



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Yolanda Avila

As Shown On Registration

Address of Committee/Person: 301 Audubon Dr.

City, State & Zip Code: Colorado Springs, Co 80906

Committee Type:

Name and Address of Financial Institution: First Federal Credit Union

123 Weber
Colorado Springs Co. 80903

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:

Feb. 15, 2015
Date

Through

March 1, 2015
Date

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>474.05</u>
2	Total Monetary Contributions (line 11)	\$ <u>200.00</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>674.05</u>
4	Total Spending (line 20)	\$ <u>180.00</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>494.05</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 Ornelas

Registered Agent's Signature: Mary Josephine Ornelas Date: 2/25/15

Print Candidate Name: Yolanda Avila

Candidates Signature: [Signature] Date: 2/27/15

DETAILED SUMMARY

Full Name of Committee/Person: Upland Avika

Current Reporting Period: Feb 15 - 2015 Through: March 1 - 2015

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ <u>474.05</u>
6	Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ <u>200.00</u>
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)	\$ <u>200.00</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ <u>200.00</u>
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ <u>180.00</u>
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.)	\$
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$ <u>180.00</u>

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

Full Name of Committee/Person: Jchawcki A. b. a

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

PLEASE PRINT/TYPE

1. Name (Last, First): KRISTEN CHAISTY
2. Address: 1136 LAWN LAKE TRAIL
3. City/State/Zip: COLO SPRS COLO 80921
4. Description: CHECK
5. Employer (mandatory if employed): Modern Technology Solutions Inc.
6. Occupation (mandatory if employed): PROPOSAL SPECIALIST
7. Date Accepted: 2/20/15
8. Aggregate Amount This Election Cycle: 705.00
9. Contribution Amount This Reporting Period: \$ 366.00

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

Schedule B - Itemized Expenditures Statement (\$20 or more)

Full Name of Committee/Person: Yolanda Avila

PLEASE PRINT/TYPE

1. Name: JAnthony photography
 2. Address: 4825 Esna Bar
 3. City/State/Zip: Fountain Colo. 80911
 4. Purpose of Expenditure: Photo shoot
 5. Date Expended: FEB. 14 - 2015
 6. Amount: \$ 180 00

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