

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Fı	Full Name of Committee/Person:		
	As Shown On Regi	istration	
Α	Address of Committee/Person:		
C	City, State & Zip Code:		
С	Committee Type:		
N	Name of Financial Institution:		
Α	Address Of Financial Institution:		
С	City, State & Zip Code Financial Institution:		
	Type of Report ☐ Regularly Scheduled Filing. ☐ Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY ☐ Final Filing.		
	Reporting Period Covered: Date	Through	Date
lea	lease complete applicable schedules prior to completir	ng the info	ormation in the following table.
			Totals Detailed Summary Page
	Funds on Hand at the Beginning of Reporting Period (mon	etary only)	\$
2	2 Total Monetary Contributions (line 11 of Detailed Summary)		\$
3	Total of Monetary Contributions & Beginning Amount (line	1 + line 2)	\$
1	Total Spending (line 20 of Detailed Summary)		\$
5	Funds on Hand at the End of Reporting Period (monetary) (li	ne 3 – line 4)	\$
	Authorization (Must be completed by either the Registered Agendeclare, under penalty of perjury, that to the best of my knowledge of this form, including all schedules, statements, and attachments, are to knowledge or belief all contributions received during this reporting pet the form of membership dues transferred by a membership organization.	or belief the in rue and corre eriod includin	nformation or statements on ect, and that to the best of my g any contributions received in
	Print Registered Agent's Name:		
	Registered Agent's Signature:		Date:
	Print Candidate Name:		
	Candidates Signature:	D	oate:

DETAILED SUMMARY

Full Name of Committee/F	'erson:		
Current Reporting Period:		Through:	

Fund	ds on hand at the beginning of reporting period (Monetary Only)	\$
6	Itemized A cbYfUfy Contributions \$20 or More (Please list on Schedule "A-1")	\$
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$
13	Total Contributions (Line 11 + line 12)	\$
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$

Schedule A-1 - Itemized Contributions Statement (\$20 or More)

Full Name of Committee/Person:	
WARNING: Please read the instruction page for Schedule "A	A" before completing!
PLEASE PRINT/TYPE	
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	<u></u>
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	
8. Aggregate Amount This Election Cycle:	
9. Contribution Amount This Reporting Period:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	
8. Aggregate Amount This Election Cycle:	
9. Contribution Amount This Reporting Period:	\$

Schedule A-1 Itemized Contributions Statement (\$20 or more)
Page _____ of ____
Use additional pages as necessary

1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	
8. Aggregate Amount This Election Cycle:	
9. Contribution Amount This Reporting Period:	\$
1 Namo (Last First)	
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):7. Date Accepted:	
8. Aggregate Amount This Election Cycle:	
9. Contribution Amount This Reporting Period:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	_
7. Date Accepted:	
8. Aggregate Amount This Election Cycle:	
9. Contribution Amount This Reporting Period:	\$

Schedule A-1 Itemized Contributions Statement (\$20 or more)
Page _____ of ____
Use additional pages as necessary

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person:		
PLEASE PRINT/TYPE		
1. Name (Last, First):		
2. Address:		
3. City/State/Zip:		
4. Description:		
5. Employer (mandatory if employed):		
6. Occupation (mandatory if employed):		
7. Date Provided:		
8. Aggregate Amount:		
9. Fair Market Value:	\$	
	Ψ	
1. Name (Last, First):		
1. Name (Last, First):		
1. Name (Last, First): 2. Address:		
1. Name (Last, First): 2. Address: 3. City/State/Zip:		
1. Name (Last, First): 2. Address: 3. City/State/Zip: 4. Description:		
1. Name (Last, First): 2. Address: 3. City/State/Zip: 4. Description: 5. Employer (mandatory if employed):		
1. Name (Last, First): 2. Address: 3. City/State/Zip: 4. Description: 5. Employer (mandatory if employed): 6. Occupation (mandatory if employed):		

Schedule A-2 Statement of Non-Monetary Contributions (\$20 or more)
Page _____ of ____
Use additional pages as necessary

1. Name (Last, First):	 -
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Provided:	
8. Aggregate Amount:	
9. Fair Market Value:	\$
1. Name (Last, First):	-
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Provided:	
8. Aggregate Amount:	
9. Fair Market Value:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Provided:	
8. Aggregate Amount:	
9. Fair Market Value:	\$

Schedule A-2 Statement of Non-Monetary Contributions (\$20 or more) Page ____ of ___ Use additional pages as necessary

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

Full Name of Committee/Person:	
PLEASE PRINT/TYPE	
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	
6. Amount:	\$
1. Name (Last, First):	
2. Address:	-
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	
6. Amount:	\$
1. Name (Last, First):	
2. Address:	-
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	
6. Amount:	\$

Schedule B Itemized Expenditures Statement (\$20 or more) Page _____ of ____ Use additional pages as necessary

1. Name (Last, First):	
2. Address:	_
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	-
6. Amount:	\$
1 Name (Last First):	
1. Name (Last, First):	
2. Address:	-
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	
6. Amount:	\$
1. Name (Last, First):	_
2. Address:	-
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	-
6. Amount:	\$

Schedule B Itemized Expenditures Statement (\$20 or more)
Page _____ of ____
Use additional pages as necessary

Sc	hedule C - Lo	ans	
Full Name of Committee/Person:			
LOAN SOURCE			
Name (Last, First or Institution):			
Address:			
City/State/Zip:			_
Original Amount of Loan: \$		Interest Rate:	%
Loan Amount Received This Reporting Period:	\$	Total of All Loans This Reporting Period: \$ (Place on line 8 of Detailed Summary Re	eport)
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: \$ (Sum of Schedule C pages, Place on Detailed Summary)	
Outstanding Balance:	\$		
TERMS OF LOAN:	Date Loan Rece	ived Due Date for Final Payment	

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule C Loans
Page ____ of ___
Use additional pages as necessary

LOAN SOURCE				
Name (Last, First or Institution):				_
Address:				_
City/State/Zip:				_
Original Amount of Loan: \$		Inter	est Rate:	%
Loan Amount Received This Reporting Period:	\$	_	tal of All Loans This Reporting Period: \$	
Principal Amount Paid This Reporting Period:	\$	(F -	Place on line 8 of Detailed Summary Re	eport)
nterest Amount Paid This Reporting Period:	\$	-		
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Deta	\$ iil Summary)	_ Tote	al Repayments Made: \$(Sum of Schedule C pages, Place on	
Outstanding Balance:	\$	_	Detailed Summary)	
TERMS OF LOAN:	Date Loan Re	 ceived	Due Date for Final Payment	

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule C Loans
Page _____ of ____
Use additional pages as necessary

Schedule D – Returned Contributions & Expenditures

Full Name	of Committee	·/Person:		
I UII INGIII C		:/ I CI3UII.		

Returned Contributions

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

PLEASE PRINT/TYPE	
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Purpose:	-
5. Date Accepted:	-
6. Date Returned:	
7. Amount:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Purpose:	_
5. Date Accepted:	-
6. Date Returned:	
7. Amount:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Purpose:	_
5. Date Accepted:	-
6. Date Returned:	
7. Amount:	\$
Schedule D Returned Contributions Page of	

Office of the City Clerk – City of Colorado Springs

Use additional pages as necessary

1. Name (Last, First):	-
2. Address:	
3. City/State/Zip:	
4. Purpose:	-
5. Date Accepted:	-
6. Date Returned:	
7. Amount:	\$
1. Name (Last, First):	-
2. Address:	
3. City/State/Zip:	-
4. Purpose:	_
5. Date Accepted:	-
6. Date Returned:	
7. Amount:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Purpose:	-
5. Date Accepted:	-
6. Date Returned:	-
7. Amount:	\$

Schedule D Returned Contributions
Page ____ of ___
Use additional pages as necessary

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

PLEASE PRINT/TYPE	
1. Name (Last, First):	_
2. Address:	
3. City/State/Zip:	-
4. Comment (Optional):	-
5. Date Accepted:	_
6. Date Returned:	_
7. Amount:	\$
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Comment (Optional):	
5. Date Accepted:	
6. Date Returned:	
7. Amount:	\$
1. Name (Last, First):	-
2. Address:	
3. City/State/Zip:	-
4. Comment (Optional):	-
5. Date Accepted:	_
6. Date Returned:	_
7. Amount:	\$

Schedule D Returned Expenditures Page ____ of ___ Use additional pages as necessary

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

Schedule D Returned Expenditures Page _____ of ____ Use additional pages as necessary

Schedule E - Closeout Distributions

(To be completed after the election is certified. Complete the Detailed Summary before completing this Schedule E)

1	Funds on Hand at the Beginning of Reporting Period (from detailed summary, monetary only)			\$
2	Total Monetary Contributions for the Reporting Period (detailed summary, line 11)			\$
3	Total Funds (line 1 + line 2)			\$
	Expenditures During the Reporting Period:			
4	а	Itemized Expenditures \$20 or More (From detailed summary line 14)	\$	
	b	Total of Non-Itemized Expenditures (From detailed summary line 15)	\$	
	С	Loan Repayments Made (From detailed summary line 16)	\$	
	d	Returned Contributions (To donor) (From detailed summary line 17)	\$	
	То	tal Expenditures (total of a, b, c, and d)	\$	
5	Total Contributions to Charitable organizations (attach list showing the Name, Address, and amount contributed to each Charitable organization)		\$	
6	Funds retained for a future election (list financial institution in which the funds will remain)			\$
7	Total of lines 4, 5, and 6		\$	
8	Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of the detailed Summary		\$	

Schedule E Closeout Distributions