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CITY OF COLORADO SPRINGS

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	Colorado Springs Utilities Employee Advocacy Group

As Shown On Registration

Address of Committee/Person:	3603 Lancashire St.
City, State & Zip Code:	Colorado Springs, CO 80907
Committee Type:	Employee Advocacy Group
Name of Financial Institution:	Wells Fargo
Address Of Financial Institution:	P.O. Box 5247
City, State & Zip Code Financial Institution:	Denver, CO 80274

Type of Report

- ○ Regularly Scheduled Filing.
- ◉ Amended Filing. This amends previous report filed on (date) 03/15/2013
  Submit changes or new information ONLY
- ○ Final Filing.

Reporting Period Covered: 02/24/2013 (Date) **Through** 03/10/2013 (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)	$ 907.97
2	Total Monetary Contributions (line 11 of Detailed Summary)	$ 775.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 1,682.97
4	Total Spending (line 20 of Detailed Summary)	$ 1,277.99
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 404.98

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: Glenn Grose

Registered Agent's Signature: Glenn Grose Date: 04/29/2014

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

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DETAILED SUMMARY

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

Current Reporting Period: 02/24/2013 **Through:** 03/10/2013

	Funds on hand at the beginning of reporting period (Monetary Only)	$ 907.97
6	**Itemized Monetary Contributions $20 or More** (Please list on Schedule "A-1")	$ 775.00
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")	$ 0.00
9	**Total of Other Receipts** (Interest, Dividends, etc.)	$ 0.00
10	**Returned Expenditures (from recipient)** (Please list on Schedule "D")	$ 0.00
11	**Total Monetary Contributions** **(Total of lines 6 through 10)**	$ 775.00
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions Schedule "A-2")	$ 0.00
13	**Total Contributions** (Line 11 + line 12)	$ 775.00
14	**Itemized Expenditures $20 or More** (Please list on Schedule "B")	$ 1,277.99
15	**Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less)	$ 0.00
16	**Loan Repayments Made** (Please list on Schedule "C")	$ 0.00
17	**Returned Contributions (To donor)** (Please list on Schedule "D")	$ 0.00
18	**Closeout Distributions** (Balance must be zero. Please attach Schedule E.)	$ 0.00
19	**(Intentionally left Blank)**	$
20	**Total Spending** (Lines 14 through 17)	$ 1,277.99

Email Print Reset Form

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

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

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

PLEASE PRINT/TYPE

1. Name (Last, First): Swain, Bruce
2. Address: 9 Augusta West
3. City/State/Zip: Laguna Vista, TX 78578
4. Description: Campaign Donation
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed): _____
7. Date Accepted: 03/03/2013
8. Aggregate Amount This Election Cycle: 200.00
9. Contribution Amount This Reporting Period: $200.00

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 _____ of _____
Use additional pages as necessary

Email Print Reset Form

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: $_____

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

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Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

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: $_____

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

Email Print Reset Form

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

Email Print Reset Form

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

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

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

Email Print Reset Form

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

Email Print Reset Form

Schedule C - Loans

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

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

Loan Amount Received This Reporting Period: $_____

Principal Amount Paid This Reporting Period: $_____

Interest Amount Paid This Reporting Period: $_____

Total of All Loans This Reporting Period: $_____
(Place on line 8 of Detailed Summary Report)

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

Email Print Reset Form

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

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

Email Print Reset Form

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Colorado Springs Utilities Employee Advocacy Group

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

Email Print Reset Form

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

Email Print Reset Form

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

Email Print Reset Form

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

Email Print Reset Form

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

Email Print Reset Form