

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

**Full Name of Committee/Person:** Jill Gaebler for City Council

As Shown On Registration

|  |                                 |
|--|---------------------------------|
| <b>Address of Committee/Person:</b>                      | 1828 N. Royer St.               |
| <b>City, State &amp; Zip Code:</b>                       | Colorado Springs, CO 80907      |
| <b>Committee Type:</b>                                   | Candidate                       |
| <b>Name of Financial Institution:</b>                    | Ent Federal Credit Union        |
| <b>Address Of Financial Institution:</b>                 | P.O. Box 15819                  |
| <b>City, State &amp; Zip Code Financial Institution:</b> | Colorado Springs, CO 80935-5819 |

### 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:**  **Through**   
Date 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)        | \$ 608.67                    |
| 2 | Total Monetary Contributions (line 11 of Detailed Summary)                | \$ 0.00                      |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$ 608.67                    |
| 4 | Total Spending (line 20 of Detailed Summary)                              | \$ 0.00                      |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 608.67                    |

**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: Jill D. Gaebler

Candidates Signature: Jill Gaebler Date: 04/28/2014

**DETAILED SUMMARY**

Full Name of Committee/Person: Jill Gaebler for City Council

Current Reporting Period:  Through:

|    |  |           |
|----|--|-----------|
|    | <b>Funds on hand at the beginning of reporting period</b> (Monetary Only)  | \$ 608.67 |
| 6  | <b>Itemized Monetary Contributions \$20 or More</b><br>(Please list on Schedule "A-1")   | \$ 0.00   |
| 7  | <b>Total of Non-Itemized Contributions</b> (\$19.99 or Less)<br>(Number of Contributions of \$19.99 or Less <input type="text" value="0"/> ) | \$ 0.00   |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$ 0.00   |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$ 0.00   |
| 10 | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")   | \$ 0.00   |
| 11 | <b>Total Monetary Contributions</b><br><u>(Total of lines 6 through 10)</u>  | \$ 0.00   |
| 12 | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions Schedule "A-2")                                     | \$ 0.00   |
| 13 | <b>Total Contributions</b><br>(Line 11 + line 12)  | \$ 0.00   |
| 14 | <b>Itemized Expenditures \$20 or More</b><br>(Please list on Schedule "B")   | \$ 0.00   |
| 15 | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)   | \$ 0.00   |
| 16 | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$ 0.00   |
| 17 | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")  | \$ 0.00   |
| 18 | <b>Closeout Distributions</b><br>(Balance must be zero. Please attach Schedule E.)   | \$ 0.00   |
| 19 | <b>( Intentionally left Blank)</b>   | \$        |
| 20 | <b>Total Spending</b><br>(Lines 14 through 17)   | \$ 0.00   |

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

**Full Name of Committee/Person:** Jill Gaebler for City Council

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

PLEASE PRINT/TYPE

|  |
|--|
| 1. Name (Last, First): _____                                 |
| 2. Address: _____  |
| 3. City/State/Zip: _____                                     |
| 4. Description: _____  |
| 5. Employer ( <u>mandatory if employed</u> ): _____          |
| 6. Occupation ( <u>mandatory if employed</u> ): _____        |
| 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 ( <u>mandatory if employed</u> ): _____          |
| 6. Occupation ( <u>mandatory if employed</u> ): _____        |
| 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. 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-2 - Statement of Non-Monetary Contributions**

**Full Name of Committee/Person:** Jill Gaebler for City Council

PLEASE PRINT/TYPE

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

|   |
|---|
| 1. Name (Last, First): _____                          |
| 2. Address: _____                                     |
| 3. City/State/Zip: _____                              |
| 4. Description: _____                                 |
| 5. Employer ( <u>mandatory if employed</u> ): _____   |
| 6. Occupation ( <u>mandatory if employed</u> ): _____ |
| 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: \$ \_\_\_\_\_

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:** Jill Gaebler for City Council

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): \_\_\_\_\_  
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: Jill Gaebler for City Council

**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 |
|-----------|---------------------------|-------------------|
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |

Full Name of Committee/Person: Jill Gaebler for City Council

**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:** Jill Gaebler for City Council

**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: \$ \_\_\_\_\_

**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)   | <b>\$ 0.00</b>   |    |
| 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)  | <b>\$ 0.00</b>   |    |
| 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  | <b>\$ 0.00</b>   |    |
| 8 | Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of the detailed Summary  | <b>\$ 0.00</b>   |    |