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CITY OF COLORADO SPRINGS

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	Vote Yes for Tr	raile
,		апо
Address of Committee/Person:	As Shown On Registration 1040 S. 8th st ste 10	1
City, State & Zip Code:	Colorado Springs, CO	
Committee Type:	Issue	
Name of Financial Institution:	Chase Band	
Address Of Financial Institution:	402 N. Tejon	
City, State & Zip Code Financial Institution:	Colorado Springs, Co	O 80903
Regularly Scheduled Filing. Amended Filing. This amends previous re Submit changes or new information ON Final Filing.	ILY	40/03/2015
Reporting Period Covered: 10/02/20	Date Through	h 10/02/2015 Date
ease complete applicable schedules pri	or to completing the inf	ormation in the following table
		Totals Detailed Summary Page
Funds on Hand at the Beginning of Reporting Period (monetary only)		\$ 0.00
Total Monetary Contributions (line 11 of Detailed Summary)		\$ 2,500.00
Total of Monetary Contributions & Beginning Amount (line 1 + line 2)		
		\$ 2,500.00
Total Spending (line 20 of Detailed Summary)		\$ 2,500.00
Total Spending (line 20 of Detailed Summary) Funds on Hand at the End of Reporting F	Period (monetary) (line 3 – line 4)	
Authorization (Must be completed by either to declare, under penalty of perjury, that to the best this form, including all schedules, statements, and knowledge or belief all contributions received durithe form of membership dues transferred by a me	he Registered Agent OR the Ca for my knowledge or belief the is attachments, are true and corr ring this reporting period includir embership organization are from	\$ 0.00 \$ 2,500.00 andidate): I hereby certify and information or statements on ect, and that to the best of my and any contributions received in permissible sources.
Authorization (Must be completed by either to declare, under penalty of perjury, that to the best this form, including all schedules, statements, and knowledge or belief all contributions received durithe form of membership dues transferred by a me	he Registered Agent OR the Ca for my knowledge or belief the is attachments, are true and corr ring this reporting period includir embership organization are from	\$ 0.00 \$ 2,500.00 andidate): I hereby certify and information or statements on ect, and that to the best of my and any contributions received in permissible sources.
Funds on Hand at the End of Reporting F Authorization (Must be completed by either to declare, under penalty of perjury, that to the best this form, including all schedules, statements, and knowledge or belief all contributions received dur	he Registered Agent OR the Ca for my knowledge or belief the is attachments, are true and corr ring this reporting period includir embership organization are from	\$ 0.00 \$ 2,500.00 andidate): I hereby certify and information or statements on ect, and that to the best of my and any contributions received in permissible sources.
Authorization (Must be completed by either to declare, under penalty of perjury, that to the best this form, including all schedules, statements, and knowledge or belief all contributions received durithe form of membership dues transferred by a me	he Registered Agent OR the Ca for my knowledge or belief the in attachments, are true and corr ing this reporting period includir embership organization are from IN Davies	\$ 0.00 \$ 2,500.00 Indidate): I hereby certify and information or statements on ect, and that to the best of my and any contributions received in permissible sources. Date: 10 - 2 - 15

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

Full Name of Committee/Person: Vote Yes for Trails

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

1. Name (Last, First): Colorado Springs Forward	
2. Address: 111 S. Tejon St Ste 307	
3. City/State/Zip: Colorado Springs CO 80903	
4. Description: alliance	
5. Employer (mandatory if employed): NA	
6. Occupation (mandatory if employed): NA	
7. Date Accepted: 09/17/2015	
8. Aggregate Amount This Election Cycle: 2,500.00	
9. Contribution Amount This Reporting Period:	\$2,500.00
1. Name (Last, First):	
2. Address:	
3. City/State/Zip:	
4. Description:	
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
1	
7. Date Accepted:	

Schedule A-1 Itemized Contributions Statement (\$20 or more) Page _____ of ____

9. Contribution Amount This Reporting Period:

Use additional pages as necessary

PLEASE PRINT/TYPE