

REPORT OF CONTRIBUTIONS AND EXPENDITURES

F	ull Name of Committee/Person:		COLD. SPRI	NGS KE	61UNHZ		ALLIAN
			As Shown On Re	gistration		PAC	
Δ	address of Committee/Person:		102 5.	TETON	, STE	.430	
C	City, State & Zip Code:		10LO. St	RINGS	(010	80903	
C	Committee Type:		PACI			<i>~</i> 1	C
N	lame of Financial Institution:		BANK 6	F COLD	KADO		-4
Δ	ddress Of Financial Institution:		471 N	TEJON	1.57		
C	ity, State & Zip Code Financial Ir	stitution:	C010. S	PRING	S. CO	P096	3 =
	Type of Report Regularly Scheduled Filing. Amended Filing. This amends Submit changes or new info			e)		<u>></u> 00 0	S OFFICE
		<i>/ /</i>	allin		h (4	/13/15	
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Office of the City Clerk – City of Colorado Springs

DETAILED SUMMARY

COLORADO SPRINGS

Full Name of Committee/Person: REGIONAL BUSINESS ALLIANCE PAC

Current Reporting Period: 5/11/15 Through: 6/13/15

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 6745.84
6	Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")	\$ 135.17
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)	\$ 0.00 / 35.77
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$
13	Total Contributions (Line 11 + line 12)	\$ 0.00 /3 5, 17
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ _0 _
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ _ 0 -
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0 -
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ -0 -
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

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

	(OLURINDO SPRINGS		
Full Name of Committee/Person:	REGIONAL BUSINESS	ALLIANCE PAC	1

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

PLEASE PRINT/TYPE	-
1. Name (Last, First): AMERICAN FAMILY INSURANCE	E
2. Address: 100 E. CHEYENNE RD	
3. City/State/Zip:	
4. Description: CHECK	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted: 5/11/15	
8. Aggregate Amount This Election Cycle:	_
9. Contribution Amount This Reporting Period:	\$ 7.40
1. Name (Last, First): MAM-A, INC	
2. Address: 4250 BUCKINGHAM DR. SUI	TE 100
 Address: 4750 BUCKINGHAM DR. SUII. City/State/Zip: COLO. SPRINGS, CO 80907 	TE 100
2. Address: 4250 BUCKINGHAM DR. SUI	TE 100
 Address: 4750 BUCKINGHAM DR. SUII. City/State/Zip: COLO. SPRINGS, CO 80907 	TE 100
2. Address: 4750 BUCKINGHAM DR. SUII. 3. City/State/Zip: COLO. SPRINGS, CO 80907 4. Description: CHECK 5. Employer (mandatory if employed): 6. Occupation (mandatory if employed):	TE 100
2. Address: 4750 BUCKINGHAM DR. SUII. 3. City/State/Zip: COLO. SPRINGS, CO 80907 4. Description: CHGCK 5. Employer (mandatory if employed):	TE 100
2. Address: 4750 BUCKINGHAM DR. SUII. 3. City/State/Zip: COLO. SPRINGS, CO 80907 4. Description: CHECK 5. Employer (mandatory if employed): 6. Occupation (mandatory if employed):	TE 100

Schedule A-1 Itemized Contributions Statement (\$20 or more) Page ______ of _____ Use additional pages as necessary

1. Name (Last, First): INTEGRITY MORTGAGE 4FINAI	NCIAL, INC.
2. Address: 5528 LIBRARY LANE	
3. City/State/Zip: COLO SPR/NGS, CO 80918	
4. Description: CHECK	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	_
8. Aggregate Amount This Election Cycle:	_
9. Contribution Amount This Reporting Period:	\$ 83.33
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:	_
8. Aggregate Amount This Election Cycle:	_
9. Contribution Amount This Reporting Period:	\$
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:	_
8. 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	

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