



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Moses Humes
Address of Committee/Person: 3875 Lakehurst DR APT 107
City, State & Zip Code: Colorado Springs CO 80916
Committee Type:
Name and Address of Financial Institution:

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: [Date] Through [Date]

Table with 5 rows and 3 columns: Line Item, Description, Amount. Totals Detailed Summary Page.

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: Moses Humes

Candidates Signature: [Signature] Date: March 2, 2015

2015 MAR - 2 P 11: 21
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) | \$ 0 |
| 6 | Itemized Contributions \$20 or More (Please list on Schedule "A") | \$ 0 |
| 7 | Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input type="text"/>) | \$ 0 |
| 8 | Loans Received (Please list on Schedule "C") | \$ 0 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ 0 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ 0 |
| 11 | Total Monetary Contributions <u>(Total of lines 6 through 10)</u> | \$ 0 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ 137.00 |
| 13 | Total Contributions (Line 11 + line 12) | \$ |
| 14 | Itemized Expenditures \$20 or More (Please list on Schedule "B") | \$ 0 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ 0 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ 0 |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ 0 |
| 18 | Closeout Distributions (Balance must be zero. Please attach Schedule E.) | \$ 0 |
| 19 | (Intentionally left Blank) | \$ 0 |
| 20 | Total Spending (Lines 14 through 17) | \$ 0 |

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

Full Name of Committee/Person: _____

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: Moses Humes

PLEASE PRINT/TYPE

1. Name (Last, First): Humes Moses
2. Address: 3875 Catehurst DR APT 104
3. City/State/Zip: Colorado Springs CO 80946
4. Description: Banner, Sign, Bumper stickers
5. Employer (mandatory if employed): Alans Transport
6. Occupation (mandatory if employed): owner
7. Date Provided: Feb 22nd, 2015
8. Aggregate Amount: _____
9. Fair Market Value: \$ 137.00

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: \$ _____

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: _____

PLEASE PRINT/TYPE

| |
|----------------------------------|
| 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

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

Schedule C - Loans

Full Name of Committee/Person: _____

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: \$ _____

Amount Repaid This Reporting Period: \$ _____

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN:

_____ Date Loan Received

_____ Due Date for Final Payment

Total of All Loans This Reporting

Period: \$ _____

(Place on line 8 of Detailed Summary Report)

Total Repayments Made: \$ _____

(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

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: _____

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: \$ _____

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

Outstanding Balance: \$ _____

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

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

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: _____

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) | | \$ | |
| 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) | | \$ | |
| 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 | | \$ | |
| 8 | Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of the detailed Summary | | \$ | |

Schedule E Closeout Distributions