



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	Tom Strand
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As Shown on Registration

Address of Committee/Person	P.O. Box 25574
City, State & Zip Code:	Colorado Springs, CO, 80936
Committee Type:	
Name of Financial Institution:	Ent FCU
Address of Financial Institution	4720 Flintridge Dr.
City, State & Zip Code of Financial Institution	Colorado Springs, CO, 80918

Type of Request

Regularly Scheduled Filing.

Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY

Final Filing.

Reporting Period Covered: **Through**
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)	\$1,370.51
2	Total Monetary Contributions (line 11 of Detailed Summary)	\$700.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$2,070.51
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)	\$2,070.51

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: (Submitted Electronically) Date: 01/29/2015

Print Candidate Name: Tom Strand

Candidate's Signature: (Submitted Electronically) Date: 01/29/2015

Detailed Summary

Full Name of Committee/Person: Tom Strand

Current Reporting Period: 01/11/2015 Through 02/01/2015

	Funds on hand at the beginning of reporting period (Monetary Only)	\$1,370.51
6	Itemized Monetary Contributions \$20 or More	\$700.00
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less: 0)	\$0.00
8	Loans Received (Please list on Schedule "C")	\$0.00
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 (Total of lines 6 through 10)	\$700.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$0.00
13	Total Contributions (Line 11 + Line 12)	\$700.00
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$0.00
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)	\$0.00

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

Full Name of Committee/Person: Tom Strand

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

Please Print/Type

1. Name (Last, First):	Stephens, Emily
2. Address:	45 Apple Valley Rd.
3. City/State/Zip:	Columbus, MS, 39705
4. Description:	check
5. Employer (mandatory if employed):	retired
6. Occupation (mandatory if employed):	retired
7. Date Accepted:	01/27/2015
8. Aggregate Amount this Election Cycle:	\$100.00
9. Contribution Amount this Reporting Period:	\$100.00
1. Name (Last, First):	Gustafson, Molly
2. Address:	185 Thames Dr.
3. City/State/Zip:	Colorado Springs, CO, 80906
4. Description:	check
5. Employer (mandatory if employed):	retired
6. Occupation (mandatory if employed):	retired
7. Date Accepted:	01/27/2015
8. Aggregate Amount this Election Cycle:	\$100.00
9. Contribution Amount this Reporting Period:	\$100.00
1. Name (Last, First):	Strand, Kathryn
2. Address:	123 E. 156 St Apt. 916
3. City/State/Zip:	Cleveland, OH, 44110
4. Description:	check
5. Employer (mandatory if employed):	retired
6. Occupation (mandatory if employed):	retired
7. Date Accepted:	01/27/2015
8. Aggregate Amount this Election Cycle:	\$500.00
9. Contribution Amount this Reporting Period:	\$500.00