

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

| Full Name of Committee/Perso   | n:  | Tony Carpenter                                |              |                                     |
|--|---|---|--------------|-------------------------------------|
|  |   | As Shown on Regist                            | ration       |                                     |
| Address of Committee/Person  |   | 5469 Tennessee Pass DR                        |              |                                     |
| City, State & Zip Code:  |   | Colorado Springs, CO, 80917                   |              |                                     |
| Committee Type:  |   |   |              |                                     |
| Name of Financial Institution:   |   |   |              |                                     |
| Address of Financial Institution   | n   |   |              |                                     |
| City, State & Zip Code of Financial Institution  |   | Colorado Springs, CO, 80917                   |              |                                     |
| Ň  | J.<br>ends previous report filed on (da<br>new information ONLY   | te)   |              | 03/05/2015                          |
| Reporting Period Covered:  | 02/11/20  | 015 Through                                   |              | 03/02/2015<br>ate                   |
|  | Date  | 4h - information :                            |              |                                     |
| Please complete applicable sche  | equies prior to completing  | the information li                            | n the folio  | owing table.                        |
|  |   |   | Tota         | Is Detailed Summary Page            |
| 1 Funds on Hand at the Beginning of Reporting Period (monetary only)   |   |   |              | \$6.50                              |
| 2 Total Monetary Contributions (line 11 of Detailed Summary)   |   |   |              | \$0.00                              |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)   |   |   |              | \$6.50                              |
| 4 Total Spending (line 20 of Detailed Summary)   |   |   |              | \$6.50                              |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)  |   |   | 4)           | \$0.00                              |
| Authorization (Must be completed<br>I hereby certify and declare, under penal-<br>including all schedules, statements, and<br>received during this reporting period inclu-<br>organization are from permissible source<br>Print Registered Agent's Name: | attachments, are true and correctuding any contributions received | ny knowledge or beli<br>t, and that to the be | st of my kno | owledge or belief all contributions |
| Registered Agent's Signature:  | (Submitted Electronically   | /)  | Date:        | 03/18/2015                          |
| Print Candidate Name:  | Tony Carpenter  |   |              |                                     |
| Candidate's Signature:   | (Submitted Electronically   | ')  | Date:        | 03/18/2015                          |

|               | г  |   |            |
|---------------|--|---|------------|
|               | L  | Detailed Summary                          |            |
| Full Nam      | ne of Committee/Person                       | Tony Carpenter                            |            |
| Current       | Reporting Period:                            | 02/11/2015 Through                        | 03/02/2015 |
| Funds o       | n hand at the beginning                      | of reporting period (Monetary Only)       | \$6.50     |
| 6             | Itemized Monetary Contributions \$20 or More |   | \$0.00     |
| 7             | Total of Non-Itemiz                          | ed Contributions (\$19.99 or Less)        | \$0.00     |
|               | (Number of Cor                               | ntributions of \$19.99 or Less: 0)        |            |
| 8             | I  | _oans Received                            | \$0.00     |
|               | (Plea  | ase list on Schedule "C")                 |            |
|               |  | I of Other Receipts                       | \$0.00     |
|               |  | terest, Dividends, etc.)                  |            |
| 10 Returned E |  | penditures (from recipient)               | \$0.00     |
|               | (Plea  | ase list on Schedule "D")                 |            |
| 11            | Total M                                      | onetary Contributions                     | \$0.00     |
|               | (Tota  | al of lines 6 through 10)                 |            |
| 12 Tota       | Total Non                                    | -Monetary Contributions                   | \$0.00     |
|               | (From Statement of No                        | on-Monetary Contributions Schedule "A-2") |            |
| 13            | То   | tal Contributions                         | \$0.00     |
|               |  | (Line 11 + Line 12)                       |            |
| 14            |  | Expenditures \$20 or More                 | \$0.00     |
|               | (Plea  | ase list on Schedule "B")                 |            |
| 15            | Total of No                                  | on-Itemized Expenditures                  | \$6.50     |
|               | (Exper                                       | nditures of \$19.99 or Less)              |            |
| 16            |  | Repayments Made                           | \$0.00     |
|               | (Plea  | ase List on Schedule "C")                 |            |
| 17            | Returned                                     | Contributions (To donor)                  | \$0.00     |
|               | (Pleas                                       | e list on Schedule "D")                   |            |
| 18            |  | seout Distributions                       | \$0.00     |
|               | (Balance must b                              | e zero. Please attach Schedule E.)        |            |
| 19            | (Inter                                       | ntionally Left Blank)                     |            |
| 20            | ,  | Total Spending                            | \$6.50     |
|               | (  | Lines 14 through 17)                      |            |