CITY OF COLORADO SPRINGS

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	FRIENDS OF MC CARVILLE

As Shown On Registration

Address of Committee/Person:	1309 TESLA DR
City, State & Zip Code:	COLORADO SPRINGS, CO 80909
Committee Type:	
Name and Address of 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: 3-25-2013 (Date) **Through** 4-27-2013 (Date)

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 167.53
2	Total Monetary Contributions (line 11)	$ 300.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 467.53
4	Total Spending (line 20)	$ 168.75
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 298.78

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: ROGER MC CARVILLE

Registered Agent's Signature: _____ Date: 5-2-2013

Print Candidate Name: ROGER MC CARVILLE

Candidates Signature: _____ Date: 5-2-2013

CITY CLERK'S OFFICE
2013 MAY -1 P 4:45

DETAILED SUMMARY

Full Name of Committee/Person: FRIENDS OF MC CARVILLE

Current Reporting Period: 3-25-2013 Through: 4-27-2013

	Funds on hand at the beginning of reporting period (Monetary Only)	$ 167.53
6	**Itemized Contributions $20 or More** (Please list on Schedule "A")	$ 100.00
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")	$ 200.00
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)	$ 300.00
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$ 0
13	**Total Contributions** (Line 11 + line 12)	$ 300.00
14	**Itemized Expenditures $20 or More** (Please list on Schedule "B")	$ 168.75
15	**Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less)	$ 0
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)**	$ 0
20	**Total Spending** (Lines 14 through 17)	$ 168.75

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

Full Name of Committee/Person: FRIENDS OF MCCARVILLE

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

PLEASE PRINT/TYPE

1. Name (Last, First): Stephen M. Marsh MD
2. Address: 1410 Wood Avenue
3. City/State/Zip: Colorado Springs, CO 80907
4. Description:
5. Employer (mandatory if employed):
6. Occupation (mandatory if employed): doctor
7. Date Accepted: 3/29/2013
8. Aggregate Amount This Election Cycle:
9. Contribution Amount This Reporting Period: $ 100.00

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

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

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

Full Name of Committee/Person: FRIENDS OF MC CARVILLE

PLEASE PRINT/TYPE

1. Name: Burke Promotions, Inc
2. Address: 1618 East Pikes Peak Avenue
3. City/State/Zip: Colorado Springs, CO 80909
4. Purpose of Expenditure: campaign mailer
5. Date Expended: 3/27/2013
6. Amount: $ 168.75

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: $_____

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

Schedule C - Loans

Full Name of Committee/Person: FRIENDS OF MC CARVILLE

LOAN SOURCE

Name (Last, First or Institution): ROGER MC CARVILLE

Address: 1309 Tesla Dr

City/State/Zip: Colorado Springs, CO 80909

Original Amount of Loan: $ 1500.00 + 2300.00 + 2092.42 Interest Rate: _____

Loan Amount Received This Reporting Period: $ 200

Principal Amount Paid This Reporting Period: $ 0

Interest Amount Paid This Reporting Period: $ 0

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

Amount Repaid This Reporting Period: $ 0
(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: $ 6092.42

TERMS OF LOAN: _____ Date Loan Received 8-1-13 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: $_____

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