



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Claudia Avila

As Shown On Registration

Address of Committee/Person: 301 Audubon DR.

City, State & Zip Code: Color - Springs - CO 80910

Committee Type:

Name and Address of Financial Institution: First Federal Credit Union

123 2nd St
Color - Springs - CO 80910

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: FEBRUARY 1, 2015
Date

Through FEBRUARY 15, 2015
Date

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>0</u>
2	Total Monetary Contributions (line 11)	\$ <u>505.00</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>505.00</u>
4	Total Spending (line 20)	\$ <u>30.95</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>474.05</u>

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: Mary Josephine Paredes

Registered Agent's Signature: Mary Josephine Paredes Date: 2/11/2015

Print Candidate Name: Yolanda Avila

Candidates Signature: [Signature] Date: 2/13/2015

2015 FEB 11 A 11:35
CITY CLERK'S OFFICE

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: Through:

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ <i>0</i>
6	Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ <i>505.00</i>
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input style="width: 50px;" type="text" value="1"/>)	\$ <i>4.83</i>
8	Loans Received (Please list on Schedule "C")	\$ <i>0</i>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ <i>0</i>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ <i>0</i>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ <i>505.00</i>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <i>4.83</i>
13	Total Contributions (Line 11 + line 12)	\$ <i>509.83</i>
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ <i>30.95</i>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <i>0</i>
16	Loan Repayments Made (Please list on Schedule "C")	\$ <i>0</i>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <i>0</i>
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$ <i>0</i>
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$ <i>30.95</i>

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

Full Name of Committee/Person: Yohanda Avila

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

PLEASE PRINT/TYPE

1. Name (Last, First): Avila Yohanda
2. Address: 301 Audubon DR.
3. City/State/Zip: Colorado Springs, Colo. 80910
4. Description: CASH
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed): Retired
7. Date Accepted: 3/15/2013
8. Aggregate Amount This Election Cycle: 505.00
9. Contribution Amount This Reporting Period: \$ 505.00

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: \$ _____

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: _____

PLEASE PRINT/TYPE

1. Name (Last, First): Huiha Alabanda
2. Address: 301 Audubon DR.
3. City/State/Zip: Color. Spgs. Co. 80910
4. Description: correction tape
5. Employer (mandatory if employed): retired
6. Occupation (mandatory if employed): retired
7. Date Provided: 2/05/15
8. Aggregate Amount: 4.83
9. Fair Market Value: 4.83 \$ _____

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

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: Yohanda Awiha

PLEASE PRINT/TYPE

1. Name: Awiha Yohanda
2. Address: 301 Habibi Bq. DR.
3. City/State/Zip: COLO SPRING CO. 80910
4. Purpose of Expenditure: * OFFICE SUPPLIES
5. Date Expended: 3/05/15
6. Amount: 3 \$ 30.95

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

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

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

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

1. Name: _____
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