



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: David Geislinger

As Shown On Registration

Address of Committee/Person:
City, State & Zip Code:
Committee Type:
Name of Financial Institution:
Address Of Financial Institution:
City, State & Zip Code Financial Institution:

CITY CLERK'S OFFICE
2017 APR 13 PM 3:42

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:

Date

Through

Date

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, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Spending, and Funds on Hand at the End.

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

Candidates Signature: Date: 4-13-2017

DETAILED SUMMARY

Full Name of Committee/Person: David Geislinger

Current Reporting Period: Through:

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0.00
6	Itemized Monetary Contributions \$20 or More (Please list on Schedule "A-1")	\$ 0.00
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"/>)	\$ 0.00
8	Loans Received (Please list on Schedule "C")	\$ 0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 33.00
11	Total Monetary Contributions <u>(Total of lines 6 through 10)</u>	\$ 33.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$ 0.00
13	Total Contributions (Line 11 + line 12)	\$ 33.00
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)	\$ 0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 33.00
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$ 0.00
19	(Intentionally left Blank)	\$
20	Total Spending (Lines 14 through 17)	\$ 33.00

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: David Geislinger

Returned Contributions
(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. Name (Last, First): David Geislinger
2. Address: _____
3. City/State/Zip: Colorado Springs, CO 80918
4. Purpose: refund from P.O. Box Fee
5. Date Accepted: 01/23/2017
6. Date Returned: 04/05/2017
7. Amount: \$ 33.00

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

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

Schedule D Returned Contributions
Page ____ of ____
Use additional pages as necessary

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. Name (Last, First):	<u>USPS</u>
2. Address:	<u>Montebello</u>
3. City/State/Zip:	<u>Colorado Springs, Co</u>
4. Comment (Optional):	<u>returned fee from PO Box fee</u>
5. Date Accepted:	<u>01/23/2017</u>
6. Date Returned:	<u>04/05/2017</u>
7. Amount:	\$ <u>33.00</u>

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

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

Schedule D Returned Expenditures
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Use additional pages as necessary