



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: **Committee to Elect Tom Strand**

As Shown On Registration

Address of Committee/Person:	PO Box 25574
City, State & Zip Code:	Colo. Spgs., CO 80936
Committee Type:	Candidate
Name of Financial Institution:	Chase
Address Of Financial Institution:	PO Box 659754
City, State & Zip Code Financial Institution:	San Antonio, TX 78265-9754

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: 11/27/2014 **Through** 12/27/2014
Date Date

Please complete applicable schedules prior to completing the information in the following table.

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0.00
2	Total Monetary Contributions (line 11 of Detailed Summary)	\$ 2,025.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,025.00
4	Total Spending (line 20 of Detailed Summary)	\$ 1,514.49
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 510.51

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: **Janet Tanner**

Registered Agent's Signature: **Janet Tanner** Date: **01/02/2015**

Print Candidate Name: **Tom Strand**

Candidates Signature: _____ Date: **01/02/2015**

DETAILED SUMMARY

Committee to Elect Tom Strand

Full Name of Committee/Person: _____

Current Reporting Period:

Through:

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0.00
6	Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")	\$ 2,025.00
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input type="text" value="0"/>)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0.00
11	Total Monetary Contributions <u>(Total of lines 6 through 10)</u>	\$ 2,025.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$ 0.00
13	Total Contributions (Line 11 + line 12)	\$ 2,025.00
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ 1,514.49
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0.00
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$ 0.00
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$ 1,514.49

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

Full Name of Committee/Person: Committee to Elect Tom Strand

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

PLEASE PRINT/TYPE

1. Name (Last, First): Milner, Lee
2. Address: 4520 Brady Rd.
3. City/State/Zip: Colo Spgs CO 80915
4. Description: check
5. Employer (mandatory if employed): Epic Real Estate
6. Occupation (mandatory if employed): realtor
7. Date Accepted: 12/10/2014
8. Aggregate Amount This Election Cycle: 25.00
9. Contribution Amount This Reporting Period: \$ 25.00

1. Name (Last, First): Strand, Tom
2. Address: P. O. Box 25574
3. City/State/Zip: Colo Spgs CO 80936
4. Description: check
5. Employer (mandatory if employed): retired
6. Occupation (mandatory if employed): retired
7. Date Accepted: 11/29/2014
8. Aggregate Amount This Election Cycle: 2,000.00
9. Contribution Amount This Reporting Period: \$ 2,000.00

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: _____
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: _____
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: _____
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: \$ _____

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: Committee to Elect Tom Strand

PLEASE PRINT/TYPE

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Provided: _____
8. Aggregate Amount: _____
9. Fair Market Value: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Provided: _____
8. Aggregate Amount: _____
9. Fair Market Value: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Provided: _____
8. Aggregate Amount: _____
9. Fair Market Value: \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Provided: _____
8. Aggregate Amount: _____
9. Fair Market Value: \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Provided: _____
8. Aggregate Amount: _____
9. Fair Market Value: \$ _____

Schedule A-2 Statement of Non-Monetary Contributions (\$20 or more)
Page ____ of ____
Use additional pages as necessary

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

Full Name of Committee/Person: Committee to Elect Tom Strand

PLEASE PRINT/TYPE

1. Name (Last, First): <u>Strand, Tom</u>	
2. Address: <u>PO Box 25574</u>	
3. City/State/Zip: <u>Colo. Spgs., CO 80936</u>	
4. Purpose of Expenditure: <small>BRE, Signs, PO Box, food for kick-off, mtg. expense, name tag</small> _____	
5. Date Expended: <u>12/27/2014</u>	
6. Amount:	\$ <u>1,514.49</u>

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose of Expenditure: _____	
5. Date Expended: _____	
6. Amount:	\$ _____

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose of Expenditure: _____	
5. Date Expended: _____	
6. Amount:	\$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose of Expenditure: _____
5. Date Expended: _____
6. Amount: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose of Expenditure: _____
5. Date Expended: _____
6. Amount: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose of Expenditure: _____
5. Date Expended: _____
6. Amount: _____ \$ _____

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

Schedule C - Loans

Full Name of Committee/Person: Committee to Elect Tom Strand

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____ %

Loan Amount Received This Reporting Period: \$ _____
 Principal Amount Paid This Reporting Period: \$ _____
 Interest Amount Paid This Reporting Period: \$ _____

Total of All Loans This Reporting
 Period: \$ _____
 (Place on line 8 of Detailed Summary Report)

Amount Repaid This Reporting Period: \$ _____
 (Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
 (Sum of Schedule C pages, Place on line 16 of
 Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
 Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule C Loans
 Page ____ of ____
 Use additional pages as necessary

Full Name of Committee/Person: Committee to Elect Tom Strand

LOAN SOURCE

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____ %

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN:

_____ Date Loan Received

_____ Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule C Loans
Page ____ of ____
Use additional pages as necessary

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Committee to Elect Tom Strand

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose: _____	
5. Date Accepted: _____	
6. Date Returned: _____	
7. Amount: _____	\$ _____

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose: _____	
5. Date Accepted: _____	
6. Date Returned: _____	
7. Amount: _____	\$ _____

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose: _____	
5. Date Accepted: _____	
6. Date Returned: _____	
7. Amount: _____	\$ _____

Schedule D Returned Contributions
Page ____ of ____
Use additional pages as necessary

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose: _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose: _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Purpose: _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: \$ _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Comment (Optional): _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Comment (Optional): _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Comment (Optional): _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: _____ \$ _____

Schedule D Returned Expenditures
Page ____ of ____
Use additional pages as necessary

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Comment (Optional): _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Comment (Optional): _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: _____ \$ _____

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Comment (Optional): _____
5. Date Accepted: _____
6. Date Returned: _____
7. Amount: _____ \$ _____

Schedule D Returned Expenditures
Page ____ of ____
Use additional pages as necessary

Schedule E – Closeout Distributions

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

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