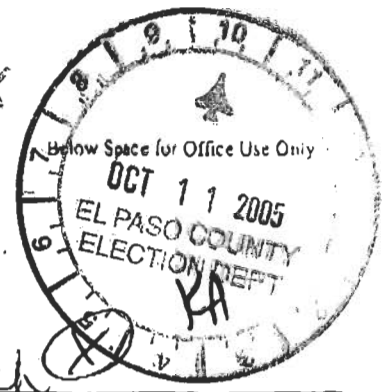


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



FAX



COMMITTEE REGISTRATION FORM
 (C.R.S. 1-45-108)

Committee Name: Committee to elect Kelli Trausch

Purpose/Office Sought: Fountain Fort Carson Dist 8 schoolboard

Check Only One Committee Type:

- Candidate Committee Political Party Small Donor Committee
 Political Committee Issue Committee

Is this an amendment*? YES NO

* Description of what is being amended. Pursuant to Rule 2.3.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form. _____

Contact Information:

Name of Person Acting As Registered Agent (Treasurer): Kelli Trausch

Address (Physical): 11665 Orleans Rd Fountain Co 80817

Address (Mailing): 11665 Orleans Rd Fountain Co 80817

Telephone No.: 719 382-5365 E-Mail: _____

Affiliation (if applicable): _____

Check Only One Filing Type:

- Manual Filer
 Electronic Filer

Check Only One Jurisdiction:

- Federal State County
 Municipal Multi-County
 Other: _____

Authorization:

Registered Agent's (Treasurer's) Signature: Kelli Trausch Date: Sept 8, 05

Print Candidate Name: Kelli Trausch

Candidate Address (include mailing): 11665 Orleans Rd Fountain Co 80817

Candidate Signature: Kelli Trausch Date: Sept 15, 05