



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: COLO. SPRINGS REGIONAL BUSINESS ALLIANCE PAC

As Shown On Registration

Table with 2 columns: Field Name and Value. Fields include Address of Committee/Person, City, State & Zip Code, Committee Type, Name of Financial Institution, Address of Financial Institution, and City, State & Zip Code 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: 3/30/15 Through 4/26/15

Please complete applicable schedules prior to completing the information in the following table.

Table with 3 columns: Line Number, Description, and Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning of Reporting Period, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Spending, and Funds on Hand at the End of Reporting Period.

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: ANDY MERRITT
Registered Agent's Signature: [Signature] Date: 4/29/15
Print Candidate Name:
Candidates Signature: Date:

CITY CLERK'S OFFICE
2015 APR 30 A 9:58

DETAILED SUMMARY

Full Name of Committee/Person: COLO. SPRINGS REGIONAL BUSINESS ALLIANCE PAC

Current Reporting Period: 3/30/15 Through: 4/26/15

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	8,205.12
6	Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")	\$	451.84
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input style="width: 50px; height: 15px;" 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)	\$ 0.00	451.84
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$	0
13	Total Contributions (Line 11 + line 12)	\$ 0.00	451.84
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$	2000.00
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.)	\$	0.00
19	(Intentionally left Blank)	\$	
20	Total Spending (Lines 14 through 17)	\$ 0.00	2,000.00

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

Full Name of Committee/Person: COLO. SPRINGS REGIONAL BUSINESS ALLIANCE PAC

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

PLEASE PRINT/TYPE

1. Name (Last, First): PEAK PROFESSIONAL CONTRACTORS, INC
2. Address: 1029 S Sierra Madre, Ste. A
3. City/State/Zip: Colorado Springs, CO 80903
4. Description: CHECK
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: 4/09/15
8. Aggregate Amount This Election Cycle: 83.33
9. Contribution Amount This Reporting Period: \$ 83.33

1. Name (Last, First): SARAH B. JACK & ASSOCIATES
2. Address: 1779 Courtyard Heights
3. City/State/Zip: Colorado Springs, CO 80906
4. Description: CHECK
5. Employer (mandatory if employed): _____
6. Occupation (mandatory if employed): _____
7. Date Accepted: 4/14/15
8. Aggregate Amount This Election Cycle: 50. -
9. Contribution Amount This Reporting Period: \$ 50. -

1. Name (Last, First): CEDAR SPRINGS HOSPITAL
 2. Address: 2135 Southgate Road
 3. City/State/Zip: Colorado Springs, CO 80906
 4. Description: CHECK
 5. Employer (mandatory if employed): _____
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: 4/20/15
 8. Aggregate Amount This Election Cycle: 111.11
 9. Contribution Amount This Reporting Period: \$ 111.11

1. Name (Last, First): FBB GROUP, LTD.
 2. Address: 303 S Cascade Ave., Ste. 200
 3. City/State/Zip: Colorado Springs, CO 80903
 4. Description: CHECK
 5. Employer (mandatory if employed): _____
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: 4/20/15
 8. Aggregate Amount This Election Cycle: 55.56
 9. Contribution Amount This Reporting Period: \$ 55.56

1. Name (Last, First): TORCH TECHNOLOGIES
 2. Address: 6760 Corporate Dr., Ste. 110
 3. City/State/Zip: Colorado Springs, CO 80919
 4. Description: CHECK
 5. Employer (mandatory if employed): _____
 6. Occupation (mandatory if employed): _____
 7. Date Accepted: 4/10/15
 8. Aggregate Amount This Election Cycle: 44.44
 9. Contribution Amount This Reporting Period: \$ 44.44

Schedule A-1 Itemized Contributions Statement (\$20 or more)
 Page 2 of 3
 Use additional pages as necessary

1. Name (Last, First): HB4A

2. Address: 102 East Moreno Ave.

3. City/State/Zip: Colorado Springs, CO 80903

4. Description: CHECK

5. Employer (mandatory if employed): _____

6. Occupation (mandatory if employed): _____

7. Date Accepted: 4/10/15

8. Aggregate Amount This Election Cycle: 55.56

9. Contribution Amount This Reporting Period: \$ 55.56

1. Name (Last, First): NORTHWEST ANIMAL HOSPITAL & PET CARE

2. Address: 4575 N Chestnut St.

3. City/State/Zip: Colorado Springs, CO 80907

4. Description: CHECK

5. Employer (mandatory if employed): _____

6. Occupation (mandatory if employed): _____

7. Date Accepted: 4/3/15

8. Aggregate Amount This Election Cycle: 44.44

9. Contribution Amount This Reporting Period: \$ 44.44

1. Name (Last, First): AMERICAN FAMILY INSURANCE

2. Address: 100 E. Cheyenne Rd.

3. City/State/Zip: Colorado Springs, CO 80906

4. Description: CHECK

5. Employer (mandatory if employed): _____

6. Occupation (mandatory if employed): _____

7. Date Accepted: 4/14/15 & 4/15/15

8. Aggregate Amount This Election Cycle: 7.40

9. Contribution Amount This Reporting Period: \$ 7.40

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: _____

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 Provided: _____
8. Aggregate Amount: _____
9. Fair Market Value: \$ _____

- 0 -

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: \$ _____

- 0 -

Schedule A-2 Statement of Non-Monetary Contributions (\$20 or more)
Page 1 of 1
Use additional pages as necessary

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

Full Name of Committee/Person: COLO. SPRINGS REGIONAL BUSINESS ALLIANCE PAC

PLEASE PRINT/TYPE

1. Name (Last, First): JOHN SUTHERS FOR MAYOR
2. Address: P.O. BOX 61117
3. City/State/Zip: COLO. SPRINGS, COLO 80960
4. Purpose of Expenditure: CAMPAIGN CONTRIBUTION
5. Date Expended: 4/14/15
6. Amount: \$ 2000. -

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

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

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: _____	— 0 —
6. Date Returned: _____	
7. Amount: _____	\$ _____

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose: _____	
5. Date Accepted: _____	
6. Date Returned: _____	— 0 —
7. Amount: _____	\$ _____

1. Name (Last, First): _____	
2. Address: _____	
3. City/State/Zip: _____	
4. Purpose: _____	
5. Date Accepted: _____	— 0 —
6. Date Returned: _____	
7. Amount: _____	\$ _____

Schedule D Returned Contributions
Page 1 of 1
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 1 of 1
 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)

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)

Outstanding Balance: \$ _____

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 1 of 1
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)		\$ 0.00	
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)		\$ 0.00	
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		\$ 0.00	
8	Subtract line 7 from line 3 (Result must be zero) and enter on line 18 of the detailed Summary		\$ 0.00	

Schedule E Closeout Distributions