



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Collins for Council
Address of Committee/Person: 632 Lakewood Circle
City, State & Zip Code: Colorado Springs, CO 80910
Committee Type:
Name of Financial Institution: ENT
Address Of Financial Institution: P.O. Box 15819
City, State & Zip Code Financial Institution: Colorado Springs, CO 80903

CITY CLERK'S OFFICE
2017 JAN 17 AM 11:51

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: 05/01/2016 Through 01/16/2017

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

Table with 3 columns: Line Number, Description, and Amount. Totals Detailed Summary Page.
1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$ 2,775.63
2 Total Monetary Contributions (line 11 of Detailed Summary) \$ 0.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 3,795.62
4 Total Spending (line 20 of Detailed Summary) \$ 0.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) \$ 3,795.62

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: Heber Patricia Collins

Candidates Signature: Heber Patricia Collins Date: 1/16/17

DETAILED SUMMARY

Full Name of Committee/Person: Collins for Council

Current Reporting Period: 05/01/2016 **Through:** 01/16/2017

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 2,775.63
6	Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")	\$ 1,000.00
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input type="text" value="1"/>)	\$ 19.99
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 <u>(Total of lines 6 through 10)</u>	\$ 1,019.99
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$
13	Total Contributions (Line 11 + line 12)	\$ 1,019.99
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ 0.00
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.)	\$ 0.00
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$ 0.00

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

Full Name of Committee/Person: Collins for Council

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

PLEASE PRINT/TYPE

1. Name (Last, First): Gamewell, Joyce
2. Address: 445 C East Cheyenne Mtn. Blvd. #264
3. City/State/Zip: Colorado Springs, CO 80906
4. Description: Donation
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed): _____
7. Date Accepted: 01/07/2017
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: \$ 500.00

1. Name (Last, First): Glasgow, Sheryl
2. Address: 4515 Chaparral Rd.
3. City/State/Zip: Colorado Springs, CO 80917
4. Description: Donation
5. Employer (mandatory if employed): Retired
6. Occupation (mandatory if employed): _____
7. Date Accepted: 01/11/2017
8. Aggregate Amount This Election Cycle: _____
9. Contribution Amount This Reporting Period: \$ 100.00

1. Name (Last, First): Blancken, Robert

2. Address: 2917 Del Mar Circle

3. City/State/Zip: Colorado Springs, CO 80910

4. Description: Donation

5. Employer (mandatory if employed): Retired

6. Occupation (mandatory if employed): _____

7. Date Accepted: 01/11/2017

8. Aggregate Amount This Election Cycle: _____

9. Contribution Amount This Reporting Period: \$ 300.00

1. Name (Last, First): Devine, Sandra

2. Address: 205 N. Murray Blvd. #29

3. City/State/Zip: Colorado Springs, CO 80916

4. Description: Donation

5. Employer (mandatory if employed): Retired

6. Occupation (mandatory if employed): _____

7. Date Accepted: 01/14/2017

8. Aggregate Amount This Election Cycle: _____

9. Contribution Amount This Reporting Period: \$ 100.00

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: \$ _____