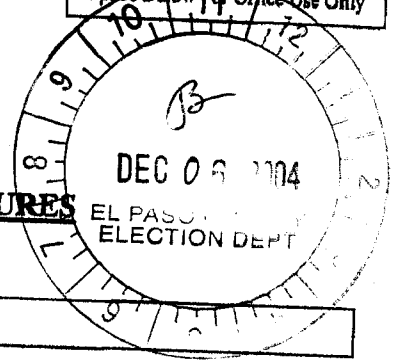


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person: _____
As Shown On Registration

Address of Committee/Person: ANDRÉE UIGIL

City, State & Zip Code: 6590 WEEPING Willow Dr

Committee Type: Colo. SPRINGS Colo. 80925

Name and Address of Financial Institution: CANDIDATE COMMITTEE
113 CREDIT UNION 3505 N. CROSTWICK 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)
AV. NOT TERM WILL RUN AGAIN EFF. NOV 3, 2004

Reporting Period Covered: 10-29-04 date Through Dec 3 04 date

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)	\$ 31.39
2 Total Monetary Contributions (line 11)	\$ _____
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ _____
4 Total Monetary Expenditures (line 19)	\$ 31.39
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

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: Andrée Ugil

Registered Agent's (Treasurer's) Signature: [Signature] Date: 12/6/04

Print Candidate Name: Andrée Ugil

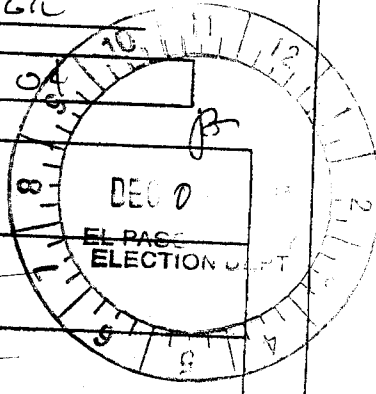
Candidates Signature: [Signature] Date: 12/6/04

CLOSED 12-03-04
To Come
From [unclear]

DETAILED SUMMARY

Full Name of Committee/Person: CITIZENS TO ELECT. ANDRE VIGIL

Current Reporting Period: 10.29.04 Through Dec 3 04



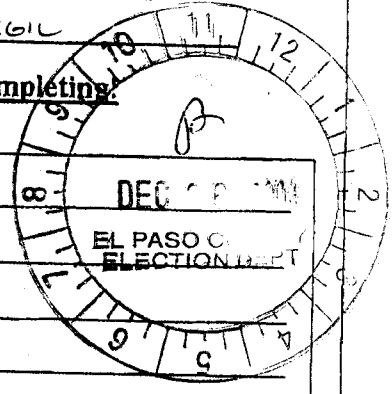
	Funds on hand at the beginning of reporting period (Monetary Only)	\$	31.39
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	_____
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	_____
8	Loans Received (Please list on Schedule "C")	\$	_____
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	_____
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	_____
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	31.39
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	_____
13	Total Contributions (Line 11 + line 12)	\$	_____
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	_____
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	31.39
16	Loan Repayments Made (Please list on Schedule "C")	\$	_____
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	_____
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	_____
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	31.39
20	Total Spending (Line 18 + line 19)	\$	31.39

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

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

Full Name of Committee/Person: CITIZENS TO ELECT ANDRE UJOL

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



PLEASE PRINT/TYPE

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: <u>NO MONIES</u>
	7. Description: <u>REC'D</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

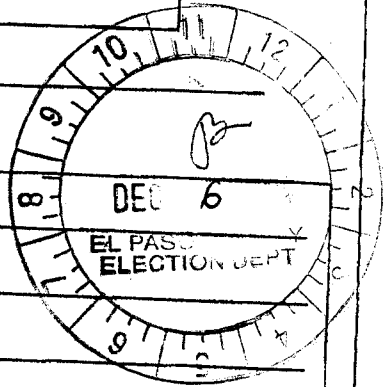
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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: CITIZENS to Elect ANDRE UJLA



PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10-31-04	4. Name: <u>HISPANIA NEWS</u>
2. <u>Amount</u> \$ 31.39	5. Address: <u>P.O. Box 15116</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo. Springs Colo. 80935</u>
	7. Purpose of Expenditure: <u>AD</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: _____

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: _____

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: _____

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: _____