

# REPORT OF CONTRIBUTIONS AND EXPENDITURES

Address of Committee/Person  City, State & Zip Code:  Committee Type:  Name of Financial Institution:  Address of Financial Institution  12	S Shown on Regis O. Box 62253 Dlorado Spring rst Bank 275 Garden of Dlorado Spring	s, CO, 80	Road
City, State & Zip Code:  Committee Type:  Name of Financial Institution:  Address of Financial Institution  City, State & Zip Code of Financial Institution  Type of Request  Regularly Scheduled Filing.  X Amended Filing. This amends previous report filed on (date Submit changes or new information ONLY  Final Filing.	olorado Spring rst Bank 175 Garden of olorado Spring	s, CO, 80	Road
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Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date Submit changes or new information ONLY Final Filing.	1		
Penerting Period Convered: 12/20/201			01/19/2015
Reporting Feriog Convered.   17/30/70/1	4 Through		01/15/2015
Date			ate
Please complete applicable schedules prior to completing th	e information i	n the follo	owing table.
		Tota	ls Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)			\$0.00
2 Total Monetary Contributions (line 11 of Detailed Summa	• •		\$540.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)			\$540.00
4 Total Spending (line 20 of Detailed Summary)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\$40.00
5 Funds on Hand at the End of Reporting Period (monetary	') (line 3 - line	4)	\$500.00
Authorization (Must be completed by either the Registered Agent Of I hereby certify and declare, under penalty of perjury, that to the best of my including all schedules, statements, and attachments, are true and correct, received during this reporting period including any contributions received in organization are from permissible sources.  Print Registered Agent's Name: Vickie Tonkins  Registered Agent's Signature: (Submitted Electronically)	knowledge or beli and that to the be	st of my kno	owledge or belief all contributions
Print Candidate Name: Vickie Tonkins			
Candidate's Signature: (Submitted Electronically)			
		Date:	01/20/2015

# Detailed Summary

Full Name of Committee/Person:

Vickie Tonkins

**Current Reporting Period:** 

12/30/2014 **Through** 

01/15/2015

Funds o	on hand at the beginning of reporting period (Monetary Only)	\$0.00
6	Itemized Monetary Contributions \$20 or More	\$540.00
7	Total of Non-Itemized Contributions (\$19.99 or Less)	\$0.00
	(Number of Contributions of \$19.99 or Less: 0)	
8	Loans Received	\$0.00
	(Please list on Schedule "C")	
9	Total of Other Receipts	\$0.00
	(Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient)	\$0.00
	(Please list on Schedule "D")	
11	Total Monetary Contributions	\$540.00
	(Total of lines 6 through 10)	
12	Total Non-Monetary Contributions	\$152.99
	(From Statement of Non-Monetary Contributions Schedule "A-2")	
13	Total Contributions	\$692.99
	(Line 11 + Line 12)	
14	Itemized Expenditures \$20 or More	\$40.00
	(Please list on Schedule "B")	
15	Total of Non-Itemized Expenditures	\$0.00
	(Expenditures of \$19.99 or Less)	
16	Loan Repayments Made	\$0.00
	(Please List on Schedule "C")	
17	Returned Contributions (To donor)	\$0.00
	(Please list on Schedule "D")	
18	Closeout Distributions	\$0.00
	(Balance must be zero. Please attach Schedule E.)	
19	(Intentionally Left Blank)	
20	Total Spending	\$40.00
	(Lines 14 through 17)	

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

Full Name of Committee/Person: Vickie Tonkins

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

Please Print/Type

1. Name (Last, First):	Vickie Tonkins,
2. Address:	5631 University Village View
3. City/State/Zip:	Colorado Springs, CO, 80918
4. Description:	Cash
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	01/08/2015
8. Aggregate Amount this Election Cycle:	\$40.00
9. Contribution Amount this Reporting Period:	\$40.00
1. Name (Last, First):	The Barn at Casey's, LLC,
Ti Hamo (Zaot, Filot).	
2. Address:	P. O. Box 5069
· · · ·	<u> </u>
2. Address:	P. O. Box 5069
2. Address: 3. City/State/Zip:	P. O. Box 5069  Woodland Park, CO, 80866
<ul><li>2. Address:</li><li>3. City/State/Zip:</li><li>4. Description:</li></ul>	P. O. Box 5069  Woodland Park, CO, 80866
<ol> <li>Address:</li> <li>City/State/Zip:</li> <li>Description:</li> <li>Employer (mandatory if employed):</li> </ol>	P. O. Box 5069  Woodland Park, CO, 80866
<ol> <li>Address:</li> <li>City/State/Zip:</li> <li>Description:</li> <li>Employer (mandatory if employed):</li> <li>Occupation (mandatory if employed):</li> </ol>	P. O. Box 5069  Woodland Park, CO, 80866  Check

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

**Full Name of Committee/Person:** Vickie Tonkins

Please Print/Type

1. Name (Last, First): Tonkins, Vickie

2. Address: 5631 University Village View

Colorado Springs, CO, 80918 3. City/State/Zip:

Purchase Campaign Items (Business Cards, Information Cards, Website, and Vehicle Magnets) 4. Description:

5. Employer (mandatory if employed):

6. Occupation (mandatory if employed):

7. Date Provided: 01/08/2015

\$152.99 8. Aggregate Amount this Election Cycle:

9. Fair Market Value: \$152.99

## Schedule B - Itemized Expenditures Statement (\$20 or more)

Full Name of Committee/Person: Vickie Tonkins

Please Print/Type

1. Name (Last, First): USPS,

2. Address: 12225 Voyager Parkway

3. City/State/Zip: Colorado Springs, CO, 80921

4. Purpose of Expenditure: P. O. Box for Campaign Mail

5. Date Expended: 01/08/2015

6. Amount: \$40.00