



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: David Geislinger

As Shown On Registration

Address of Committee/Person: P.O. Box 25927

City, State & Zip Code: Colorado Springs, CO 80936-5927

Committee Type:

Name and Address of Financial Institution: ENT Federal 7500 Campus Dr.

*Colorado Spgs  
Colorado  
80920*

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:

1/20/2017  
Date

Through

2/1/2017  
Date

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0.00
4	Total Spending (line 20)	\$ 78.77
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

**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: David Geislinger

Candidate's Signature: [Signature] Date: 2/1/2017

**DETAILED SUMMARY**

Full Name of Committee/Person: David Gelsinger

Current Reporting Period: 1/20/2017 Through: 2/11/2017

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 0
6	<b>Itemized Contributions \$20 or More</b> (Please list on Schedule "A")	\$ 0
7	<b>Total of Non-Itemized Contributions</b> (\$19.99 or Less) (Number of Contributions of \$19.99 or Less <input type="text"/> )	\$ 0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 0
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 0
14	<b>Itemized Expenditures \$20 or More</b> (Please list on Schedule "B")	\$ 78.77
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0
18	<b>Closeout Distributions</b> (Balance must be zero. Please attach Schedule E.)	\$ 0
19	<b>( Intentionally left Blank)</b>	\$
20	<b>Total Spending</b> (Lines 14 through 17)	\$ 78.77

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

**Full Name of Committee/Person:** David Geislinga

PLEASE PRINT/TYPE

1. Name: USPS  
2. Address: 4356 Montebello Dr.  
3. City/State/Zip: Colorado Springs, CO 80918  
4. Purpose of Expenditure: Box office Box  
5. Date Expended: 1/23/2017  
6. Amount: \$66.00 \$ 66.00

1. Name: DocuMart  
2. Address: 2 N. Nevada Ave  
3. City/State/Zip: Colorado Springs, CO 80903  
4. Purpose of Expenditure: Copies  
5. Date Expended: 1/25/2017  
6. Amount: \$ 12.77

1. Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. City/State/Zip: \_\_\_\_\_  
4. Purpose of Expenditure: \_\_\_\_\_  
5. Date Expended: \_\_\_\_\_  
6. Amount: \$ \_\_\_\_\_