

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Perso	Joseph Carlson					
		As Shown on Registr	ation			
Address of Committee/Person		2215 Friendship Circle				
City, State & Zip Code:		Colorado Springs, CO, 80904				
Committee Type:						
Name of Financial Institution:		Navy Federal Credit Union				
Address of Financial Institution	1139 Space Center Drive					
City, State & Zip Code of Finan	Colorado Springs, CO, 80915					
]. ends previous report filed on (o new information ONLY	late)				
Reporting Period Covered:	01/13/2	2017 Through		02/01/2017		
Date		Da	Date			
Please complete applicable sche	edules prior to completing	the information ir	the follo	owing table.		
			Tota	ls Detailed Summary Page		
1 Funds on Hand at the Beginning of Reporting Period (monetary only)				\$98.00		
2 Total Monetary Contributions	(line 11 of Detailed Sum	mary)		\$0.00		
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)				\$98.00		
4 Total Spending (line 20 of De	tailed Summary)			\$98.00		
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4))	\$0.00		
<u>Authorization</u> (Must be completed						
I hereby certify and declare, under penalincluding all schedules, statements, and received during this reporting period incluorganization are from permissible source. Print Registered Agent's Name:	ty of perjury, that to the best of attachments, are true and corruding any contributions receive es. Joseph Carlson	my knowledge or belie ect, and that to the bes d in the form of membe	t of my kno	owledge or belief all contributions is transferred by a membership		
including all schedules, statements, and received during this reporting period incluorganization are from permissible source	ty of perjury, that to the best of attachments, are true and corre uding any contributions receive es.	my knowledge or belie ect, and that to the bes d in the form of membe	t of my kno	wledge or belief all contributions		
including all schedules, statements, and received during this reporting period incluorganization are from permissible source. Print Registered Agent's Name:	ty of perjury, that to the best of attachments, are true and corruding any contributions receive es. Joseph Carlson	my knowledge or belie ect, and that to the bes d in the form of membe	t of my kno ership dues	owledge or belief all contributions is transferred by a membership		

Detailed Summary

Full Name of Committee/Person:

Joseph Carlson

Current Reporting Period:

01/13/2017 **Through**

02/01/2017

Funds o	on hand at the beginning of reporting period (Monetary Only)	\$98.00
6	Itemized Monetary Contributions \$20 or More	\$0.00
7	Total of Non-Itemized Contributions (\$19.99 or Less)	\$0.00
	(Number of Contributions of \$19.99 or Less: 0)	
8	Loans Received	\$0.00
	(Please list on Schedule "C")	
9	Total of Other Receipts	\$0.00
	(Interest, Dividends, etc.)	
10	Returned Expenditures (from recipient)	\$0.00
	(Please list on Schedule "D")	
11	Total Monetary Contributions	\$0.00
	(Total of lines 6 through 10)	
12	Total Non-Monetary Contributions	\$0.00
	(From Statement of Non-Monetary Contributions Schedule "A-2")	
13	Total Contributions	\$0.00
	(Line 11 + Line 12)	
14	Itemized Expenditures \$20 or More	\$98.00
	(Please list on Schedule "B")	
15	Total of Non-Itemized Expenditures	\$0.00
	(Expenditures of \$19.99 or Less)	
16	Loan Repayments Made	\$0.00
	(Please List on Schedule "C")	
17	Returned Contributions (To donor)	\$0.00
	(Please list on Schedule "D")	
18	Closeout Distributions	\$0.00
	(Balance must be zero. Please attach Schedule E.)	
19	(Intentionally Left Blank)	
20	Total Spending	\$98.00
	(Lines 14 through 17)	

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

Full Name of Committee/Person: Joseph Carlson

Please Print/Type

1. Name (Last, First): Campaign Partner, Inc.,

2. Address: PO Box 118

3. City/State/Zip: Still River, MA, 01467

4. Purpose of Expenditure: Payment for campaign website

5. Date Expended: 05/01/2017

6. Amount: \$98.00

Schedule E - Closeout Distributions

(To be completed after the election is certified. Complete the Detailed Summary before completing this Schedule E)

1	Fund	Funds on Hand at the Beginning of Reporting Period (from detailed summary, monetary only)			
2	Tota	Total Monetary Contributions for the Reporting Period (detailed summary, line 11)			
3	Total Funds (line 1 + line 2)			\$98.00	
	Expenditures During the Reporting Period:				
4	а	Itemized Expenditures \$20 or More (From detailed summary line 14)	\$98.00		
	b	Total of Non-Itemized Expenditures (From detailed summary line 15)	\$0.00		
	С	Loan Repayments Made (From detailed summary line 16)	\$0.00		
	d	Returned Contributions (To donor) (From detailed summary line 17)	\$0.00		
	Total Expenditures (total of a, b, c, and d)				
5	Total Contributions to Charitable Organizations (attach list showing the Name, Address, and amount contributed to each Charitable Organization)			\$0.00	
6	Funds retained for a future election (list financial institution in which the funds will remain) Financial Institution: N/A			\$0.00	
7	Total of lines 4, 5 and 6			\$98.00	
8	Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of detailed summary.			\$0.00	