



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Colorado Springs Police Protective Association Small Donor Committee

As Shown On Registration

Address of Committee/Person:	559 E. Pikes Peak Ave., Suite 102
City, State & Zip Code:	Colorado Springs, CO 80903
Committee Type:	Small Donor Committee
Name of Financial Institution:	ENT Federal Credit Union
Address Of Financial Institution:	PO Box 15819
City, State & Zip Code Financial Institution:	Colorado Springs, CO 80935

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: 02/14/2015 **Through** 02/27/2015
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)	\$ 45,244.00
2	Total Monetary Contributions (line 11 of Detailed Summary)	\$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 45,244.00
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)	\$ 45,244.00

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: Robina R Rogers

Registered Agent's Signature: Robina R Rogers Date: 2/27/15

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Colorado Springs Police Protective Association Small Donor Committee

Full Name of Committee/Person: _____

Current Reporting Period: **Through:**

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 45,244.00
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" value=""/>)	\$
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")	\$
13	Total Contributions (Line 11 + line 12)	\$ 0.00
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