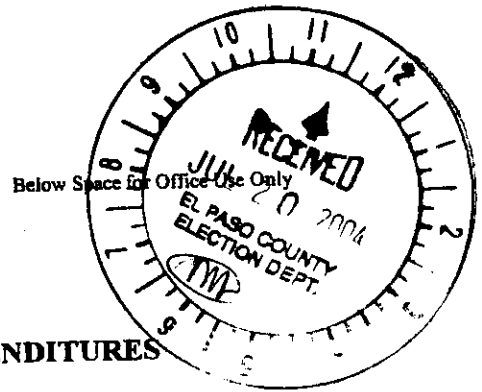


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



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

Full Name of Committee/Person: Brad Ermel for Commissioner
As Shown On Registration

Address of Committee/Person: 204 S. Fountain St

City, State & Zip Code: Fountain, Colo 80817

Committee Type: Candidate Committee

Name and Address of Financial Institution: Pikes Peak Natl., 6615 Camden Blvd, Fountain, Co 80817

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: 5-1-04 Through 7-19-04
date date

Declared Total Spending (if applicable)
 [Art. XXVIII, Sec. 4(1)] \$ 348.66

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ - 0 -
2 Total Monetary Contributions (line 11)	\$ 348.66
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 348.66
4 Total Monetary Expenditures (line 19)	\$ 348.66
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)

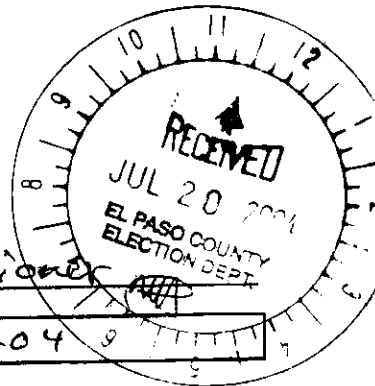
Print Registered Agent's (Treasurer's) Name: _____

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Brad Ermel

Candidates Signature: *Brad Ermel* Date: 7-20-04

DETAILED SUMMARY



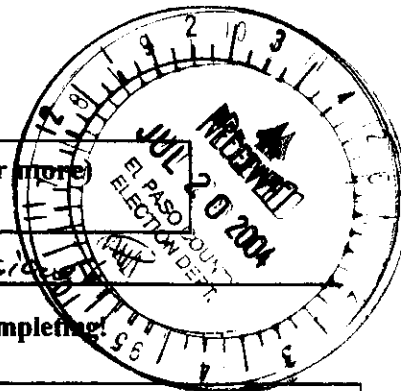
Full Name of Committee/Person: Brad Ermel for Commissioners

Current Reporting Period: 5-1-04

Through 7-19-04

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ - 0 -
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 348.66
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)	\$ 348.66
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	Total Contributions (Line 11 + line 12)	\$ 348.66
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 348.66
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)	\$ —
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 348.66
20	Total Spending (Line 18 + line 19)	\$ 348.66

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



Full Name of Committee/Person: Brad Ermel for Commission

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5-19-04	4. Name (Last, First): <u>Shore, Mary</u>
2. <u>Contribution Amt.</u> \$ 160	5. Address: <u>204 S. Fountain St</u>
3. <u>Aggregate Amt.</u> (*Election Cycle) \$ 160	6. City/State/Zip: <u>Fountain, Colo 80817</u>
	7. Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	8. Occupation (if applicable, <u>mandatory</u>): <u>Florist</u>

1. <u>Date Accepted</u> 5-19-04	4. Name (Last, First): <u>Ermel, Brad</u>
2. <u>Contribution Amt.</u> \$ 188.66	5. Address: <u>204 S. Fountain St</u>
3. <u>Aggregate Amt.</u> (*Election Cycle) \$ 188.66	6. City/State/Zip: <u>Fountain, Colo 80817</u>
	7. Employer (if applicable, <u>mandatory</u>): <u>Kennith Castillucci Stone</u>
	8. Occupation (if applicable, <u>mandatory</u>): <u>Stone Mason</u>

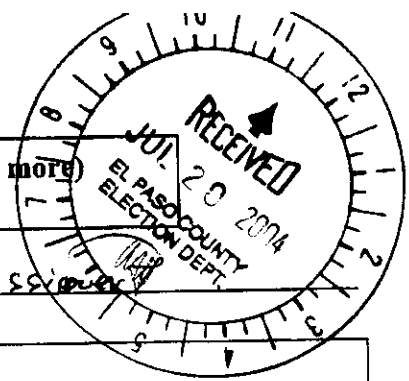
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> (*Election Cycle) \$	6. City/State/Zip: _____
	7. Employer (if applicable, <u>mandatory</u>): _____
	8. Occupation (if applicable, <u>mandatory</u>): _____

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

* Art. XXVIII, Sec. 2(6)

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



Full Name of Committee/Person: Brad Ermel for Commissioner

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>5-21-04</u>	4. Name: <u>Ink Fountain Printing</u>
2. <u>Amount</u> \$ <u>273.66</u>	5. Address: <u>POB 509</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fountain, Colo 80817</u>
	7. Purpose of Expenditure: <u>Printing - Cards & Fliers</u>

1. <u>Date Expended</u> <u>5-19-04</u>	4. Name: <u>Pitas Peak National Bank</u>
2. <u>Amount</u> \$ <u>75.</u>	5. Address: <u>6615 Camden Blvd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fountain, Colo 80817</u>
	7. Purpose of Expenditure: <u>Banking Services, Checking Acct.</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: _____