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## REPORT OF CONTRIBUTIONS AND EXPENDITURES

r	Il Name of Committee/Person:	X	Colorado Springs Pol	ice Protectiv	re Association Small Donor Committee
			As Shown On Regist	ration	
Address of Committee/Person:		559 E. Pikes Peak Ave. Suite 102			
City, State & Zip Code:			Colorado Springs, CO 80903  Small Donor Committee  ENT Federal Credit Union  PO Box 15819		
Committee Type: Name of Financial Institution:					
		Address Of Financial Institution: City, State & Zip Code Financial Institution:			
Colorado Sprin	gs, CO 8				
Regularly Scheduled Filing.  Amended Filing. This amends previous re Submit changes or new information Offinal Filing.		LY		03/13/2015	
		02/28/2011	5	100	03/13/2015
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-	Reporting Period Covered: use complete applicable sche Funds on Hand at the Beginnin Total Monetary Contributions	edules pricing of Repor	Date or to completing rting Period (monet	the info	Date ormation in the following tal Totals Detailed Summary Pag \$ 45,244.00 \$ 0.00
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Office of the City Clerk - City of Colorado Springs

## **DETAILED SUMMARY**

Colorado Springs Police Protective Association Small Donor Committee

<b>Full Name of</b>	Committee	/Person:
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Current Reporting Period: 02/28/2015 Through: 03/13/2015	
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Funds	on hand at the beginning of reporting period (Monetary Only)	\$ 45,244.00
6	Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")	\$
7	Total of Non-Itemized Contributions (\$19.99 or Less)  (Number of Contributions of \$19.99 or Less	\$
3	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)	\$ 0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$
13	Total Contributions (Line 11 + line 12)	\$ 0.00
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$
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)	\$ 0.00