 2. Contribution Amt. \$ 50 3. Aggregate Amt.* \$ Check box if Electioneering Communication 1. Date Accepted 2 13 18 2. Contribution Amt.	5. Address: 173 Maxwell Cir. 6. City/State/Zip: 6re / Co / 80516 7. Description: puy pu 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Billet Cecilee 5. Address: 687 Jam's Dr.
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt.* \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 20 3. Aggregate Amt. * \$ 3. Aggregate Amt. *	5. Address: 173 Maxwell Cir. 6. City/State/Zip: 61e / CO / BOS / 6 7. Description: pluy pal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Billet Cecilee 5. Address: 687 Jam's Dr. 6. City/State/Zip: 6ne / CO / BOS / 6
1. Date Accepted 2. Contribution Amt. \$ 50 3. Aggregate Amt.* \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 20 3. Aggregate Amt.*	5. Address: 173 Maxwell a'r. 6. City/State/Zip: Gre / Co / Bosib 7. Description: Pay Pal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Billet, Cecilee 5. Address: 687 Jam's Dr. 6. City/State/Zip: Gre / co / Bosib 7. Description: PayPal

^{*}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: Jennifer 4 Gne mayor

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

PLEASE PRINT/I	YPE
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address: 628 Sanbridge Cir. E.
\$ 150	6. City/State/Zip: Worthington / OH 143085
3. Aggregate Amt. *	
\$	7. Description: Check
Check box if	8. Employer (if applicable, mandatory): Refred
Electioneering Communication	9. Occupation (if applicable, mandatory): Refired
1. Date Accepted	Charles Scall
2/19/18	4. Name (Last, First): Starin, Scott
2. Contribution Amt.	5. Address: 662 Fossil Bed Ciri
\$ 100	6. City/State/Zip: 60 6 / CO / 80516
3. Aggregate Amt. *	7. Description:paypal
	8. Employer (if applicable, mandatory): Avior Control Technologies Inc.
Check box if Electioneering	9. Occupation (if applicable, mandatory): Source Owner
Communication	
1. Date Accepted 2 [19] 18	4. Name (Last, First): Caster, LuEllen
2. Contribution Amt.	5. Address: 1890 Alpine Dr
\$ 25	6. City/State/Zip: 60 (805)6
3. Aggregate Amt. *	7. Description: paypal
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted 2 19 18	4. Name (Last, First):Sterr, Josephine
2. Contribution Amt.	5. Address: 903 Pope Dr.
\$ 20	6. City/State/Zip: Gre (CO) BOSIL
3. Aggregate Amt. *	7. Description: pay pal
\$	7. Description:
	,, Zoosipiani

Full Name of Committee/Person:

Jennifer y Enè mayor

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

PLEASE PRINT/I	VDR
1. Date Accepted	
2123/18	4. Name (Last, First): Williams, Ronnie
2. Contribution Amt.	5. Address: 96 Sun Up Cic
\$ 127	6. City/State/Zip: 6ne/Co/BOSI6
3. Aggregate Amt. *	7 Description: Vay Oal
\$	8. Employer (if applicable, mandatory): US Dept of Agniculture
Check box if	9. Occupation (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, inalidatory).
1. Date Accepted	
2125/18	4. Name (Last, First): Moore, Andrew
2. Contribution Amt.	5. Address: 3130 Stevens Cir. N.
\$ 250	6. City/State/Zip: _ Evie / (0/80516
3. Aggregate Amt. *	7. Description:
\$	8. Employer (if applicable, mandatory): Boulder Valley School District
Check box if	8. Employer (it applicable, manuatory).
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	1110
3/3/18	4. Name (Last, First): Oustin
2. Contribution Amt.	5. Address: 423 Woodson Dr.
\$ 20	6. City/State/Zip:
3. Aggregate Amt. *	7. Description: paypal
\$	8. Employer (if applicable, mandatory):
Check box if	9. Occupation (if applicable, mandatory):
Electioneering Communication	9. Occupation (n applicable, <u>mandatory</u>).
Date Accepted	
	V
	4. Name (Last, First): Kareus, Enic
3/4/18 2. Contribution Amt.	5. Address: 1399 Greening Ave
314118	5. Address: 1399 Greening Ave
3 14 118 2. Contribution Amt. \$ 75 3. Aggregate Amt. *	
3 / 4 / 18 2. Contribution Amt. \$ 75 3. Aggregate Amt. *	5. Address: 1399 Greening Ave 6. City/State/Zip: Enc/ Colooslo 7. Description: paypal
3 14 118 2. Contribution Amt. \$ 75 3. Aggregate Amt. *	5. Address: 1399 Greening Ave 6. City/State/Zip: Enc/ Colooslo

Full Name of Committee/Person:

Jenni	Fer 4	Enie	mayor
	10		

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

PLEASE PRINT/T	YPE
1. Date Accepted 3 14 18	4. Name (Last, First): Wolf, Terese
2. Contribution Amt.	5. Address: 1617 meachan way
\$ 25	6. City/State/Zip: 60 e/CO (80 S1 6
3. Aggregate Amt. *	7. Description: paypa\
[[G] . 1.1'S	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	AVI. A G.
310118	4. Name (Last, First): Axlund, Enc
2. Contribution Amt.	5. Address: 1247 Lawson Ave
\$ 40	6. City/State/Zip: <u>Ene Co 80516</u>
3. Aggregate Amt. *	7. Description: pay pal
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Weinstein, Libby
7 1 0 1 1 10	
3/8/18	
2. Contribution Amt.	5. Address: 916 Koss St
2. Contribution Amt. \$ 250	
2. Contribution Amt.	5. Address: 916 Koss St 6. City/State/Zip: 6 10 80516 7. Description: paypal
2. Contribution Amt. \$ 250 3. Aggregate Amt. *	5. Address: 916 Koss St 6. City/State/Zip: 6. City
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering	5. Address: 916 Koss St 6. City/State/Zip: 6 10 80516 7. Description: paypal
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if	5. Address: 916 Koss St 6. City/State/Zip: 6. City
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address: 916 Koss St 6. City/State/Zip: 6. City
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 19118	5. Address: 916 Koss St 6. City/State/Zip: 6. City
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address: 916 Koss St 6. City/State/Zip: 6 Co / 80516 7. Description: paypal 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Phelps, Ryan 5. Address: 2430 Jvy way
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 1910 2. Contribution Amt. \$ 100 3. Aggregate Amt. *	5. Address: 916 Koss St 6. City/State/Zip: 6. City
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 1910 2. Contribution Amt. \$ 100 3. Aggregate Amt. * \$	5. Address: 916 Koss St 6. City/State/Zip: Gre 100 / 80516 7. Description: paypal 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Phelps, Ryan 5. Address: 2430 Jvy way 6. City/State/Zip: Gre 100 / 80516
2. Contribution Amt. \$ 250 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 1910 2. Contribution Amt. \$ 100 3. Aggregate Amt. *	5. Address: 916 Koss St 6. City/State/Zip: 6ne 100 /80516 7. Description: paypal 8. Employer (if applicable, mandatory): Retired 9. Occupation (if applicable, mandatory): Retired 4. Name (Last, First): Phelps, Ryan 5. Address: 2430 Jvy way 6. City/State/Zip: 6ne 100 /80516 7. Description: paypal

Full Name of Committee/Person:

Jennifer 4 Grie Mayor

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

PLEASE PRINT/I	YPE
1. Date Accepted 319118	4. Name (Last, First): Klein, Stephen
2. Contribution Amt.	5. Address: 1341 Grahem Cir
\$ 200	6. City/State/Zip: Ene (CO 180516
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory): Klein Design Inc.
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	
3/10/10	4. Name (Last, First): Smith, Dawn
2. Contribution Amt.	5. Address: 1522 Vale Place
\$ 25	6. City/State/Zip:
3. Aggregate Amt. *	7. Description: paypal
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
Communication	
1. Date Accepted	4 Name (Last First). Beitelspacher, Kiley
1. Date Accepted 3 II 18	4. Name (Last, First): Beitelspacher, Kiley
1. Date Accepted 3 11 18 2. Contribution Amt.	5. Address: 168 maxwell cir
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50	
1. Date Accepted 3 11 18 2. Contribution Amt.	5. Address: 168 maxwell cir
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 168 maxwell air. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$	5. Address: 168 maxwell air 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 168 maxwell air. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address: 168 maxwell cir. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18	5. Address: 168 maxwell cir. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18 2. Contribution Amt.	5. Address: 168 maxwell cir. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18 2. Contribution Amt. \$ 75	5. Address: 168 maxwell cir. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18 2. Contribution Amt.	5. Address: 168 maxwell cir. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18 2. Contribution Amt. \$ 75 3. Aggregate Amt. * \$	5. Address: 168 maxwell cir. 6. City/State/Zip:
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18 2. Contribution Amt. \$ 75 3. Aggregate Amt. *	5. Address: 168 maxwell cir. 6. City/State/Zip:

Full Name of Committee/Person:

Jennifer y Grie Mayor

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

,,	vone
PLEASE PRINT/T 1. Date Accepted	4. Name (Last, First): Smits, Hubert
3/11/18	
2. Contribution Amt.	5. Address: 2244 County Road 12
\$ 50	6. City/State/Zip: 500 (CO. 180516
3. Aggregate Amt. *	7. Description: parpa
	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
Date Accepted	CHANGE
3/11/18	4. Name (Last, First): Coutlip, Grica
2. Contribution Amt.	5. Address: 1315 Sevene Dr.
\$ 50	6. City/State/Zip: 60 (CO/80S16
3. Aggregate Amt. *	7. Description: paypal
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Shea, Heather
3/11/18 2. Contribution Amt.	5. Address: 1860 Mpine Dri
\$ 50	6. City/State/Zip: 600 (CO 180516
3. Aggregate Amt. *	7. Description: pappal
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	, , , , , , , , , , , , , , , , , , ,
1. Date Accepted	4. Name (Last, First): Kaufman, Edward
3/11/18	4. IName (Last, First):
2. Contribution Amt.	5. Address: 2120 madison way
20	6. City/State/Zip:
3. Aggregate Amt. *	7. Description: paypal
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	mits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate

Full Name of Committee/Person:

Jennifer 4 Gremayor

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

PLEASE PRINT/T	YPE
1. Date Accepted	4. Name (Last, First): Logan, Julie
3/11/18	5. Address: 129 Pipit Lake way
2. Contribution Amt.	
3. Aggregate Amt. *	6. City/State/Zip: 60 805/6
\$	7. Description:paypal
Charle have if	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	
1. Date Accepted	4. Name (Last, First): Lofquist, Heather
2. Contribution Amt.	5. Address: 795 Darota Lane
\$ 20	6. City/State/Zip: <u>Gne 100 180516</u>
3. Aggregate Amt. *	
\$	7. Description:pay pal
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): Parkinson, Robyn
	5. Address: 1158 Eichhom Pr.
1. Date Accepted	5. Address: 1158 Eichhom Pr.
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 1158 Gichhom Pr. 6. City/State/Zip: Gielco 180516
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if	5. Address: 1158 Eichhom Pr. 6. City/State/Zip: Ene/co 180516 7. Description: paypal
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 1158 Eighbon Pr. 6. City/State/Zip: Ene/co 180516 7. Description: paypal 8. Employer (if applicable, mandatory):
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	5. Address: 1158 Gichhom Pr. 6. City/State/Zip: Gie/Co 180516 7. Description: pay pal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18	5. Address: 158 Gahom Pr. 6. City/State/Zip: 6. Ci
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 8 2. Contribution Amt.	5. Address: 158 Eichhom Pr. 6. City/State/Zip:
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 18 2. Contribution Amt. \$	5. Address: 158 Eichhom Pr. 6. City/State/Zip: Enelco 180516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Stabbekoom, Amold 5. Address: 1721 Crestnew Lane 6. City/State/Zip: Enelco/80516
1. Date Accepted 3 11 18 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 8 2. Contribution Amt.	5. Address: 158 Eichhom Pr. 6. City/State/Zip:
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 10 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$	5. Address: 158 Gichhom Pr. 6. City/State/Zip: Gre/Co 180516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Stabbekoom, Amold 5. Address: 1721 Crestview Lane 6. City/State/Zip: Gree/Co/80516
1. Date Accepted 3 11 19 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 3 11 10 2. Contribution Amt. \$ 50 3. Aggregate Amt. *	5. Address: 158 Echhom Pr. 6. City/State/Zip: Ene/Co 180516 7. Description: paypal 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): Stabbekoom, Amold 5. Address: 1721 crestriew Lane 6. City/State/Zip: Enel Co 180516 7. Description: paypal

Full Name of Committee/Person: Jennifer 4 Gre mayor

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

	YPE
1. Date Accepted 3 11 18	4. Name (Last, First): Blackmon, Sharon
2. Contribution Amt.	5. Address: 1865 Papine Dr.
\$ 25	6. City/State/Zip: Eve / CO/ 80516
3. Aggregate Amt. *	7. Description:
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	·
1. Date Accepted	4. Name (Last, First): Sema Haley
3/11/18	5. Address: 1440 Hickory or
2. Contribution Amt. \$	6. City/State/Zip: Evil /Co/80S16
3. Aggregate Amt. *	
\$	7. Description:paypa\
Check box if	8. Employer (if applicable, mandatory):
Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt. *	6. City/State/Zip:
3. Aggregate Amt. *	
3. Aggregate Amt. * \$ Check box if	7. Description:
3. Aggregate Amt. *	7. Description: 8. Employer (if applicable, mandatory):
3. Aggregate Amt. * \$ Check box if Electioneering	7. Description:
3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted	7. Description:
3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt.	7. Description:
3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$	7. Description:
3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	7. Description:
3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	7. Description:
3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. *	7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description:

Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Jennifer 4 En e Mayor PLEASE PRINT/TYPE 1. Date Expended //3// Wix 4. Name: A STATE OF THE PARTY OF THE PAR 5. Address: _Po Box 40190 2. Amount \$ 84 6. City/State/Zip: San Francisco (CA) 3. Recipient is (optional): 7. Purpose of Expenditure: website Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 4. Name: AGE, Graphics 1/10/18 5. Address: 52231 S.R. 248 2. Amount \$ 885 6. City/State/Zip: Long Bottom (OH 145743 3.Recipient is (optional): 7. Purpose of Expenditure: Signs Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 4. Name: _ Vistaprint 2/14/18 5. Address: 275 Wyman St. 2. Amount \$ 1021.35 6. City/State/Zip: Waltham /MA (0245) 3. Recipient is (optional): 7. Purpose of Expenditure: fyers Committee Non-Committee Check box if Electioneering Communication 1. Date Expended 4. Name: A.G.E. Graphics 2/13/18 5. Address: 62231 SR 248 2. Amount \$ 452,50 6. City/State/Zip: Long Bottom/OH/45743 3. Recipient is (optional): 7. Purpose of Expenditure: ___________ Committee Non-Committee Check box if Electioneering Communication 1 Date Expended 4. Name: Sonic Print 2/27/18 5. Address: 5018 Tampa W Blvd 2. Amount \$ 2485.55 6. City/State/Zip: Tampa/ FL/ 33634 3. Recipient is (optional): 7. Purpose of Expenditure: waiters Committee Non-Committee Check box if Electioneering Communication

Colorado Secretary of State Form Rev. 07/2016

	Call Gia Mariat
	re/Person: <u>Jennifer 4 Ene Mayor</u>
PLEASE PRINT/TYPE 1. Date Expended	
2 25 18	4. Name: Safeway
2. Amount	5. Address: 3333 Arapahoe Rd.
\$ 62.29	6. City/State/Zip: Ene (CO/BUSIA
3.Recipient is (optional): Committee	7. Purpose of Expenditure: food for meet & greets
Non-Committee	Check box if Electioneering Communication
1. <u>Date Expended</u> 3 3 18	4. Name: Safeway
2. Amount	5. Address: 3333 Arapahoe Rd
\$ 35.77	6. City/State/Zip:
3.Recipient is (optional): Committee	7. Purpose of Expenditure: food for meet & greets
Non-Committee	Check box if Electioneering Communication
1. Date Expended 3 9 18	4. Name: King Soopers
2. Amount	5. Address: 480 us Highway 287
\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6. City/State/Zip: La fayette / CO/80516
Committee	7. Purpose of Expenditure: food for flyennes day volunteers
Non-Committee	Check box if Electioneering Communication
1. Date Expended 3 10 16	4. Name: Starbucks
2. Amount	5. Address: 3336 Arapahoe Rd
\$ 36.78	6. City/State/Zip: 60 (80516
3.Recipient is (optional): Committee	7. Purpose of Expenditure: coffee for fryening day volunteers
Non-Committee	Check box if Electioneering Communication
1 Date Expended 3/11/18	4. Name: Paypal
2. Amount	5. Address: 2211 North Fist Street
\$ 91,05 3.Recipient is (optional):	6. City/State/Zip: Son Jose / CA 195131
Committee	7. Purpose of Expenditure: 100
Non-Committee	Check box if Electioneering Communication

Colorado Secretary of State Form Rev. 07/2016

Schedule B – Itemized Expenditures Statement (\$20 or more) [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: Jennifer 4 Ene Mayor		
PLEASE PRINT/TYPE		
1. Date Expended	4. Name: Facebook	
2. Amount	5. Address: Hacker Way	
\$ 25 3.Recipient is (optional):	6. City/State/Zip: Menlo Park/CA/9402S	
Committee	7. Purpose of Expenditure: advertising	
Non-Committee	Check box if Electioneering Communication	
1. Date Expended 2 18 18	4. Name: Facebook	
2. Amount	5. Address: Hacker way	
\$ 33.99 3.Recipient is (optional):	6. City/State/Zip: Mento Park / CA / 94025	
Committee Non-Committee	7. Purpose of Expenditure:advertising	
Non-Committee	Check box if Electioneering Communication	
1. <u>Date Expended</u> 2 2 3 18	4. Name:	
2. Amount	5. Address: 1 Hacker Way	
\$ 25 3.Recipient is (optional):	6. City/State/Zip: Monto Park / CA 194025	
Committee	7. Purpose of Expenditure:advertising	
Non-Committee	Check box if Electioneering Communication	
1. Date Expended	4. Name: Facebook	
2. Amount	5. Address: Hacker way	
\$ 5.00 3.Recipient is (optional):	6. City/State/Zip: Menlo pare CA /94025	
Committee	7. Purpose of Expenditure: advertising	
Non-Committee	Check box if Electioneering Communication	
1 <u>Date Expended</u>	4. Name:	
2. Amount	5. Address:	
\$ 3.Recipient is (optional):	6. City/State/Zip:	
Committee	7. Purpose of Expenditure:	
Non-Committee	Check box if Electioneering Communication	

Colorado Secretary of State Form Rev. 07/2016

Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person:

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)

[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

T	0	٨	N	C	N	M	D.	\cap T	7
L	v	H	T.A	O	\mathbf{v}	נט	TF.		-

Name (Last, First or Institution): Camily Jennifer
Address: 1342 Graham Cir.
City/State/Zip:
Original Amount of Loan: \$ Interest Rate:
Loan Amount Received This Reporting Period: \$ (p) COO (Place on line 8 of Detailed Summary Report)
Principal Amount Paid This Reporting Period: \$
Interest Amount Paid This Reporting Period: \$
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Detail Summary) Total Repayments Made: \$
Outstanding Balance: \$
TERMS OF LOAN: 13/20/8 Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
Jennifer Camoll	1342 Graham Cir, Ene, Co Bust	, \$ (,,000
		v

Statement of Non-Monetary Contributions
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Comm	nittee/Person: Jennifer 4 Erie Mayor
PLEASE PRINT/TYPE	
1. Date Provided 2/20/18	4. Name (Last, First): Weinstein, Libby
	5. Address: 9 16 16055 St.
2. Fair Market Value \$ 25	6. City/State/Zip: <u>Grie 100 180516</u>
3. Aggregate Amt.	7. Description: food for brunch meeting
\$	8. Employer (if applicable, mandatory): Retired
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. <u>Date Provided</u>	4. Name (Last, First): Wike
2/22/18	5. Address: 311 Dusk Place
2. Fair Market Value \$ 35	6. City/State/Zip: 6. City/State
3. Aggregate Amt.	7. Description: food at meet and greet
\$	8. Employer (if applicable, mandatory): Bull Henspace
Check box if Electioneering	9. Occupation (if applicable, mandatory): Director
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. <u>Date Provided</u>	4. Name (Last, First): Norder, Lynne
2/25/18	5. Address: 869 Miros St.
2. Fair Market Value	6. City/State/Zip: Gie /Co/80516
\$ 25	
3. Aggregate Amt.	7. Description: food for neet and greet
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory): 8 5 wb
Communication	10. 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
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Comm	mittee/Person: Jennifer 4 Ene Mayor
DI EACE DDINT/TVDE	· ·
PLEASE PRINT/TYPE 1. Date Provided 3 [4] [8] 2. Fair Market Value \$ 75	4. Name (Last, First): Deaking Geoff 5. Address: \frac{1372 (atalpa ?)}{6. City/State/Zip: \frac{6 \cdot (0/8051 b)}{6. City/State/Zip: 6 \cdot (0/80
3. Aggregate Amt. \$ Check box if	7. Description: food for meet & greets 8. Employer (if applicable, mandatory): Randall-Reilly, LLC 9. Occupation (if applicable, mandatory): VP, Data Product Development
Electioneering Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value \$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value \$	5. Address: 6. City/State/Zip:
3. Aggregate Amt.	7. Description:
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): 10. 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."