

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



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RECEIVED
Mar 12 2018
BY: JK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	Liz Locricchio (Liz 4 Trustee)
As Shown On Registration	
Address of Committee/Person:	464 Simmons Ct.
City, State & Zip Code:	Erie, CO 80516
Committee Type:	Candidate Committe
Name and Address of Financial Institution	Great Western Bank - 785 Cheeseman St. Erie, CO 80516

COMMITTEE ID NUMBER

Not Applicable

Type of Report



Regularly Scheduled Filing.



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)



Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: January 1, 2018

Date

Through March 12, 2018

Date

Declared Total Spending (if applicable)

[Art. XXVIII, Sec. 4(1)]

\$ 2,841.10

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 285.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 285.00
4	Total Monetary Expenditures (line 19)	\$ 2,841.10
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ (2,556.10)

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 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 Name: Robert Locricchio

Registered Agent's Signature:  Date: 03/12/2018

Print Candidate Name: Liz Locricchio

Candidates Signature:  Date: 03/12/2018

DETAILED SUMMARY

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)

Current Reporting Period: January 1, 2018

Through March 12, 2018

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$ 275.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 10.00
8	Loans Received (From Schedule "C")	\$ 0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (From Schedule "D")	\$ 0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 285.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 195.42
13	Total Contributions (Line 11 + line 12)	\$ 480.42
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 2,742.71
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 98.39
16	Loan Repayments Made (From Schedule "C")	\$ 0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0.00
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 2,841.10
20	Total Spending (Line 18 + line 19)	\$ 2,841.10

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

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 01/14/2018	4. Name (Last, First): <u>John Boeger</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>1114 Lansik St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Erie, CO 80516</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Campaign Contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 02/14/2018	4. Name (Last, First): <u>Kelly Kirk</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>2225 Cottonwood Pl</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Erie, CO 80516</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Campaign Contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Boulder Valley School District</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Teacher</u>

1. <u>Date Accepted</u> 02/24/2018	4. Name (Last, First): <u>Michael Fall</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>1274 Links Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Erie, CO 80516</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Campaign Contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Red Door Group</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Real Estate Agent</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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)

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

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 01/01/2018	4. Name: <u>GoDaddy.com LLC</u>
2. <u>Amount</u> \$ 59.88	5. Address: <u>14455 N. Hayden Rd. Suite 219</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Scottsdale, AZ 85260</u>
	7. Purpose of Expenditure: <u>Website Domain Registration and Hosting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 01/09/2018	4. Name: <u>Signsonthecheap.com</u>
2. <u>Amount</u> \$ 982.08	5. Address: <u>11525A Stonehollow Dr. Suite 100</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Austin, TX 78758</u>
	7. Purpose of Expenditure: <u>Marketing - Campaign Signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 01/19/2018	4. Name: <u>SurveyMonkey</u>
2. <u>Amount</u> \$ 35.00	5. Address: <u>3050 S. Deleware St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>San Mateo, CA 94403</u>
	7. Purpose of Expenditure: <u>Marketing - Monthly Software Subscription Fee</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/04/2018	4. Name: <u>NextDayFlyers</u>
2. <u>Amount</u> \$ 223.65	5. Address: <u>8000 Hankell Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Van Nuys, CA 91406</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Printing Services</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/19/2018	4. Name: <u>SurveyMonkey</u>
2. <u>Amount</u> \$ 35.00	5. Address: <u>3050 S. Deleware St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>San Mateo, CA 94403</u>
	7. Purpose of Expenditure: <u>Marketing - Monthly Software Subscription Fee</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 02/23/2018	4. Name: <u>Moovley Media Inc</u>
2. <u>Amount</u> \$ 49.00	5. Address: <u>302-1620 W. 8th Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Vancouver, BC V6J 1V4</u>
	7. Purpose of Expenditure: <u>Marketing - Monthly Software Subscription</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/23/2018	4. Name: <u>Facebook Inc</u>
2. <u>Amount</u> \$ 236.56	5. Address: <u>1601 Willow Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Menlo Park, CA 94025</u>
	7. Purpose of Expenditure: <u>Marketing - Social Media</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/25/2018	4. Name: <u>NextDayFlyers</u>
2. <u>Amount</u> \$ 107.53	5. Address: <u>8000 Hankell Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Van Nuys, CA 91406</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Printing Services</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/25/2018	4. Name: <u>Uline</u>
2. <u>Amount</u> \$ 94.22	5. Address: <u>12572 Uline Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Pleasant Prairie, WI 53158</u>
	7. Purpose of Expenditure: <u>Marketing - Door Flyer Bags</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/19/2018	4. Name: <u>NextDayFlyers</u>
2. <u>Amount</u> \$ 152.31	5. Address: <u>8000 Hankell Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Van Nuys, CA 91406</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Printing Services</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 02/28/2018	4. Name: <u>Facebook Inc</u>
2. <u>Amount</u> \$ 52.79	5. Address: <u>1601 Willow Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Menlo Park, CA 94025</u>
	7. Purpose of Expenditure: <u>Marketing - Social Media</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/28/2018	4. Name: <u>Uline</u>
2. <u>Amount</u> \$ 78.34	5. Address: <u>12572 Uline Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Pleasant Prairie, WI 53158</u>
	7. Purpose of Expenditure: <u>Marketing - Door Flyer Bags</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/28/2018	4. Name: <u>NextDayFlyers</u>
2. <u>Amount</u> \$ 225.11	5. Address: <u>8000 Hankell Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Van Nuys, CA 91406</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Printing Services</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 02/28/2018	4. Name: <u>NextDayFlyers</u>
2. <u>Amount</u> \$ 150.24	5. Address: <u>8000 Hankell Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Van Nuys, CA 91406</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Printing Services</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 03/02/2018	4. Name: <u>Scottie's Flyer Service</u>
2. <u>Amount</u> \$ 99.00	5. Address: <u>4880 Apricot Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Loveland, CO 80538</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Distribution Services</u> <input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 03/9/2018	4. Name: <u>Scottie's Flyer Service</u>
2. <u>Amount</u> \$ 162.00	5. Address: <u>4880 Apricot Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Loveland, CO 80538</u>
	7. Purpose of Expenditure: <u>Marketing - Flyer Distribution Services</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

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

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

Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): Not Applicable

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ 0.00

Total of All Loans This Reporting
Period: \$ 0.00

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 0.00
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0.00
(Sum of Schedule C pages, Place on line 16 of
Detailed Summary)

Outstanding Balance: \$ 0.00

TERMS OF LOAN: Not Applicable
Date Loan Received

Not Applicable
Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Liz Locricchio (Liz 4 Trustee)

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: _____
150.00	7. Comment (Optional): _____
\$	

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 Committee/Person: Liz Locricchio (Liz 4 Trustee)

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 02/07/2018	4. Name (Last, First): <u>Kevin Rodriguez (The Old Mine Cidery & Brewpub)</u>
2. <u>Fair Market Value</u> \$ 150.00	5. Address: <u>500 Briggs St.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Erie, CO 80516</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Room Rental Fee</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>The Old Mine Cidery & Pub</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>General Manager</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 03/10/2018	4. Name (Last, First): <u>Jeff Percell</u>
2. <u>Fair Market Value</u> \$ 45.42	5. Address: <u>293 Baker Ln.</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Erie, CO 80516</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Food, Beverage and Decor for Candidate Support Event</u>
	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 Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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."