

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

City, State & Zip Code:  Committee Type:  Name of Financial Institution:  Address of Financial Institution  City, State & Zip Code of Financial Institution  City, State & Zip Code of Financial Institution  Colorado Springs, CO, 80903  Type of Request  X Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  01/11/2015 Date  Date  Totals Detailed Summary Page  1 Funds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions (line 11 of Detailed Summary)  3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  \$0.00  4 Total Spending (line 20 of Detailed Summary)  \$0.00	Full Name of Committee/Person:		Merv Bennett				
City, State & Zip Code:  Committee Type:  Name of Financial Institution:  LUS Bank  Address of Financial Institution  City, State & Zip Code of Financial Institution  City, State & Zip Code of Financial Institution  Colorado Springs, CO, 80903  Type of Request  X Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  01/11/2015 Through 02/02/2015 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)  2 Total Monetary Contributions (line 11 of Detailed Summary)  3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  4 Total Spending (line 20 of Detailed Summary)  5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Authorization  Must be completed by either the Registered Agent OR the Candidate):  I hereby certify and declare, under penalty of parjury, 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 unity filins reporting pendic including any contributions received in the form of membership dues transferred by a membership organization are from permissible sources.  Print Registered Agent's Name:  Merv Bennett  Merv Bennett				As Shown on Registra	tion		
Committee Type:  Name of Financial Institution:  Address of Financial Institution  City, State & Zip Code of Financial Institution  Colorado Springs, CO, 80903  Type of Request  X Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  O1/11/2015 Through  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)  Total Monetary Contributions (line 11 of Detailed Summary)  Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  Total Spending (line 20 of Detailed Summary)  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Submit Contribution (Must be completed by either the Registered Agent OR the Candidate):  **Interby 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 the information or statements on contributions and 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: Amber Jack  Registered Agent's Signature: (Submitted Electronically)  Date: 02/16/2015  Mery Bennett	Address of Committee/Person						
Name of Financial Institution:  Address of Financial Institution  City, State & Zip Code of Financial Institution  City, State & Zip Code of Financial Institution  Colorado Springs, CO, 80903  Type of Request  X Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  01/11/2015  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)  2 Total Monetary Contributions (line 11 of Detailed Summary)  3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  4 Total Spending (line 20 of Detailed Summary)  5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Soloo  Authorization (Must be completed by either the Registered Agent OR the Candidate):  1 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: Amber Jack  Registered Agent's Signature: (Submitted Electronically)  Date: 02/16/2015	City, State & Zip Code:			Colorado Springs, CO, 80901			
Address of Financial Institution  City, State & Zip Code of Financial Institution  Colorado Springs, CO, 80903  Type of Request  Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  01/11/2015 Through  02/02/2015  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)  2 Total Monetary Contributions (line 11 of Detailed Summary)  3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  4 Total Spending (line 20 of Detailed Summary)  5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  Authorization  (Must be completed by either the Registered Agent OR the Candidate):  1 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 the 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 sourcess.  Print Registered Agent's Name:  Amber Jack  Mery Bennett  Mery Bennett	Co	ommittee Type:					
Type of Request    X   Regularly Scheduled Filing.   Amended Filing.   Amended Filing.   This amends previous report filed on (date)   Submit changes or new information ONLY   Final Filing.   Date   Date	Name of Financial Institution:			US Bank			
Type of Request    X   Regularly Scheduled Filing.	Address of Financial Institution		6 South Tejon				
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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) \$0.00  2 Total Monetary Contributions (line 11 of Detailed Summary) \$0.00  3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$0.00  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) \$0.00  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: Amber Jack  Registered Agent's Signature: (Submitted Electronically) Date: 02/16/2015  Print Candidate Name: Merv Bennett	Re		01/11/2	2015 <b>Through</b>		02/02/2015	
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	I he incored organization	Athorization (Must be completed ereby certify and declare, under penalt cluding all schedules, statements, and a ceived during this reporting period incluganization are from permissible source int Registered Agent's Name: egistered Agent's Signature:	by either the Registered Ager ty of perjury, that to the best of attachments, are true and corruding any contributions receive s.  Amber Jack  (Submitted Electronical	nt OR the Candidate):  Tmy knowledge or beliefect, and that to the best or in the form of member	the inforn of my kno ship dues	\$0.00  nation or statements on this form, wledge or belief all contributions transferred by a membership	

## **Detailed Summary**

Full Name of Committee/Person:

Merv Bennett

**Current Reporting Period:** 

01/11/2015 **Through** 

02/02/2015

Funds o	Funds on hand at the beginning of reporting period (Monetary Only) \$0.00				
6	Itemized Monetary Contributions \$20 or More	\$0.00			
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	\$0.00			
	(Total of lines 6 through 10)				
12	Total Non-Monetary Contributions	\$0.00			
	(From Statement of Non-Monetary Contributions Schedule "A-2")				
13	Total Contributions	\$0.00			
	(Line 11 + Line 12)				
14	Itemized Expenditures \$20 or More	\$0.00			
	(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	\$0.00			
	(Lines 14 through 17)				