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REPORT OF CONTRIBUTIONS AND EXPENDITURES

| Full Name of Committee/Person: | Longinos Gonzale | ez Jr. | | |
|---|---|--|--|--|
| As Shown On Registration | | | | |
| Address of Committee/Person: | 3067 Shikra View | The state of the s | | |
| City, State & Zip Code: | Colorado Springs, CO 8 | Colorado Springs, CO 80916 | | |
| Committee Type: | | | | |
| Name of Financial Institution: | | | | |
| Address Of Financial Institution: | | distribution of the second | | |
| City, State & Zip Code Financial Instituti | ion: | | | |
| Type of Report Regularly Scheduled Filing. Amended Filing. This amends previous Submit changes or new information Final Filing. | | | | |
| Reporting Period Covered: 02/03 | B/2015 Through | 02/15/2015 Date | | |
| Please complete applicable schedules | prior to completing the info | ormation in the following table Totals Detailed Summary Page | | |
| 1 Funds on Hand at the Beginning of R | Reporting Period (monetary only) | \$ 0.00 | | |
| 2 Total Monetary Contributions (line 11 of Detailed Summary) | | \$ 40.00 | | |
| Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | | \$ 40.00 | | |
| 4 Total Spending (line 20 of Detailed Summary | /) | \$ 40.00 | | |
| 5 Funds on Hand at the End of Reporti | ing 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: | | | | |
| Registered Agent's Signature: | | Date: | | |
| Print Candidate Name: Longino: Candidates Signature: | s Gonzalez Jr. | Date: 17 Fe57015 | | |
| Office of the City Clerk – City of Colorado Sprin | ngs - 1 - | Rev. •••••••••• | | |

DETAILED SUMMARY

Full Name of Committee/Person: Longinos Gonzalez Jr.

Current Reporting Period: 02/03/2015 Through: 02/15/2015

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

Office of the City Clerk – City of Colorado Springs

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

Full Name of Committee/Person: Longinos Gonzalez Jr.

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

| PLEASE PRINT/TYPE | |
|---|-----------------|
| 1. Name (Last, First): Gonzalez, Longinos | |
| 2. Address: 3067 Shikra View | |
| 3. City/State/Zip: Colorado Springs/CO/80916 | |
| 4. Description: To pay for yard sign permit | |
| 5. Employer (mandatory if employed): Harrison School District | |
| 6. Occupation (mandatory if employed): Teacher | |
| 7. Date Accepted: 02/03/2015 | |
| 8. Aggregate Amount This Election Cycle: 293.02 | |
| 9. Contribution Amount This Reporting Period: | \$ <u>40.00</u> |
| | |
| 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: | |
| 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: Longinos Gonzalez Jr.

| PLEASE PRINT/TYPE | |
|---|---------------------|
| 1. Name (Last, First): City of Colorado Springs | _ |
| 2. Address: 30 S. Nevada Ave | _ |
| 3. City/State/Zip: Colorado Springs/CO/80903 | _ |
| 4. Purpose of Expenditure: yard sign permit | |
| 5. Date Expended: 02/03/2015 | _ |
| 6. Amount: | _{\$} 40.00 |
| 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