

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Perso	n:	Tony	Carpenter			
		As Sho	own 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						
City, State & Zip Code of Financial Institution			Colorado Springs, CO, 80917			
]. ends previous report filed on (new information ONLY	date)				
Reporting Period Covered:	03/30/2	2015 1	Through		05/07/2015	
Please complete applicable sche	edules prior to completing	g the in	formation ir		wing table. Is Detailed Summary Pag	1e
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 I hereby certify and declare, under penal including all schedules, statements, and received during this reporting period inclu- organization are from permissible source	attachments, are true and corruding any contributions receive	f my knov ect, and	vledge or belie that to the bes	st of my kno	wledge or belief all contributior	
Print Registered Agent's Name: Registered Agent's Signature:	Tony Carpenter (Submitted Electronica	lly)		Date:	05/06/2015	
0 0		lly)		Date:	05/06/2015	

	Г	Detailed Cummony	
	L	Detailed Summary	
Full Nam	ne of Committee/Person	Tony Carpenter	
Current	t Reporting Period:	03/30/2015 Through	05/07/2015
Funds o	n hand at the beginning	of reporting period (Monetary Only)	\$0.00
6	Itemized Monet	ary Contributions \$20 or More	\$0.00
7	Total of Non-Itemiz	ed Contributions (\$19.99 or Less)	\$0.00
	(Number of Cor	tributions of \$19.99 or Less: 0)	
8	l	oans Received	\$0.00
	(Plea		
9	Tota	I of Other Receipts	\$0.00
	(In [,]	erest, Dividends, etc.)	
10 Returned		penditures (from recipient)	\$0.00
	(Plea	use list on Schedule "D")	
11	Total M	onetary Contributions	\$0.00
	(Tota	l of lines 6 through 10)	
12	Total Non	Monetary Contributions	\$0.00
	(From Statement of No	n-Monetary Contributions Schedule "A-2")	
13	То	tal Contributions	\$0.00
		(Line 11 + Line 12)	
14	Itemized E	xpenditures \$20 or More	\$0.00
	(Plea	ase list on Schedule "B")	
15	Total of No	on-Itemized Expenditures	\$0.00
	(Exper	ditures of \$19.99 or Less)	
16		Repayments Made	\$0.00
	(Plea	se List on Schedule "C")	
17	Returned	Contributions (To donor)	\$0.00
	(Please		
18	Clos	seout Distributions	\$0.00
	(Balance must b	e zero. Please attach Schedule E.)	
19	(Inter	ntionally Left Blank)	
20		Fotal Spending	\$0.00
	('	Lines 14 through 17)	