RECEIVED ELECTRONICALLY CITY CLERK'S OFFICE 2017 Mar 15 04:37 pm



## REPORT OF CONTRIBUTIONS AND EXPENDITURES

| Address of Committee/Person:  City, State & Zip Code:  Colorado Springs, CO 80917  Committee Type:  Name of Financial Institution:  Address Of Financial Institution:  Address Of Financial Institution:  City, State & Zip Code Financial Institution:  City, State & Zip Code Financial Institution:  Colorado Springs, CO 80918  Type of Report  Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  Date  Date  Lease complete applicable schedules prior to completing the information in the following:  Totals Detailed Summary  Funds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions line 11 of Detailed Summary)  Total Spending (line 20 of Detailed Summary)  Funds on Hand at the End of Reporting Period (monetary) (line 1 + line 2)  Authorization (Must be completed by either the Registered Agent OR the Candidate): 1 hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief the information or statements on this form, including all schedules, statements, and attachments, are frue and correct, and that to the best of my knowledge or belief all contributions received in the form of membership dues transferred by a membership organization are from permissible sources.  Print Registered Agent's Name:  Jesse Daniel Weddle  Registered Agent's Signature:  Date: 03/15/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne of Committee/Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ado Springs Professional     | Firefighters Assoc IAFF Local 5 |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|--|--|
| City, State & Zip Code:  Committee Type:  Name of Financial Institution:  Address Of Financial Institution:  Address Of Financial Institution:  City, State & Zip Code Financial Institution:  City, State & Zip Code Financial Institution:  City, State & Zip Code Financial Institution:  Colorado Springs, CO 80918   Type of Report  Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date)  Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  Date  Date  Date  Date  Date  Date  Date  Date  Date  Totals Detailed Summary  Founds on Hand at the Beginning of Reporting Period (monetary only)  Total Monetary Contributions (line 11 of betailed Summary)  Total of Monetary Contributions & Beginning Amount (line 1 + line 2)  Total Spending (line 20 of Detailed Summary)  Total Spending (line 20 of Detailed Summary)  Authorization (Must be completed by either the Reaistered Agent OR the Candidate); I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief the information or statements on this form, including all schedules, statements, and attachments, are true and correct, and that to the best of my knowledge or belief all contributions received during this reporting period including any contributions received in the form of membership dues transferred by a membership organization are from permissible sources.  Print Registered Agent's Name:  Jesse Daniel Weddle  Registered Agent's Signature:  Date: 03/15/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nown On Registration         |                                 |  |  |
| Committee Type:  Name of Financial Institution:  Address Of Financial Institution:  Address Of Financial Institution:  City, State & Zip Code Financial Institution:  Colorado Springs, CO 80918  Type of Report  Regularly Scheduled Filing.  Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY  Final Filing.  Reporting Period Covered:  Date  Colorado Springs, CO 80918  Through  O3/10/2017  Date  Part Date  Colorado Springs, CO 80918  Through  O3/10/2017  Date  Through  O3/10/2017  Date  Colorado Springs, CO 80918  Through  O3/10/2017  Date  Through  O3/10/2017                                                                                                                        | of Committee/Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                 |  |  |
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| Type of Report  Regularly Scheduled Filing. Amended Filing. This amends previous report filed on (date) Submit changes or new information ONLY Final Filing.  Reporting Period Covered:  02/25/2017 Date  Date  ease complete applicable schedules prior to completing the information in the following Totals Detailed Summary  Funds on Hand at the Beginning of Reporting Period (monetary only) \$62.827.16  Total Monetary Contributions (line 11 of Detailed Summary) \$0.00  Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$1,253.87  Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) \$61,573.29  Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief the information or statements on this form, including all schedules, statements, and attachments, are true and correct, and that to the best of my knowledge or belief all contributions received during this reporting period including any contributions received in the form of membership dues transferred by a membership organization are from permissible sources.  Print Registered Agent's Name:  Date: 03/15/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of Financial Institution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ENT Federal Credit Union     |                                 |  |  |
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| Registered Agent's Signature:Date: <u>03/15/2017</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | declare, under penalty of perjury, that to the best of my knowledge or belief the information or statements on this form, including all schedules, statements, and attachments, are true and correct, and that to the best of my knowledge or belief all contributions received during this reporting period including any contributions received in the form of membership dues transferred by a membership organization are from permissible sources.  Print Registered Agent's Name: Jesse Daniel Weddle |                              |                                 |  |  |
| Print Candidate Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tered Agent's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D                            |                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Candidate Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                 |  |  |
| Candidates Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lidates Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dc                           | ate:                            |  |  |

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Office of the City Clerk – City of Colorado Springs

## **DETAILED SUMMARY**

Colorado Springs Professional Firefighters Assoc. - IAFF Local 5 **Full Name of Committee/Person**: \_\_\_\_\_\_

Current Reporting Period: 02/25/2017 **Through:** 03/10/2017

| Fund | Is on hand at the beginning of reporting period (Monetary Only)                                       | \$ 62,827.16 |
|------|-------------------------------------------------------------------------------------------------------|--------------|
| 6    | Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")                          | \$ 0.00      |
| 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    | <b>Total of Other Receipts</b> (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   | <b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions Schedule "A-2") | \$ 0.00      |
| 13   | <b>Total Contributions</b> (Line 11 + line 12)                                                        | \$ 0.00      |
| 14   | Itemized Expenditures \$20 or More (Please list on Schedule "B")                                      | \$ 1,253.87  |
| 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   | <b>Total Spending</b> (Lines 14 through 17)                                                           | \$ 1,253.87  |

## Schedule B – Itemized Expenditures Statement (\$20 or more)

Full Name of Committee/Person: Colorado Springs Professional Firefighters Assoc. - IAFF Local 5

| PLEASE PRINT/TYPE                                                                     |                      |
|---------------------------------------------------------------------------------------|----------------------|
| Colorado Springs Professional Firefighters Assoc IAFF Local 5  1. Name (Last, First): |                      |
| 2. Address: 3265 W Carefree Circle, Building C                                        |                      |
| 3. City/State/Zip: Colorado Springs, CO 80917                                         |                      |
| 4. Purpose of Expenditure: Walk Pieces - ReElect Don Knight                           |                      |
| 5. Date Expended: 02/25/2017                                                          |                      |
| 6. Amount:                                                                            | <sub>\$</sub> 261.88 |
| Colorado Springs Professional Firefighters Assoc IAFF Local 5  1. Name (Last, First): |                      |
| 2. Address: 3265 W Carefree Circle, Building C                                        |                      |
| 3. City/State/Zip: Colorado Springs, CO 80917                                         |                      |
| 4. Purpose of Expenditure: Walk Pieces - ReElect Skorman                              |                      |
| 5. Date Expended: 02/25/2017                                                          |                      |
| 6. Amount:                                                                            | <sub>\$</sub> 575.08 |
| Colorado Springs Professional Firefighters Assoc IAFF Local 5  1. Name (Last, First): |                      |
| 2. Address: 3265 W Carefree Circle, Building C                                        |                      |
| 3. City/State/Zip: Colorado Springs, CO 80917                                         |                      |
| 4. Purpose of Expenditure: Walk Pieces - ReElect Gaebler                              |                      |
| 5. Date Expended: 02/25/2017                                                          |                      |
| 6. Amount:                                                                            | <sub>\$</sub> 416.91 |

Schedule B Itemized Expenditures Statement (\$20 or more) Page \_\_\_\_\_ of \_\_\_\_ Use additional pages as necessary