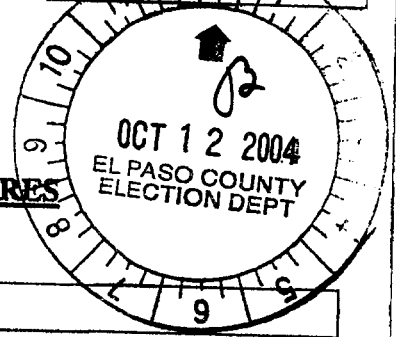


Colorado Secretary of State  
Elections Division  
1560 Broadway, Ste. 200  
Denver, CO 80202  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**  
(C.R.S. 1-45-106)

**Full Name of Committee/Person:** ANDRE UJIL  
As Shown On Registration

**Address of Committee/Person:** 6590 WEEPING WILLOW DR  
**City, State & Zip Code:** Colo. SPRINGS, Colo. 80925

**Committee Type:** CANDIDATE COMMITTEE

**Name and Address of Financial Institution:** 113 CREDIT UNION  
3505 N. CHESTNUT ST. Colo. SPRINGS, Colo. 80907

SOS ID NUMBER (state committees ONLY):

**Type of Report**

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date) \_\_\_\_\_  
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)

Reporting Period Covered: 9-10-04 Through 10-12-04  
date date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]  
\$ \_\_\_\_\_

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 34.18
2 Total Monetary Contributions (line 11)	\$ 105.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 139.18
4 Total Monetary Expenditures (line 19)	\$ 94.43
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 44.75

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.  
[Art. XXVIII Sec. 10(2)(a)]

**Authorization** (Must be completed by either the Registered Agent OR the Candidate)

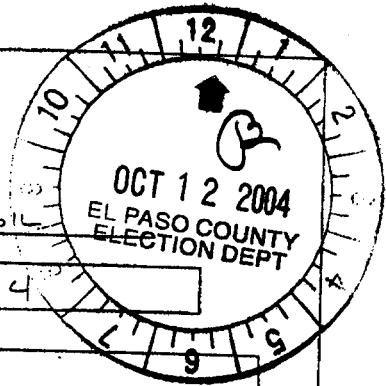
Print Registered Agent's (Treasurer's) Name: ANDRE UJIL

Registered Agent's (Treasurer's) Signature: *Andre Ujil* Date: 10-12-04

Print Candidate Name: ANDRE UJIL

Candidates Signature: *Andre Ujil* Date: 10-12-04

**DETAILED SUMMARY**



Full Name of Committee/Person: CITIZENS TO ELECT ANDRE' WIGIL

Current Reporting Period: 9-10-04 Through 10-12-04

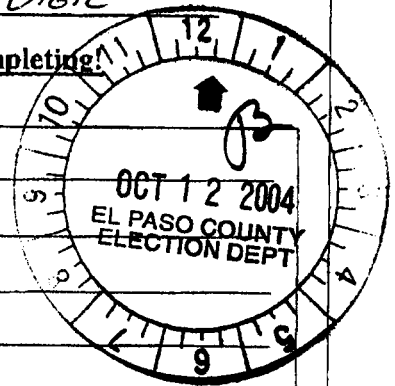
	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	34.18
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	90.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	15.00
8	<b>Loans Received</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)	\$	105.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	139.18
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	79.43
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	15.00
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>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	- 0 -
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	94.43
20	<b>Total Spending</b> (Line 18 + line 19)	\$	94.43

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: COMMITTEE TO ELECT ANDRÉ VIGIL

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



**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 10-04-04	4. Name (Last, First): <u>KAREN DAVIDSON</u>
2. <u>Contribution Amt.</u> \$ 30.00	5. Address: <u>3928 CORAL PT</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>C.S. Colo 80917-5858</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>HOUSEWIFE</u>

1. <u>Date Accepted</u> 10-04-04	4. Name (Last, First): <u>DEAN E TOLLEFSON</u>
2. <u>Contribution Amt.</u> \$ 40.00	5. Address: <u>1110 McARTHUR AV</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo. SPRINGS COLORADO 80909</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

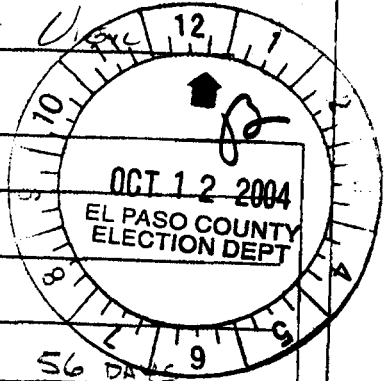
1. <u>Date Accepted</u> 10-04-04	4. Name (Last, First): <u>LEONARD C MOLLIKA</u>
2. <u>Contribution Amt.</u> \$ 15.00	5. Address: <u>2309 PROVIDENCE CIRCLE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo. SPRINGS Colo 80909</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>N/A</u>

1. <u>Date Accepted</u> 10-04-04	4. Name (Last, First): <u>PAUL SHEPARD</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>2104 N. CASCADE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo SPRINGS Colo</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RETIRED</u>

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

**Schedule B - Itemized Expenditures Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: COMMITTEE TO ELECT ANDRE U...



PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>SEPT 11, 04</u>	4. Name: <u>SAN'S CLUB</u>
2. <u>Amount</u> <u>\$ 33.11</u>	5. Address: <u>ACADEMY BLVD SOUTH</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLO SPRINGS COLO</u>
	7. Purpose of Expenditure: <u>SNACK MTG &amp; PLAN LAST 56 DAYS</u>

1. <u>Date Expended</u> <u>SEPT 20 25</u>	4. Name: <u>WALMART</u>
2. <u>Amount</u> <u>\$ 26.32</u>	5. Address: <u>85-87 HWY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FTW. COLO. 80917</u>
	7. Purpose of Expenditure: <u>POP &amp; FOOD (WALK PERCENT)</u>

1. <u>Date Expended</u> <u>OCT 2 04</u>	4. Name: <u>CORNER STORE # 4141</u>
2. <u>Amount</u> <u>\$ 20.00</u>	5. Address: <u>MAIN ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SECURITY COLO 80917</u>
	7. Purpose of Expenditure: <u>FUEL HILLSIDE MTG &amp; FUELERS</u>

1. <u>Date Expended</u> <u>10-7-04</u>	4. Name: <u>CORNER STORE # 4141</u>
2. <u>Amount</u> <u>\$ 15.00</u>	5. Address: <u>MAIN ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>SECURITY COLO 80917</u>
	7. Purpose of Expenditure: <u>FUEL Colorado Nurse Ass. Temp Gap 1644 EL PASO (301) HEALTH DEPT</u>

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$ _____	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____