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CITY OF COLORADO SPRINGS

# REPORT OF CONTRIBUTIONS AND EXPENDITURES

| | |
|---|---|
| **Full Name of Committee/Person**: | COMMITTEE TO ELECT DAVID H. MOORE |

As Shown On Registration

| | |
|---|---|
| **Address of Committee/Person**: | 4130 HEATHMOOR DR |
| **City, State & Zip Code**: | COS, CO. 80922 |
| **Committee Type**: | CANDIDATE |
| **Name of Financial Institution:** | 1ST BANK |
| **Address Of Financial Institution:** | 1275 GARDEN OF THE GODS |
| **City, State & Zip Code Financial Institution:** | COS, CO. 80907 |

**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**: 03/15/2013 (Date) **Through** 03/28/2013 (Date)

Please complete applicable schedules prior to completing the information in the following table.

| | | Totals Detailed Summary Page |
|---|---|---|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only) | $ 5,004.85 |
| 2 | Total Monetary Contributions (line 11 of Detailed Summary) | $ 2,519.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | $ 7,523.85 |
| 4 | Total Spending (line 20 of Detailed Summary) | $ 6,136.82 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) | $ 1,387.03 |

**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 the information or statements on this form, including all schedules, statements, and attachments, are true and correct, and 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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: DAVID H MOORE

Candidates Signature: DAVID H MOORE Date: 03/28/2013

**DETAILED SUMMARY**

**Full Name of Committee/Person:** COMMITTEE TO ELECT DAVID H. MOORE

**Current Reporting Period:** 03/15/2013 **Through:** 03/28/2013

| | | |
|---|---|---|
| **Funds on hand at the beginning of reporting period** (Monetary Only) | | $ 5,004.85 |
| 6 | **Itemized Monetary Contributions $20 or More** (Please list on Schedule "A-1") | $ 2,500.00 |
| 7 | **Total of Non-Itemized Contributions** ($19.99 or Less) (Number of Contributions of $19.99 or Less 1 ) | $ 19.00 |
| 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)** | $ 2,519.00 |
| 12 | **Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions Schedule "A-2") | $ 1,416.66 |
| 13 | **Total Contributions** (Line 11 + line 12) | $ 3,935.66 |
| 14 | **Itemized Expenditures $20 or More** (Please list on Schedule "B") | $ 6,092.08 |
| 15 | **Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less) | $ 44.74 |
| 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.) | $ 0.00 |
| 19 | **( Intentionally left Blank)** | $ |
| 20 | **Total Spending** (Lines 14 through 17) | $ 6,136.82 |

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

**Full Name of Committee/Person:** COMMITTEE TO ELECT DAVID H. MOORE

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

PLEASE PRINT/TYPE

1. Name (Last, First): WARREN AND KATHY LUTZ
2. Address: 5064 BALSAM ST
3. City/State/Zip: COS, CO. 80923
4. Description: DONATION
5. Employer (mandatory if employed): AWMI
6. Occupation (mandatory if employed): ACCOUNTING
7. Date Accepted: 03/18/2013
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: $50.00

1. Name (Last, First): GREG AND TRACY ASIA
2. Address: 2328 LEGEND DR
3. City/State/Zip: COS, CO. 80920
4. Description: DONATION
5. Employer (mandatory if employed): RETIRED
6. Occupation (mandatory if employed): _____
7. Date Accepted: 03/18/2013
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: $100.00

Schedule A-1 Itemized Contributions Statement ($20 or more)
Page 1 of 4
Use additional pages as necessary

1. Name (Last, First): Andy McElhany
2. Address: 2830 ORION DR
3. City/State/Zip: COS, CO. 80906
4. Description: DONATION
5. Employer (mandatory if employed): RETIRED SENATOR
6. Occupation (mandatory if employed): 
7. Date Accepted: 03/18/2013
8. Aggregate Amount This Election Cycle: 
9. Contribution Amount This Reporting Period: $100.00

1. Name (Last, First): COMCAST
2. Address: ONE COMCAST CENTER
3. City/State/Zip: PHILADELPHIA PA. 19103
4. Description: DONATION
5. Employer (mandatory if employed): COMCAST FINANCIAL AGENCY CORP
6. Occupation (mandatory if employed): 
7. Date Accepted: 03/18/2013
8. Aggregate Amount This Election Cycle: 
9. Contribution Amount This Reporting Period: $1,000.00

1. Name (Last, First): BARBARA MERRIGAN
2. Address: 805 LIBRA DR
3. City/State/Zip: COS, CO. 80906
4. Description: DONATION
5. Employer (mandatory if employed): AWMI
6. Occupation (mandatory if employed): ACCOUNTING
7. Date Accepted: 03/22/2013
8. Aggregate Amount This Election Cycle: 
9. Contribution Amount This Reporting Period: $50.00

Schedule A-1 Itemized Contributions Statement ($20 or more)
Page 2 of 4
Use additional pages as necessary

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

**Full Name of Committee/Person:** COMMITTEE TO ELECT DAVID H. MOORE

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

PLEASE PRINT/TYPE

1. Name (Last, First): RICHARD K. BROWN
2. Address: P.O. BOX 80866
3. City/State/Zip: WOODLAND PARK CO. 80866
4. Description: DONATION
5. Employer (mandatory if employed): RETIRED
6. Occupation (mandatory if employed): 
7. Date Accepted: 03/22/2013
8. Aggregate Amount This Election Cycle: 
9. Contribution Amount This Reporting Period: $800.00

1. Name (Last, First): JERALD AND CHARLENE WEED
2. Address: 8560 WILDRIDGE
3. City/State/Zip: COS, CO. 80908
4. Description: DONATION
5. Employer (mandatory if employed): AWMI
6. Occupation (mandatory if employed): ACCOUNTING
7. Date Accepted: 03/22/2013
8. Aggregate Amount This Election Cycle: 
9. Contribution Amount This Reporting Period: $50.00

Schedule A-1 Itemized Contributions Statement ($20 or more)
Page 3 of 4
Use additional pages as necessary

1. Name (Last, First): JULIAN TINDAL
2. Address: 5575 BUTLER CT
3. City/State/Zip: COS, CO. 80918
4. Description: DONATION
5. Employer (mandatory if employed): HOUSEWIFE
6. Occupation (mandatory if employed): _____
7. Date Accepted: 03/22/2013
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: $100.00

1. Name (Last, First): CHRISTOPHER JENKINS
2. Address: 111 S. TEJON ST
3. City/State/Zip: COS, CO 80903
4. Description: DONATION
5. Employer (mandatory if employed): HOMEBUILDER
6. Occupation (mandatory if employed): _____
7. Date Accepted: 03/27/2013
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: $250.00

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 4 of 4
Use additional pages as necessary

**Schedule A-2 - Statement of Non-Monetary Contributions**

**Full Name of Committee/Person:** COMMITTEE TO ELECT DAVID H. MOORE

PLEASE PRINT/TYPE

1. Name (Last, First): CSPPA
2. Address: 559 E. PIKES PEAK STE 102
3. City/State/Zip: COS, CO. 80903
4. Description: RADIO ADS
5. Employer (mandatory if employed): PAC
6. Occupation (mandatory if employed): _____
7. Date Provided: 03/12/2013
8. Aggregate Amount: _____
9. Fair Market Value: $1,416.66

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

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:** COMMITTEE TO ELECT DAVID H. MOORE

PLEASE PRINT/TYPE

1. Name (Last, First): MINUTEMAN PRESS
2. Address: 3924 N ACADEMY
3. City/State/Zip: COS, CO. 80917
4. Purpose of Expenditure: FLYERS
5. Date Expended: 03/18/2013
6. Amount: $166.77

1. Name (Last, First): MINUTEMAN PRESS
2. Address: 3924 ACADEMY
3. City/State/Zip: COS, CO. 80917
4. Purpose of Expenditure: MAILING
5. Date Expended: 03/20/2013
6. Amount: $1,087.13

1. Name (Last, First): MILLER PROMOTIONAL
2. Address: 4920 DIAMOND DR
3. City/State/Zip: COS, CO. 80918
4. Purpose of Expenditure: SIGNS
5. Date Expended: _____
6. Amount: $1,760.64

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

1. Name (Last, First): MINUTEMAN PRESS
2. Address: 3924 ACADEMY
3. City/State/Zip: COS, CO. 80917
4. Purpose of Expenditure: BUSINESS CARDS
5. Date Expended: 03/15/2013
6. Amount: $167.01

1. Name (Last, First): RADIO KVOR
2. Address: 223 WAHSATCH
3. City/State/Zip: COS, CO. 80903
4. Purpose of Expenditure: RADIO SPOTS
5. Date Expended: 03/15/2013
6. Amount: $2,000.00

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

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

**Full Name of Committee/Person**: COMMITTEE TO ELECT DAVID H. MOORE

PLEASE PRINT/TYPE

1. Name (Last, First): MINUTEMAN PRESS
2. Address: 3924 ACADEMY
3. City/State/Zip: COS, CO. 80920
4. Purpose of Expenditure: MAILING
5. Date Expended: 03/25/2013
6. Amount: $807.23

1. Name (Last, First): COSTCO
2. Address: 5885 BARNES
3. City/State/Zip: COS, CO. 80922
4. Purpose of Expenditure: GAS
5. Date Expended: 03/25/2013
6. Amount: $73.30

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 3 of 3
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): _____

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

## Schedule C - Loans

Full Name of Committee/Person: COMMITTEE TO ELECT DAVID H. MOORE

**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 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: $_____
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: $_____

TERMS OF LOAN: _____ _____
Date Loan Received 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

Full Name of Committee/Person: COMMITTEE TO ELECT DAVID H. MOORE

**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 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: $_____
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: $_____

TERMS OF LOAN: _____ _____
Date Loan Received 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

## Schedule D – Returned Contributions & Expenditures

**Full Name of Committee/Person:** COMMITTEE TO ELECT DAVID H. MOORE

### 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 _____
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: $_____

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) | | | $ 0.00 |
| 4 | Expenditures During the Reporting Period: | | | |
| | a | Itemized Expenditures $20 or More (From detailed summary line 14) | $ | |
| | b | Total of Non-Itemized Expenditures (From detailed summary line 15) | $ | |
| | c | Loan Repayments Made (From detailed summary line 16) | $ | |
| | d | Returned Contributions (To donor) (From detailed summary line 17) | $ | |
| | Total Expenditures (total of a, b, c, and d) | | | $ 0.00 |
| 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 | | | $ 0.00 |
| 8 | Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of the detailed Summary | | | $ 0.00 |

Schedule E Closeout Distributions