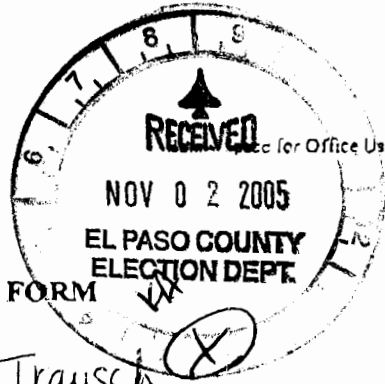


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 PH (303) 894-2200 x.3  
 FAX (303) 869-4861  
 www.sos.state.co.us



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

**Committee Name:** Committee to elect Kelli Trausch

**Purpose/Office Sought:** Fountain Fort Carson Dist 8 school board

**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 23.1 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.: 719 982-5365      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

Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
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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 Kelli Trausch <small>As Shown On Registration</small>
Address of Committee/Person:	11665 Orleans Rd
City, State & Zip Code:	Fountain Co 80817
Committee Type:	Candidate Comr.
Name and Address of Financial Institution:	Colorado Mountain Bank 4105 S. Santa Fe Fountain 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)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered:  Through   
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)	\$ 440
2 Total Monetary Contributions (line 11)	\$ 1120
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1560
4 Total Monetary Expenditures (line 19)	\$ 14,382.66
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1,216.74

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: Kelli Trausch  
 Registered Agent's (Treasurer's) Signature: [Signature] Date: Oct 31, 05  
 Print Candidate Name: Kelli (Neel) Trausch  
 Candidates Signature: [Signature] Date: Oct 31, 05

<b>DETAILED SUMMARY</b>
-------------------------

Full Name of Committee/Person: Committee to Elect Kelli Trausch

Current Reporting Period: Oct 7, 2005 Through Oct 28, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	440
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(n)] (Please list on Schedule "A")	\$	1,120
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1560
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	1560
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1438 <sup>26</sup>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1438 <sup>26</sup>
20	Total Spending (Line 18 + line 19)	\$	1438 <sup>26</sup>

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

Full Name of Committee/Person: Kel Committee to Elect Kelli Trausch

PLEASE PRINT/TYPE

1. Date Expended <u>Oct 13, 05</u>	4. Name: <u>Fountain Valley News</u>
2. Amount \$ <u>120<sup>00</sup></u>	5. Address: <u>120 E Ohio</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fountain Co 80817</u>
	7. Purpose of Expenditure: <u>Political Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>Oct 21</u>	4. Name: <u>Miller Promotional Products</u>
2. Amount \$ <u>1258<sup>26</sup></u>	5. Address: <u>4920 Diamond Dr</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs Co 80918</u>
	7. Purpose of Expenditure: <u>Yard signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>Oct 24</u>	4. Name: <u>Fountain Valley News</u>
2. Amount \$ <u>100<sup>00</sup></u>	5. Address: <u>120 E. Ohio</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fountain Co 80817</u>
	7. Purpose of Expenditure: <u>Political Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount \$	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

1. Date Expended	4. Name: _____
2. Amount \$	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

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

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

Full Name of Committee/Person: Committee to Elect Kelli Trausch

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

PLEASE PRINT/TYPE

1 Date Accepted <u>Oct 8</u>	4 Name (Last, First): <u>ONeil Kevin</u>
2 Contribution Amt. \$ <u>300</u>	5 Address: <u>#43rd Street</u>
3 Aggregate Amt. * \$	6 City/State/Zip: <u>Colo. Springs Co. 80806</u>
<input type="checkbox"/> Check box if Electioneering Communication	7 Description: <u>check (cashiers)</u>
	8 Employer (if applicable, mandatory): <u>Self employed</u>
	9 Occupation (if applicable, mandatory): <u>Real Estate Investor</u>

1 Date Accepted <u>Oct 8</u>	4 Name (Last, First): <u>ONeil Kendra</u>
2 Contribution Amt. \$ <u>500</u>	5 Address: <u>1302 Harkness Way 80906</u>
3 Aggregate Amt. * \$	6 City/State/Zip: <u>Colo. Springs Co</u>
<input type="checkbox"/> Check box if Electioneering Communication	7 Description: <u>Cashiers Check</u>
	8 Employer (if applicable, mandatory): <u>Self Employed</u>
	9 Occupation (if applicable, mandatory): <u>Modular Homes Sites</u>

1 Date Accepted <u>10/21</u>	4 Name (Last, First): <u>Brian + Kelli Trausch</u>
2 Contribution Amt. \$ <u>320</u>	5 Address: <u>1166 S Urbans Rd 80811</u>
3 Aggregate Amt. * \$	6 City/State/Zip: <u>Fountain Co</u>
<input type="checkbox"/> Check box if Electioneering Communication	7 Description: <u>check</u>
	8 Employer (if applicable, mandatory): <u>Self Employed (Brian) Administrator <sup>Kelli</sup></u>
	9 Occupation (if applicable, mandatory): <u>Brian Construction Kelli Administrator</u>

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

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional files: 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)