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2015 Apr 01 05:09 pm



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Yohanda Avila

As Shown On Registration

Address of Committee/Person: 301 Audubon Dr.

City, State & Zip Code: Color. Spgs. Co. 80910

Committee Type:

Name and Address of Financial Institution: Fnt Federal Credit Union

123 Weber
Color. Spgs. 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:

March 11, 2015
Date

Through

March 29, 2015
Date

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>294.05</u>
2	Total Monetary Contributions (line 11)	\$ <u>284.12</u>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>578.17</u>
4	Total Spending (line 20)	\$ <u>84.00</u>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>494.17</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: 4/1/15

Print Candidate Name: Yohanda Avila

Candidates Signature: [Signature] Date: 4/1/15

DETAILED SUMMARY

Full Name of Committee/Person: Yolanda Avila

Current Reporting Period: March 11, 2015 Through: March 29, 2015

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ <u>294.05</u>
6	Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ <u>284.12</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>284.12</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ <u>284.12</u>
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ <u>84.00</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>84.00</u>

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

Full Name of Committee/Person: Uphanda Anita

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

PLEASE PRINT/TYPER

1. Name (Last, First): Hardick L Lloyd C. / Shirley Baldwin
 2. Address: 1932 W. Cascade Ave.
 3. City/State/Zip: Colo. Spgs. Co. 80907
 4. Description: check #2003 \$75.00
 5. Employer (mandatory if employed): Retired
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: 3/15/2013
 8. Aggregate Amount This Election Cycle: 569.05
 9. Contribution Amount This Reporting Period: \$ 75.00

1. Name (Last, First): Gidley Dianne
 2. Address: 3216 Water St.
 3. City/State/Zip: Colo. Spgs. Co. 80904
 4. Description: cash \$20.00
 5. Employer (mandatory if employed): _____
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: _____
 8. Aggregate Amount This Election Cycle: 589.05
 9. Contribution Amount This Reporting Period: \$ 20.00

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

Full Name of Committee/Person: Nelanda Avila

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

PLEASE PRINT/TYPE

1. Name (Last, First): Judith A. Ingehindo
 2. Address: 1433 Culebra
 3. City/State/Zip: Cala. Spgs. Ca. 80907
 4. Description: check # 5744
 5. Employer (mandatory if employed): Retired
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: 3/18/2015
 8. Aggregate Amount This Election Cycle: 614.05
 9. Contribution Amount This Reporting Period: \$ 35.00

1. Name (Last, First): Rita Fitzpatrick
 2. Address: 1816 Mantura Uied #104
 3. City/State/Zip: Cala. Spgs. Ca. 80919
 4. Description: check 6557
 5. Employer (mandatory if employed): Retired
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: 3/18/2015
 8. Aggregate Amount This Election Cycle: 639.05
 9. Contribution Amount This Reporting Period: \$ 25.00

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

Full Name of Committee/Person: Gladys Huila

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

PLEASE PRINT/TYPE

1. Name (Last, First): Schaller FIAN
2. Address: 4514 Valencia Circle
3. City/State/Zip: Colorado Spgs. Co. 80917
4. Description: Cash
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed):
7. Date Accepted: 3/15/2015
8. Aggregate Amount This Election Cycle: 659.05
9. Contribution Amount This Reporting Period: \$ 20.00

1. Name (Last, First): Batterbee, Kevin W.
2. Address: 13550 Northgate Estates DR. #102
3. City/State/Zip: Colorado Spgs. Co. 80921
4. Description: check # 3350
5. Employer (mandatory if employed): Mountain View Psychiatry, LLC
6. Occupation (mandatory if employed):
7. Date Accepted: 3/27/15
8. Aggregate Amount This Election Cycle: 759.05
9. Contribution Amount This Reporting Period: \$ 100.00

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

Full Name of Committee/Person: Yolanda Avila

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

PLEASE PRINT/TYPE

1. Name (Last, First): Peck Jane
2. Address: 1017 War Eagle DR North
3. City/State/Zip: Colorado Spgs, Co. 80919
4. Description: Pay Pal
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed):
7. Date Accepted: 3/20/2015
8. Aggregate Amount This Election Cycle: 778.17
9. Contribution Amount This Reporting Period: \$ 19.12

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

Full Name of Committee/Person: Yohanna Avila

PLEASE PRINT/TYPE

1. Name: Ho Sandy
 2. Address: 3770 Hickory Hill DR.
 3. City/State/Zip: Color. Spgs. Co. 80906
 4. Purpose of Expenditure: Administrative assistant succ.
 5. Date Expended: 3/20/15
 6. Amount: \$ 84.00

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