



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

|                                       |  |
|---------------------------------------|--|
| <b>Full Name of Committee/Person:</b> | Colorado Springs Police Protective Assoc - Small Donor Committee |
|---------------------------------------|--|

As Shown on Registration

|  |           |
|--|-----------|
| <b>Address of Committee/Person</b>                         |           |
| <b>City, State &amp; Zip Code:</b>                         |           |
| <b>Committee Type:</b>                                     | Political |
| <b>Name of Financial Institution:</b>                      |           |
| <b>Address of Financial Institution</b>                    |           |
| <b>City, State &amp; Zip Code of Financial Institution</b> |           |

**Type of Request**

Regularly Scheduled Filing.

Amended Filing. This amends previous report filed on (date)   
 Submit changes or new information ONLY

Final Filing.

**Reporting Period Covered:**  **Through**   
 Date Date

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

|   |   | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only)        | \$29,244.00                  |
| 2 | Total Monetary Contributions (line 11 of Detailed Summary)                | \$0.00                       |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$29,244.00                  |
| 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) | \$29,244.00                  |

**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: Sherryl Dillon

Registered Agent's Signature: (Submitted Electronically) Date: 03/28/2017

Print Candidate Name: Colorado Springs Police Protective Assoc - Small Donor Committee

Candidate's Signature: (Submitted Electronically) Date: 03/28/2017

**Detailed Summary**

**Full Name of Committee/Person:** Colorado Springs Police Protective Assoc - Small Donor Committee

**Current Reporting Period:** 03/11/2017 **Through** 03/31/2017

|    |   |             |
|----|---|-------------|
|    | <b>Funds on hand at the beginning of reporting period (Monetary Only)</b>   | \$29,244.00 |
| 6  | <b>Itemized Monetary Contributions \$20 or More</b>   | \$0.00      |
| 7  | <b>Total of Non-Itemized Contributions (\$19.99 or Less)</b><br><br>(Number of Contributions of \$19.99 or Less: 0) | \$0.00      |
| 8  | <b>Loans Received</b><br><br>(Please list on Schedule "C")  | \$0.00      |
| 9  | <b>Total of Other Receipts</b><br><br>(Interest, Dividends, etc.)   | \$0.00      |
| 10 | <b>Returned Expenditures (from recipient)</b><br><br>(Please list on Schedule "D")                                  | \$0.00      |
| 11 | <b>Total Monetary Contributions</b><br><br>(Total of lines 6 through 10)  | \$0.00      |
| 12 | <b>Total Non-Monetary Contributions</b><br><br>(From Statement of Non-Monetary Contributions Schedule "A-2")        | \$0.00      |
| 13 | <b>Total Contributions</b><br><br>(Line 11 + Line 12)   | \$0.00      |
| 14 | <b>Itemized Expenditures \$20 or More</b><br><br>(Please list on Schedule "B")                                      | \$0.00      |
| 15 | <b>Total of Non-Itemized Expenditures</b><br><br>(Expenditures of \$19.99 or Less)                                  | \$0.00      |
| 16 | <b>Loan Repayments Made</b><br><br>(Please List on Schedule "C")  | \$0.00      |
| 17 | <b>Returned Contributions (To donor)</b><br><br>(Please list on Schedule "D")                                       | \$0.00      |
| 18 | <b>Closeout Distributions</b><br><br>(Balance must be zero. Please attach Schedule E.)                              | \$0.00      |
| 19 | <b>(Intentionally Left Blank)</b>   |             |
| 20 | <b>Total Spending</b><br><br>(Lines 14 through 17)  | \$0.00      |