



**EL PASO COUNTY, COLORADO**  
OFFICE OF THE CLERK & RECORDER



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. FILE IN DUPLICATE.

NAME OF COMMITTEE (In Full):

Committee to Elect ANN ELROD

ADDRESS OF COMMITTEE:

535 BLACK HAWK CT., COLO. SPRGS, CO 80919  
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

ENT FEDERAL CREDIT UNION, 7260 CAMPUS DR, COLO. SPRGS, CO 80920  
(Name) (Number/Street/City/State/Zip)

TYPE OF REPORT:

\_\_\_\_\_ : 21 days prior to the election. Covering the period from the initial filing  
(Date) to 5 days prior to this filing.

\_\_\_\_\_ : Friday before the election. Covering the period from 5 days prior to the  
(Date) previous filing to 5 days prior to this filing.

\_\_\_\_\_ : 30 days after the election. Covering the period from 5 days prior to the  
(Date) previous filing to 5 days prior to this filing.

X : November 1 of off-year. Covering the period from 5 days prior to the  
(Date) previous filing to November 1.

Termination Report

Is this report an amendment?  Yes  No

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ 0	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 0	\$ 0
3. Total Expenditures (From Ln 21):	\$ 0	\$ 0
4. Funds on Hand at Close of Reporting Period:	\$ 0	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ 0	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ 0	XXXXXXXXXXXXXXXX

CONTINUE TO PAGE 2

**DETAILED SUMMARY PAGE  
OF CONTRIBUTIONS AND EXPENDITURES**

Page 2

NAME OF COMMITTEE: Committee to Elect ANN ELROD

<b>CONTRIBUTIONS:</b> (Please provide spreadsheet format for detail items. <sup>1</sup> )	<b>COLUMN A</b> (Total This Report)	<b>COLUMN B</b> (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees) Total Itemized (Use spreadsheet for 7. Details "Schedule A"):	\$ 0	\$ 0
8. Non-Itemized (Total all Contributions Under \$20):	\$ 0	\$ 0
9. Political Party Committees:	\$ 0	\$ 0
10. Other Political Committees:	\$ 0	\$ 0
11. All Loans Received (Schedule C):	\$ 0	\$ 0
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$ 0	\$ 0
13. <b>TOTAL CONTRIBUTIONS:</b> (Add all of the above items)	\$ 0	\$ 0
<b>EXPENDITURES:</b>		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 0	\$ 0
15. Total of Non-Itemized Expenditures:	\$ 0	\$ 0
16. Loan Repayments (Use "Schedule C"):	\$ 0	\$ 0
17. Refunds to Contributions:	XXXXXXXXXXXX	XXXXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$ 0	\$ 0
19. Political Party Committees:	\$ 0	\$ 0
20. Other Political Committees:	\$ 0	\$ 0
21. <b>TOTAL EXPENDITURES:</b> (Add all of the above items)	\$ 0	\$ 0

I certify that I have examined this Report of Contributions and Expenditures and to the best of my knowledge and belief it is true, correct and complete.

ANN L. ELROD  
Type/Print Name of Agent

Ann L. Elrod 11/14/03  
Signature of Agent Date

<sup>1</sup> The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate for Election Cycle per Contributor. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.



**EL PASO COUNTY, COLORADO**  
**OFFICE OF THE CLERK & RECORDER**  
**SCHEDULE A**  
**CONTRIBUTIONS (PAGE 1)**

(This schedule should reflect each item [7thru 12] of the Detailed Summary Page)

No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. CRS 1-45-111(1)(d).

Check  appropriate box(es):     Primary     General     Other (Specify):

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):	DATE OF THIS CONTRIBUTION:		AMT OF THIS CONTRIBUTION:
			\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF THIS CONTRIBUTION:		AMT OF THIS CONTRIBUTION:
			\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF THIS CONTRIBUTION:		AMT OF THIS CONTRIBUTION:
			\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			

**SCHEDULE B: EXPENDITURES CONTINUATION PAGE**

PAGE   OF

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____ . DATE OF EXPENDITURE: _____, ____
PURPOSE OF THIS EXPENDITURE: _____		
_____		
PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____ . DATE OF EXPENDITURE: _____, ____
PURPOSE OF THIS EXPENDITURE: _____		
_____		
PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____ . DATE OF EXPENDITURE: _____, ____
PURPOSE OF THIS EXPENDITURE: _____		
_____		
PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____ . DATE OF EXPENDITURE: _____, ____
PURPOSE OF THIS EXPENDITURE: _____		
_____		
PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____ . DATE OF EXPENDITURE: _____, ____
PURPOSE OF THIS EXPENDITURE: _____		
_____		



**EL PASO COUNTY, COLORADO**  
**OFFICE OF THE CLERK & RECORDER**  
**SCHEDULE B**  
**EXPENDITURES**

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)

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Check  appropriate box(es):  Primary  General  Other (Specify):

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____.
PURPOSE OF THIS EXPENDITURE:		DATE OF EXPENDITURE: _____, ____

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____.
PURPOSE OF THIS EXPENDITURE:		DATE OF EXPENDITURE: _____, ____

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____.
PURPOSE OF THIS EXPENDITURE:		DATE OF EXPENDITURE: _____, ____

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$ _____.
PURPOSE OF THIS EXPENDITURE:		DATE OF EXPENDITURE: _____, ____