



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Colorado Springs Professional Firefighters Assoc. - IAFF Local 5

As Shown on Registration

Table with 2 columns: Field Name, Value. Fields include Address of Committee/Person, City, State & Zip Code, Committee Type, Name of Financial Institution, Address of Financial Institution, City, State & Zip Code of Financial Institution.

Type of Request

- Regularly Scheduled Filing.
Amended Filing. This amends previous report filed on (date)
Final Filing.

Reporting Period Covered: 03/27/2017 Through 05/05/2017

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

Table with 3 columns: Line Number, Description, Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning of Reporting Period, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Spending, Funds on Hand at the End of Reporting Period.

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: Jesse Weddle
Registered Agent's Signature: (Submitted Electronically) Date: 05/01/2017
Print Candidate Name: Colorado Springs Professional Firefighters Assoc. - IAFF Local 5

Candidate's Signature: (Submitted Electronically) Date: 05/01/2017

**Detailed Summary**

**Full Name of Committee/Person:** Colorado Springs Professional Firefighters Assoc. - IAFF Local 5

**Current Reporting Period:** 03/27/2017 **Through** 05/05/2017

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$58,607.67
6	<b>Itemized Monetary Contributions \$20 or More</b>	\$731.37
7	<b>Total of Non-Itemized Contributions (\$19.99 or Less)</b>  (Number of Contributions of \$19.99 or Less: 0)	\$0.00
8	<b>Loans Received</b>  (Please list on Schedule "C")	\$0.00
9	<b>Total of Other Receipts</b>  (Interest, Dividends, etc.)	\$0.00
10	<b>Returned Expenditures (from recipient)</b>  (Please list on Schedule "D")	\$0.00
11	<b>Total Monetary Contributions</b>  (Total of lines 6 through 10)	\$731.37
12	<b>Total Non-Monetary Contributions</b>  (From Statement of Non-Monetary Contributions Schedule "A-2")	\$0.00
13	<b>Total Contributions</b>  (Line 11 + Line 12)	\$731.37
14	<b>Itemized Expenditures \$20 or More</b>  (Please list on Schedule "B")	\$1,000.00
15	<b>Total of Non-Itemized Expenditures</b>  (Expenditures of \$19.99 or Less)	\$0.00
16	<b>Loan Repayments Made</b>  (Please List on Schedule "C")	\$0.00
17	<b>Returned Contributions (To donor)</b>  (Please list on Schedule "D")	\$0.00
18	<b>Closeout Distributions</b>  (Balance must be zero. Please attach Schedule E.)	\$0.00
19	<b>(Intentionally Left Blank)</b>	
20	<b>Total Spending</b>  (Lines 14 through 17)	\$1,000.00

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

**Full Name of Committee/Person:** Colorado Springs Professional Firefighters Assoc. - IAFF  
Local 5

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

Please Print/Type

1. Name (Last, First):	Colorado Springs Professional Firefighters Assoc. - IAFF Local 5,
2. Address:	3265 W Carefree Circle, Building C
3. City/State/Zip:	Colorado Springs, CO, 80917
4. Description:	Regular Percentage of Membership Dues Transfer
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	04/11/2017
8. Aggregate Amount this Election Cycle:	\$0.00
9. Contribution Amount this Reporting Period:	\$409.37

1. Name (Last, First):	Colorado Springs Professional Firefighters Assoc. - IAFF Local 5,
2. Address:	3265 W Carefree Circle, Building C
3. City/State/Zip:	Colorado Springs, CO, 80917
4. Description:	Regular Percentage of Membership Dues Transfer
5. Employer (mandatory if employed):	
6. Occupation (mandatory if employed):	
7. Date Accepted:	04/18/2017
8. Aggregate Amount this Election Cycle:	\$0.00
9. Contribution Amount this Reporting Period:	\$322.00

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

**Full Name of Committee/Person:** Colorado Springs Professional Firefighters Assoc. - IAFF  
Local 5

Please Print/Type

1. Name (Last, First):	Colorado Springs Professional Firefighters Assoc. - IAFF Local 5,
2. Address:	3265 W Carefree Circle, Building C
3. City/State/Zip:	Colorado Springs, CO, 80917
4. Purpose of Expenditure:	Contribution to Jill Gaebler for City Council
5. Date Expended:	03/27/2017
6. Amount:	\$1,000.00