

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:		Christopher Houtchens				
		As S	hown on Regist	ration		
Address of Committee/Person		4549 Desert Varnish Drive				
City, State & Zip Code:		Colorado Springs, CO, 80922				
Committee Type:						
Name of Financial Institution:		Security Service Federal Credit Union				
Address of Financial Institution		5820 Barnes Rd				
City, State & Zip Code of Financial Institution		Colorado Springs, CO, 80922				
°	g. ends previous report filed on ( new information ONLY 02/25/ Date	·	Through		03/15/2017 ate	
Please complete applicable sche	edules prior to completing	g the i	nformation ir		wing table. Is Detailed Summary Page	
1 Funds on Hand at the Beginning of Reporting Period (monetary only)					\$84.00	
2 Total Monetary Contributions (line 11 of Detailed Summary)					\$0.00	
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)					\$84.00	
4 Total Spending (line 20 of Detailed Summary)					\$0.00	
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)				4)	\$84.00	
Authorization (Must be completed I hereby certify and declare, under penal including all schedules, statements, and received during this reporting period inclu organization are from permissible source Print Registered Agent's Name: Registered Agent's Signature:	attachments, are true and corruding any contributions receive	f my kno rect, and ed in the	owledge or belie d that to the bes	st of my kno	wledge or belief all contributions	
Print Candidate Name:	Christopher Houtchens	3				
Candidate's Signature:	(Submitted Electronically)		Date:	05/01/2017		

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	L	Detailed Summary		
Full Nam	ne of Committee/Person:	Christopher Houtchens		
Current	Reporting Period:	02/25/2017 Through	03/15/2017	
Funds o	n hand at the beginning	of reporting period (Monetary Only)	\$84.00	
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		I of Other Receipts	\$0.00	
	(Int	erest, Dividends, etc.)		
10 Returned Expenditures (from recip		penditures (from recipient)	\$0.00	
	(Plea	se list on Schedule "D")		
11 <b>Tot</b>		onetary Contributions	\$0.00	
	(Tota	l of lines 6 through 10)		
12 To	Total Non	Monetary Contributions	\$0.00	
	(From Statement of No	n-Monetary Contributions Schedule "A-2")		
13	То	tal Contributions	\$0.00	
		(Line 11 + Line 12)		
14	Itemized E	xpenditures \$20 or More	\$0.00	
	(Plea	ase list on Schedule "B")		
15	Total of Nc	on-Itemized Expenditures	\$0.00	
	(Expen	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	
	(Please			
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	
	()	_ines 14 through 17)		