

DETAILED SUMMARY

Full Name of Committee/Person:

Committee to Elect Maria Gonzalez

Current Reporting Period:

8-17-2015

Through

10-8-2015

Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 6944.25
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 9.65
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 6953
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 1550.00
13	Total Contributions (Line 11 + line 12)	\$ 8503.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 6087.62
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 47.92
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 6135.54
20	Total Spending (Line 13 + line 19)	\$ 6135.54

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 8/15/2015	4. Name: <u>MARIA GONZALEZ</u>
2. <u>Donation Amt.</u> \$ 200.00	5. Address (Home Office): <u>7211 MAGNOLIA ST</u>
3. <u>Aggregate Amt.</u> \$ 200.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>GIG</u>
	9. Occupation (required if applicable): <u>INSURANCE AGENT</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 8/19/2015	4. Name: <u>MARIA GONZALEZ</u>
2. <u>Donation Amt.</u> \$ 1000.00	5. Address (Home Office): <u>7211 MAGNOLIA ST</u>
3. <u>Aggregate Amt.</u> \$ 1000.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>GIG</u>
	9. Occupation (required if applicable): <u>INSURANCE AGENT</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 10/6/2015	4. Name: <u>ELVIS DIAZ</u>
2. <u>Donation Amt.</u> \$ 144.75	5. Address (Home Office): <u>PO BOX 1796</u>
3. <u>Aggregate Amt.</u> \$ 144.75	6. City/State/Zip: <u>COMMERCE CITY, CO 80037</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>EMD TRUCKING</u>
	9. Occupation (required if applicable): <u>TRUCKER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 8/18/2015	4. Name: <u>MANUEL LUNA</u>
2. <u>Donation Amt.</u> \$ 1,000.00	5. Address (Home Office): <u>6495 MONACO ST</u>
3. <u>Aggregate Amt.</u> \$ 1,000.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>MADRID EVENT CENTER LLC</u>
	9. Occupation (required if applicable): <u>OWNER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/9/2015	4. Name: <u>LORENA SAENZ</u>
2. <u>Donation Amt.</u> \$ 1,000.00	5. Address (Home Office): <u>6190 E 72ND AVE</u>
3. <u>Aggregate Amt.</u> \$ 1,000.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>LA CHISPA NIGHTCLUB LLC</u>
	9. Occupation (required if applicable): <u>OWNER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 8/21/2015	4. Name: <u>MARIE E CRESPIN</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>1695 WOLFF ST</u>
3. <u>Aggregate Amt.</u> \$ 100.00	6. City/State/Zip: <u>DENVER, CO 80204</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>RETIRED</u>
	9. Occupation (required if applicable): <u>RETIRED</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 8/24/2015	4. Name: <u>LAS DOS AMERICAS TORTILLARIA LLC</u>
2. <u>Donation Amt.</u> \$ 1000.00	5. Address (Home Office): <u>6065 QUEBEC ST</u>
3. <u>Aggregate Amt.</u> \$ 1000.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): <u>RESTAURANT</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/4/2015	4. Name: <u>ROSEMARY E RODRIGUEZ</u>
2. <u>Donation Amt.</u> \$ 50.00	5. Address (Home Office): <u>500 KING ST</u>
3. <u>Aggregate Amt.</u> \$ 50.00	6. City/State/Zip: <u>DENVER, CO 80204</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>RETIRED</u>
	9. Occupation (required if applicable): <u>RETIRED</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/29/2015	4. Name: <u>BJ PENROD</u>
2. <u>Donation Amt.</u> \$ 241.25	5. Address (Home Office): <u>6181 S JOPHLIN WAY</u>
3. <u>Aggregate Amt.</u> \$ 241.25	6. City/State/Zip: <u>CENTENNIAL, CO 80016</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>BJ AUTO</u>
	9. Occupation (required if applicable): <u>OWNER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: Committee to Elect Maria Gonzalez

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 9-12-15	4. Name: <u>LAS DOS AMERICAS TORTILERIA LLC.</u>
2. <u>Donation Amt.</u> \$ <u>150⁰⁰</u>	5. Address (Home Office): <u>6065 QUEBEC ST</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Food</u>
	8. Employer (required if applicable): <u>-</u>
	9. Occupation (required if applicable): <u>-</u>
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>JESUS SOTO</u>

1. <u>Date Accepted</u> 9-12-15	4. Name: <u>ALEJANDRO GONZALEZ</u>
2. <u>Donation Amt.</u> \$ <u>200⁰⁰</u>	5. Address (Home Office): <u>4350 LISBONE CT</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>DENVER, CO 80249</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Food</u>
	8. Employer (required if applicable): <u>SAMS CLUB</u>
	9. Occupation (required if applicable): <u>EMPLOYEE</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>NIA</u>
	11. All DBA Names used in Colorado (required if applicable): <u>NIA</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>NIA</u>

1. <u>Date Accepted</u> 9-12-15	4. Name: <u>MANUEL LUNA</u>
2. <u>Donation Amt.</u> \$ <u>500⁰⁰</u>	5. Address (Home Office): <u>6495 MONACO ST</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Facility</u>
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): <u>BUSINESS OWNER</u>
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): <u>MADRID EVENTS CENTER LLC.</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 9/17/2015	4. Name: <u>MANUEL LUNA</u>
2. <u>Donation Amt.</u> \$ 1,000.00	5. Address (Home Office): <u>6495 MONACO ST</u>
3. <u>Aggregate Amt.</u> \$ 1,000.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>MADRID EVENT CENTER LLC</u>
	9. Occupation (required if applicable): <u>OWNER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/17/2015	4. Name: <u>PATRICIA STRAWSER</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>PO BOX 60</u>
3. <u>Aggregate Amt.</u> \$ 100.00	6. City/State/Zip: <u>COMO, CO 80432</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>WRITER</u>
	9. Occupation (required if applicable): <u>WRITER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/17/2015	4. Name: <u>SERGIO GONZALEZ</u>
2. <u>Donation Amt.</u> \$ 510.00	5. Address (Home Office): <u>10676 E 96TH PL</u>
3. <u>Aggregate Amt.</u> \$ 510.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>SELF EMPLOYED</u>
	9. Occupation (required if applicable): <u>TRUCK DRIVER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 9/29/2015	4. Name: <u>ADVERBUM PRODUCTIONS LLC</u>
2. <u>Donation Amt.</u> \$ 250.00	5. Address (Home Office): <u>20141 E 40TH AVE</u>
3. <u>Aggregate Amt.</u> \$ 250.00	6. City/State/Zip: <u>DENVER, CO 80249</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): <u>OWNER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/23/2015	4. Name: <u>MAGNOLIA ENTERPRISES LLC</u>
2. <u>Donation Amt.</u> \$ 100.00	5. Address (Home Office): <u>7290 MAGNOLIA ST</u>
3. <u>Aggregate Amt.</u> \$ 100	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): <u>RETIRED</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u> 9/29/2015	4. Name: <u>ELADIO VAZQUEZ</u>
2. <u>Donation Amt.</u> \$ 200.00	5. Address (Home Office): <u>6971 ASH ST</u>
3. <u>Aggregate Amt.</u> \$ 200.00	6. City/State/Zip: <u>COMMERCE CITY, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>WASTE MANAGEMENT CORP</u>
	9. Occupation (required if applicable): <u>TRUCK DRIVER</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

Committee Name: Committee to Elect Maria Gonzalez

11 Schedule A: Donations

Itemized Donations

1. <u>Date Accepted</u> 9-20-15	4. Name: <u>CARMEN VILLALOBOS</u>
2. <u>Donation Amt.</u> \$ <u>500⁰⁰</u>	5. Address (Home Office): <u>6800 Broadway St</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Denver CO 80221</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Food and Beverages</u>
	8. Employer (required if applicable): <u>Villalobos Concrete</u>
	9. Occupation (required if applicable): <u>Manager</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u> 9-24-15	4. Name: <u>Lorena Saenz</u>
2. <u>Donation Amt.</u> \$ <u>200⁰⁰</u>	5. Address (Home Office): <u>6190 E. 72nd Ave</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Commerce City, CO 80022</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input checked="" type="radio"/> Non-Monetary, include Description: <u>Food and Beverages</u>
	8. Employer (required if applicable): <u>La Chispa Night Club LLC</u>
	9. Occupation (required if applicable): <u>Owner</u>
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: COMITTEE TO ELECT MARIA GONZALEZ

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 10/06/2015	4. Name: <u>VANESSA GUZMAN</u>
2. <u>Donation Amt.</u> \$ 50.00	5. Address (Home Office): <u>3088 S. GRAY ST</u>
3. <u>Aggregate Amt.</u> \$ 50.00	6. City/State/Zip: <u>DENVER, CO 80227</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): <u>HEREIGNS REAL ESTATE</u>
	9. Occupation (required if applicable): <u>REAL ESTATE AGENT</u>
	10. Parent Corporation and acronyms used (required if applicable): <u>N/A</u>
	11. All DBA Names used in Colorado (required if applicable): <u>N/A</u>
	12. Donor's Colorado Agent Name & Address (required if applicable): <u>N/A</u>

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

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

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

Full Name of Committee/Person: Committee to Elect Maria Gonzalez

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/8/15</u>	4. Name: <u>Fedex Office</u>
2. <u>Amount</u> \$ <u>39.80</u>	5. Address: <u>3545 Quebec St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80207</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/9/15</u>	4. Name: <u>U.S.PS</u>
2. <u>Amount</u> \$ <u>73.50</u>	5. Address: <u>7351 Magnolia St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce, City, CO 80022</u>
	7. Purpose of Expenditure: <u>Postcard mailing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/9/15</u>	4. Name: <u>Commerce City Ace</u>
2. <u>Amount</u> \$ <u>81.60</u>	5. Address: <u>6900 Audora Dr</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce, City, CO 80022</u>
	7. Purpose of Expenditure: <u>Metal posts for yard signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/11/15</u>	4. Name: <u>Image Impressions</u>
2. <u>Amount</u> \$ <u>165.00</u>	5. Address: <u>6805 Broadway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver CO 80221</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/11/15</u>	4. Name: <u>Image Impressions</u>
2. <u>Amount</u> \$ <u>435.00</u>	5. Address: <u>6805 Broadway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80221</u>
	7. Purpose of Expenditure: <u>Marketing</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: Committee to Elect Maria Gonzalez

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/20/15	4. Name: <u>Image Impressions</u>
2. <u>Amount</u> \$ 1000.00	5. Address: <u>6805 Broadway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80221</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/31/15	4. Name: <u>Outfront Media</u>
2. <u>Amount</u> \$ 857.65	5. Address: <u>4647 Leyden St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80216</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/3/15	4. Name: <u>Outfront Media</u>
2. <u>Amount</u> \$ 750.00	5. Address: <u>4647 Leyden St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80216</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/4/15	4. Name: <u>Office Depot</u>
2. <u>Amount</u> \$ 35.47	5. Address: <u>7305 E 36 Ave Unit 1</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80238</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/8/15	4. Name: <u>Fedex Office</u>
2. <u>Amount</u> \$ 33.30	5. Address: <u>3545 Quebec St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80207</u>
	7. Purpose of Expenditure: <u>Marketing</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: Committee to Elect Maria Gonzalez

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/11/15</u>	4. Name: <u>King Soopers</u>
2. <u>Amount</u> \$ <u>53.33</u>	5. Address: <u>4850 E 62nd Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce City, CO 80022</u>
	7. Purpose of Expenditure: <u>For Marketing Event</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/14/15</u>	4. Name: <u>Nationbuilder</u>
2. <u>Amount</u> \$ <u>29.00</u>	5. Address: <u>520 S Grand Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Los Angeles, CA 90071</u>
	7. Purpose of Expenditure: <u>Website for Campaign</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/14/15</u>	4. Name: <u>Sam's Club</u>
2. <u>Amount</u> \$ <u>113.71</u>	5. Address: <u>7805 E 35th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80238</u>
	7. Purpose of Expenditure: <u>Plastic's for event</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/14/15</u>	4. Name: <u>Sam's Club</u>
2. <u>Amount</u> \$ <u>28.14</u>	5. Address: <u>7805 E 35th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80238</u>
	7. Purpose of Expenditure: <u>Refreshments for event</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-8-15</u>	4. Name: <u>FEDEX OFFICE</u>
2. <u>Amount</u> \$ <u>15.12</u>	5. Address: <u>3545 QUEBEC ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80207</u>
	7. Purpose of Expenditure: <u>Marketing</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: Committee to Elect Marica Gonzalez

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9-21-15</u>	4. Name: <u>Image Impression</u>
2. <u>Amount</u> <u>\$ 1,000.00</u>	5. Address: <u>6805 Broadway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO</u>
	7. Purpose of Expenditure: <u>Marketing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-21-15</u>	4. Name: <u>Exa Wm Supercenter</u>
2. <u>Amount</u> <u>\$ 44.22</u>	5. Address: <u>5990 Dahlia St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce City, CO 80022</u>
	7. Purpose of Expenditure: <u>Postcards, Paper boards.</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-22-15</u>	4. Name: <u>Usps 0718460153</u>
2. <u>Amount</u> <u>\$ 910.00</u>	5. Address: <u>7351 Magnolia St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce City, CO 80022</u>
	7. Purpose of Expenditure: <u>Postage & mailer</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-25-15</u>	4. Name: <u>Taquena Los Gallitos</u>
2. <u>Amount</u> <u>\$ 23.11</u>	5. Address: <u>7255 E- 7th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce City CO 80022</u>
	7. Purpose of Expenditure: <u>Drinks for volunteers</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9-28-15</u>	4. Name: <u>Mi Pueblo #8</u>
2. <u>Amount</u> <u>\$ 49.61</u>	5. Address: <u>6040 E- 64th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Commerce City, CO 80022</u>
	7. Purpose of Expenditure: <u>Food for volunteers.</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: Committee to Elect Monica Gonzalez

PLEASE PRINT/TYPER

1. <u>Date Expended</u> <u>9-30-15</u>	4. Name: <u>Usps 0710440873</u>
2. <u>Amount</u> <u>\$300.00</u>	5. Address: <u>992 S. 4th Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Brighton, CO</u>
	7. Purpose of Expenditure: <u>Postage-mailer</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