



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Longinos Gonzalez Jr.
Address of Committee/Person: 3067 Shikra View
City, State & Zip Code: Colorado Springs, CO 80916
Committee Type:
Name of Financial Institution:
Address Of Financial Institution:
City, State & Zip Code Financial Institution:

CITY CLERK'S OFFICE
2015 JAN 30 AM 11:05

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: 01/15/2015 Through 02/02/2015
Date Date

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

Table with 3 columns: Line Number, Description, and Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Spending, and Funds on Hand at the End.

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: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Longinos Gonzalez Jr.

Candidates Signature: [Handwritten Signature] Date: 1/30/2015

DETAILED SUMMARY

Full Name of Committee/Person: Longinos Gonzalez Jr.

Current Reporting Period: 01/15/2015 **Through:** 02/02/2015

	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")	\$
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input type="text"/>)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (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	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$ 253.02
13	Total Contributions (Line 11 + line 12)	\$ 253.02
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$
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	Total Spending (Lines 14 through 17)	\$ 0.00

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

Full Name of Committee/Person: Longinos Gonzalez Jr.

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

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 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-1 Itemized Contributions Statement (\$20 or more)
Page ____ of ____
Use additional pages as necessary

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-1 Itemized Contributions Statement (\$20 or more)

Page _____ of _____

Use additional pages as necessary

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: Longinos Gonzalez Jr.

PLEASE PRINT/TYPE

1. Name (Last, First):	<u>Gonzalez, Longinos</u>
2. Address:	<u>3067 Shikra View</u>
3. City/State/Zip:	<u>Colorado Springs/CO/80916</u>
4. Description:	<u>Business Cards</u>
5. Employer (mandatory if employed):	<u>Harrison School District</u>
6. Occupation (mandatory if employed):	<u>Teacher</u>
7. Date Provided:	<u>01/06/2015</u>
8. Aggregate Amount:	<u>43.04</u>
9. Fair Market Value:	\$ <u>43.04</u>

1. Name (Last, First):	<u>Gonzalez, Longinos</u>
2. Address:	<u>3067 Shikra View</u>
3. City/State/Zip:	<u>Colorado Springs/CO/80916</u>
4. Description:	<u>Business Cards</u>
5. Employer (mandatory if employed):	<u>Teacher</u>
6. Occupation (mandatory if employed):	<u>Harrison School District</u>
7. Date Provided:	<u>01/21/2015</u>
8. Aggregate Amount:	<u>68.02</u>
9. Fair Market Value:	\$ <u>24.98</u>

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

1. Name (Last, First): Gonzalez, Longinos
2. Address: 3067 Shikra View
3. City/State/Zip: Colorado Springs/CO/80916
4. Description: Yard Signs
5. Employer (mandatory if employed): Harrison School District
6. Occupation (mandatory if employed): Teacher
7. Date Provided: 01/29/2015
8. Aggregate Amount: 253.02
9. Fair Market Value: \$ 165.00

1. Name (Last, First): _____
2. Address: _____
3. City/State/Zip: _____
4. Description: _____
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date 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