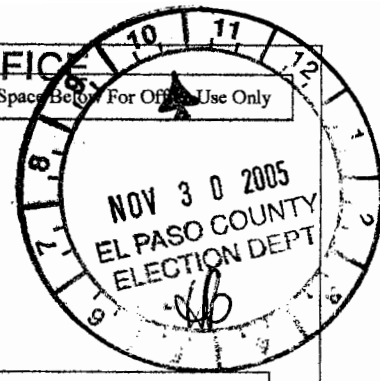


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



IN OFFICE

Space Below For Office Use Only



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

Full Name of Committee/Person: Committee to Elect Kay C. MAST
As Shown On Registration

Address of Committee/Person: 1329 N. Bennett Ave

City, State & Zip Code: Colorado Springs, Co. 80909

Committee Type: _____

Name and Address of Financial Institution: UMB BANK 290 E. Cheyenne Blvd Colo Spgs
80906

SOS ID NUMBER (state committees ONLY): _____

Type of Report

Regularly Scheduled Filing.

Amended Filing. This amends previous report filed on (date) November 28, 2005
Submit changes or new information ONLY

Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)

Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: October 24, 2005 Through November 26, 2005
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)	\$ 1663.60
2 Total Monetary Contributions (line 11)	\$ 78.02
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1741.62
4 Total Monetary Expenditures (line 19)	\$ 1741.62
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)

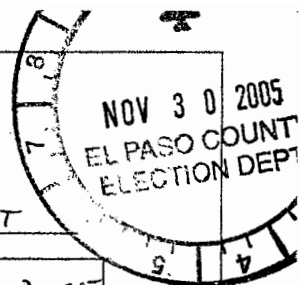
Print Registered Agent's (Treasurer's) Name: CAL ANDERSON

Registered Agent's (Treasurer's) Signature: Cal Anderson Date: 11/29/05

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY



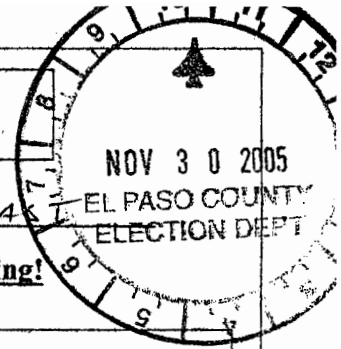
Full Name of Committee/Person: Committee To Elect Kay C. MAST

Current Reporting Period: October 24, 2005 Through November 26, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 1463.60
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 78.02
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)	\$ 78.02
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 61.85
13	Total Contributions (Line 11 + line 12)	\$ 139.87
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1741.62
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
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)	\$ 61.85
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1741.62
20	Total Spending (Line 18 + line 19)	\$ 1803.47

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

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



Full Name of Committee/Person: Committee To Elect Kay C. Mast

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/24/05	4. Name (Last, First): <u>ANDERSON, NORMA</u>
2. <u>Contribution Amt.</u> \$ 78.02	5. Address: <u>1329 Bennett Ave</u>
3. <u>Aggregate Amt. *</u> \$ 972.51	6. City/State/Zip: <u>Colorado Springs, CO, 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

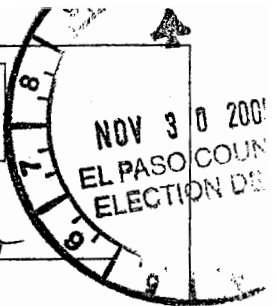
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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).

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]



Full Name of Committee/Person: Committee To Elect KAY C. MAST

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 11/21/05	4. Name (Last, First): <u>Pikes Peak Small Donor Committee</u>
2. <u>Fair Market Value</u> \$ 61.85	5. Address: <u>2520 N. TEJON ST.</u>
3. <u>Aggregate Amt.</u> \$ 61.85	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80907</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>IN-Kind Contribution Voter File DATA AND Copying</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

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

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

NOV 30 2005

EL PASO COUNTY
ELECTION DEPT

Full Name of Committee/Person: Committee To Elect KAY C. MAST

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/24/05	4. Name: <u>MINUTEMAN Press</u>
2. <u>Amount</u> \$ 740.43	5. Address: <u>2814 E. Pikes Peak Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO. 80909</u>
	7. Purpose of Expenditure: <u>Door Hangers + Post Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/24/05	4. Name: <u>MAILING Services INC.</u>
2. <u>Amount</u> \$ 837.62	5. Address: <u>1027 S. Sierrita Madre</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO. 80903</u>
	7. Purpose of Expenditure: <u>MAILING POSTCARDS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/24/05	4. Name: <u>FRIENDS OF School District 11</u>
2. <u>Amount</u> \$ 160.00	5. Address: <u>P.O. Box 71</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO. 80901</u>
	7. Purpose of Expenditure: <u>MAILING + Robo Calls</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/24/05	4. Name: <u>Teachers Committee For Excellence In Education</u>
2. <u>Amount</u> \$ 3.57	5. Address: <u>2520 N. TESSON</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO. 80907</u>
	7. Purpose of Expenditure: <u>Phone BANK FOR 7 HOURS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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: _____
	<input type="checkbox"/> Check box if Electioneering Communication