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## **REPORT OF CONTRIBUTIONS AND EXPENDITURES**

Full Name of Committee/Person:		Committee to E	lect Debo	orah Hendrix
		As Shown On Regis	tration	
Address of Committee/Person:		4860 Beechva	le Dr.	
City, State & Zip Code:		Colorado Sprir	igs, CO 8	30916
Committee Type:		Candidate Cor	nmittee	
Name and Address of Financial Institution: Wells Fargo Bank, 90 S.		nk, 90 S.	Cascade Ave, C.S., CO 80903	
Type of Report  ☑ Regularly Scheduled Filing  ☐ Amended Filing. This amend Submit changes or new info	ls previous rep			
Damadina Davia d Carrard	March 11	I, 2013	Thurston	March 24, 2013
Reporting Period Covered:		Date	Through	Date
				Totals Dotailed Cursons and Dag
Funds on Hand at the Beginnin	na of Reno	rting Period (mone	etary only)	Totals Detailed Summary Pag
Funds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions (line 11)		nary orny	\$ 16,103.68 \$ 750.00	
Tabel of Manaton Contributions & Designing Association as		\$ 16,853.68		
Total Spending (line 20)		· · ·	<u> </u>	\$ 4619.49
Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)		\$ 12,234.19		
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: Dan Ajamian				
Registered Agent's Signature:	Dan Ajam	iian		Date: <u>3/29/13</u>
Print Candidate Name: <u>Debo</u>	rah L. Hen	drix		
Candidates Signature: Debor	ah L. Henc	drix	D	oate: <u>3/29/13</u>

#### **DETAILED SUMMARY**

Full Name of Committee/Person: Committee to Elect Deborah Hendrix

Current Reporting Period: March 11, 2013 Through: March 24, 2013

Fund	ds on hand at the beginning of reporting period (Monetary Only)	\$ 16,103.68
6	Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ 750.00
7	Total of Non-Itemized Contributions (\$19.99 or Less)  (Number of Contributions of \$19.99 or Less 0	\$0
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)	\$ 750.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$1416.66
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 2166.66
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ 4591.08
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$28.41
16	Loan Repayments Made (Please list on Schedule "C")	\$0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$0
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$0
19	( Intentionally left Blank)	\$
20	<b>Total Spending</b> (Lines 14 through 17)	\$ 4619.49

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

Full Name of Committee/Person: Committee to Elect Deborah Hendrix

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

PLEASE PRINT	/TYPE
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1. Name (Last, First): Pugh, Linda	
2. Address: 3040 Westcliff Dr. W.	
3. City/State/Zip: Colorado Springs, CO 80906	
4. Description: Contribution	
5. Employer (mandatory if employed): Pikes Peak Community College	
6. Occupation (mandatory if employed): Nurse	_
7. Date Accepted: <u>3/13/13</u>	
8. Aggregate Amount This Election Cycle: \$50	
9. Contribution Amount This Reporting Period:	<u>\$ 50</u>

1. Name (Last, First): Medved, Jon	
2. Address: 1784 Cantwell Grove	<u> </u>
3. City/State/Zip: Colorado Springs, CO 80906	
4. Description: Contribution	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed): Retired	
7. Date Accepted: <u>3/22/13</u>	
8. Aggregate Amount This Election Cycle: \$250	
9 Contribution Amount This Reporting Period:	¢250

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

1. Name (Last, First): Westbay, Michael	
2. Address: 4030 Haven Lane	
3. City/State/Zip: Colorado Springs, CO 80917	
4. Description: Contribution	
5. Employer (mandatory if employed): n/a	
6. Occupation (mandatory if employed): n/a	_
7. Date Accepted: <u>3/14/13</u>	
8. Aggregate Amount This Election Cycle: \$100	
9. Contribution Amount This Reporting Period:	\$ <u>100</u>
1. Name (Last, First): Schanel Construction, Inc.	
2. Address: 3344 Osprey Ridge	
3. City/State/Zip: Colorado Springs, CO 80916	
4. Description: Contribution	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	_
7. Date Accepted: <u>3/11/13</u>	
8. Aggregate Amount This Election Cycle: \$250	
9. Contribution Amount This Reporting Period:	<u>\$ 250</u>
1. Name (Last, First): Quinn, Randy	
2. Address: P.O. Box 1777	
3. City/State/Zip: Castle Rock, CO 80104	
4. Description: Contribution	
5. Employer (mandatory if employed): Aspen Group International	
6. Occupation (mandatory if employed): Senior Partner	_
7. Date Accepted: <u>3/20/13</u>	
8. Aggregate Amount This Election Cycle: \$100	
9. Contribution Amount This Reporting Period:	\$ <u>100</u>

Schedule A-1 Itemized Contributions Statement (\$20 or more) Page  $\underline{\phantom{a}2}$  of  $\underline{\phantom{a}2}$  Use additional pages as necessary

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

# Full Name of Committee/Person: Committee to Elect Deborah Hendrix

PLEASE PRINT/TYPE	
1. Name (Last, First): Colorado Springs Police Protective Association	_
2. Address: 559 East Pikes Peak Avenue, Suite 102	
3. City/State/Zip: Colorado Springs, CO 80903	_
4. Description: Radio Advertisement	-
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Provided: <u>3/22/13</u>	
8. Aggregate Amount: \$1416.66	
9. Fair Market Value: \$12	116.66
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	_
4. Description:	-
5. Employer (mandatory if employed):	

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

6. Occupation (mandatory if employed):

9. Fair Market Value:

7. Date Provided: \_\_\_\_\_

8. Aggregate Amount: \_\_\_\_\_

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 Deborah Hendrix

PLEASE PRINT/TYPE	
Name: Fittje Brothers Printing	
2. Address: 804 Garden of the Gods Road	_
3. City/State/Zip: Colorado Springs, CO 80907	
4. Purpose of Expenditure: Mailers	
5. Date Expended: <u>3/24/13</u>	
6. Amount:	\$ <u>4591.08</u>
1. Name:	
2. Address:	-
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	
6. Amount:	\$
1. Name:	
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:	
2. Address:	-
3. City/State/Zip:	
4. Purpose of Expenditure:	
5. Date Expended:	-
6. Amount:	\$
1. Name:	
2. Address:	
3. City/State/Zip:	-
4. Purpose of Expenditure:	
5. Date Expended:	
	•
6. Amount:	<b>\$</b>
1. Name:	
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

S	chedule C -	Loans
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 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 Deta		Total Repayments Made: \$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Balance:	\$	• • • • • • • • • • • • • • • • • • • •
TERMS OF LOAN:	Date Loan Re	ceived 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:		
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:	\$	(Flace of line of of Detailed Softliffally Report)
Interest Amount Paid This Reporting Period:	\$	
Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered on Detail		Total Repayments Made: \$ (Sum of Schedule C pages, Place on line 16 of Detailed Summary)
Outstanding Balance:	\$	Detailed Soffiffially)
TERMS OF LOAN:	Date Loan Rec	eived Due Date for Final Payment
LIST ALL ENDORSERS		

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:	
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#### **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	3 Total Funds (line 1 + line 2)		\$	
	Expenditures During the Reporting Period:			
	а	Itemized Expenditures \$20 or More (From detailed summary line 14)	\$	
4	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)	\$	
	Total 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	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