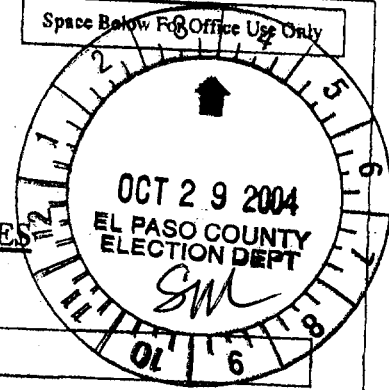


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
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Space Below For Office Use Only



REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person:	ANDRE' UGIL <small>As Shown On Registration</small>
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) JULY 21, 04
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)

Reporting Period Covered: 10-13-04 Through 10-29-04

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

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 44.75
2 Total Monetary Contributions (line 11)	\$ 650.00 650.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 694.75
4 Total Monetary Expenditures (line 19)	\$ 663.36
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 31.39

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' UGIL

Registered Agent's (Treasurer's) Signature: Andre' E Ugil Date: 10-29-04

Print Candidate Name: ANDRE' UGIL

Candidates Signature: Andre' E Ugil Date: 10-29-04

DETAILED SUMMARY

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

Current Reporting Period: 10-13-04 Through 10-29-04

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 44.75
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 650.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ - 0 -
8	Loans Received (Please list on Schedule "C")	\$ - 0 -
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ - 0 -
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ - 0 -
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 694.75 650.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ - 0 -
13	Total Contributions (Line 11 + line 12)	\$ 694.75
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 663.36
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ - 0 -
16	Loan Repayments Made (Please list on Schedule "C")	\$ - 0 -
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ - 0 -
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ - 0 -
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 663.36
20	Total Spending (Line 18 + line 19)	\$ 663.36

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: CITIZEN TO ELECT ANDRE' UGIL

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-25-04	4. Name (Last, First): <u>ALAN & MARIE KREGER</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>34 EASY ST.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>SECURITY, Colo 80911</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>HOUSEWIFE</u>
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</u>

1. <u>Date Accepted</u> 10-27-04	4. Name (Last, First): <u>Colo. AFL-CIO Non Partisan Small Donor Committee</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>104 SHERIDAN BLVD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>DENVER Colo 80226</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>N/A</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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: CITIZENS to ELECT ANDRE' UGIL

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10-19-04	4. Name: <u>INK FOUNTAIN PRINTING</u>
2. <u>Amount</u> \$ 106.36	5. Address: <u>P.O. Box 505</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FOUNTAIN, Colo. 80817</u>
	7. Purpose of Expenditure: <u>FLYERS</u>

1. <u>Date Expended</u> Oct 22, 04	4. Name: <u>CORNER STORE # 4141</u>
2. <u>Amount</u> \$ 15.00	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 80925</u>
	7. Purpose of Expenditure: <u>FUEL / MTG</u>

1. <u>Date Expended</u> 10-26-04	4. Name: <u>ANT SIGNS</u>
2. <u>Amount</u> \$ 90.00	5. Address: <u>311 MOUNTVIEW LANE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FTN Colo 80817</u>
	7. Purpose of Expenditure: <u>SIGNS</u>

1. <u>Date Expended</u> 10-26-04	4. Name: <u>MASTER PRINTERS</u>
2. <u>Amount</u> \$ 450.00	5. Address: <u>308 MAIN STREET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CANON CITY, Colo 81212</u>
	7. Purpose of Expenditure: <u>SIGNS</u>

1. <u>Date Expended</u> 10-27-04	4. Name: <u>CITY OF FOUNTAIN</u>
2. <u>Amount</u> \$ 2.00	5. Address: <u>116 SOUTH MAIN ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FTN. Colo. 80817</u>
	7. Purpose of Expenditure: <u>PERMIT / SIGNS</u>

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

Full Name of Committee/Person: CITIZEN to ELEC. ANDRE' UGIL

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

PLEASE PRINT/TYPE

* AMENDED ADDED OCCUPATION * July 21, 04

1. <u>Date Accepted</u> 6-21-04	4. Name (Last, First): <u>JIM ALLISON SCOTT</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6515 BONIFAS CT.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLO. SPRINGS, COLO 80904</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>* RETIRED</u>
	9. Occupation (if applicable, mandatory): <u>* HOUSE WIFE</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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