

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

| Full Name of Committee/Perso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n:                                                                | Colorado S                       | Springs                 | Forward   | I PAC                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|-------------------------|-----------|------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | As Shown or                      | n Registra              | ation     |                                    |
| Address of Committee/Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   | 111 S. Tejo                      | -                       |           | 307                                |
| City, State & Zip Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   | Colorado S                       | Springs,                | CO, 80    | 903                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | Political                        |                         |           |                                    |
| Name of Financial Institution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | Central Bank and Trust           |                         |           |                                    |
| Address of Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | 1 South Nevada Ave, Suite 100    |                         |           |                                    |
| City, State & Zip Code of Financial Institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | Colorado S                       | Springs,                | CO, 80    | 903                                |
| Type of Request   Regularly Scheduled Filing   Image: State of the second s |                                                                   |                                  |                         |           |                                    |
| X Amended Filing. This amends previous report filed on (date) 02/15/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | 02/15/2017                       |                         |           |                                    |
| Final Filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | new information ONLY                                              |                                  |                         |           |                                    |
| Reporting Period Covered:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01/28/2                                                           | 2017 <b>Thro</b> u               | ugh 🛛                   |           | 02/15/2017                         |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                              |                                  | -                       | Da        | ate                                |
| Please complete applicable sche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | dules prior to completing                                         | g the informa                    | ation in                | the follo | wing table.                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                  |                         | Tota      | ls Detailed Summary Page           |
| 1 Funds on Hand at the Beginn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ing of Reporting Period (                                         | monetary o                       | nly)                    |           | \$559.0                            |
| 2 Total Monetary Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (line 11 of Detailed Sum                                          | mary)                            |                         |           | \$0.0                              |
| 3 Total of Monetary Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ns & Beginning Amount                                             | (line 1 + line                   | e 2)                    |           | \$559.0                            |
| 4 Total Spending (line 20 of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tailed Summary)                                                   |                                  |                         |           | \$0.0                              |
| 5 Funds on Hand at the End of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Reporting Period (mone                                            | tary) (line 3                    | - line 4                | )         | \$559.0                            |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | attachments, are true and corr<br>Iding any contributions receive | my knowledge<br>ect, and that to | e or belief<br>the best | of my kno | wledge or belief all contributions |
| Print Registered Agent's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Katie Kennedy                                                     |                                  |                         |           |                                    |
| Print Registered Agent's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Katie Kennedy                                                     |                                  |                         | Dete      | 02/15/2017                         |
| Registered Agent's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Submitted Electronical                                           | • ·                              |                         | Date:     | 02/15/2017                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | ard PAC                          |                         | Date:     | 02/15/2017                         |

|          | -                       |                                          |            |
|----------|-------------------------|------------------------------------------|------------|
|          | L                       | Detailed Summary                         |            |
| Full Nam | e of Committee/Person   | Colorado Springs Forward PAC             |            |
| Current  | Reporting Period:       | 01/28/2017 Through                       | 02/15/2017 |
| Funds or | n hand at the beginning | of reporting period (Monetary Only)      | \$559.00   |
| 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                   | se list on Schedule "C")                 |            |
| 9        | Tota                    | I of Other Receipts                      | \$0.00     |
|          | (In <sup>i</sup>        | erest, Dividends, etc.)                  |            |
| 10       | Returned Ex             | penditures (from recipient)              | \$0.00     |
|          | (Plea                   | se list on Schedule "D")                 |            |
| 11       | Total M                 | onetary Contributions                    | \$0.00     |
|          | (Tota                   | l of lines 6 through 10)                 |            |
| 12       | Total Non               | Monetary Contributions                   | \$1,470.44 |
|          | (From Statement of No   | n-Monetary Contributions Schedule "A-2") |            |
| 13       | То                      | tal Contributions                        | \$1,470.44 |
|          |                         | (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       | Loan                    | Repayments Made                          | \$0.00     |
|          | (Plea                   | se List on Schedule "C")                 |            |
| 17       | Returned                | Contributions (To donor)                 | \$0.00     |
|          | (Pleas                  | e list on Schedule "D")                  |            |
| 18       | Clos                    | eout 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)                     |            |

| Schedule A -2 - Statement of Non-Monetary Contributions |                                                                |  |  |  |  |
|---------------------------------------------------------|----------------------------------------------------------------|--|--|--|--|
| Full Name of Committee/Person:                          | Colorado Springs Forward PAC                                   |  |  |  |  |
| Please Print/Type                                       |                                                                |  |  |  |  |
| 1. Name (Last, First):                                  | Colorado Springs Forward,                                      |  |  |  |  |
| 2. Address:                                             | 111 S. Tejon Street, Suite 307                                 |  |  |  |  |
| 3. City/State/Zip:                                      | Colorado Springs, CO, 80903                                    |  |  |  |  |
| 4. Description:                                         | In-kind contribution of facility rental and catering for event |  |  |  |  |
| 5. Employer (mandatory if employed):                    |                                                                |  |  |  |  |
| 6. Occupation (mandatory if employed):                  |                                                                |  |  |  |  |
| 7. Date Provided:                                       | 02/15/2017                                                     |  |  |  |  |
| 8. Aggregate Amount this Election Cycle:                | \$1,470.44                                                     |  |  |  |  |
| 9. Fair Market Value:                                   | \$1,470.44                                                     |  |  |  |  |