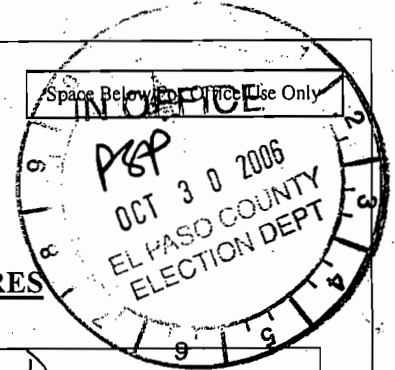


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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 Sandra Damron <small>As Shown On Registration</small> |
| Address of Committee/Person: | P.O. Box 359 |
| City, State & Zip Code: | Colorado Springs, Co 80901 |
| Committee Type: | Candidate |
| Name and Address of Financial Institution | |

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) | \$ 0 |
| 2 Total Monetary Contributions (line 11) | \$ 0 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 0 |
| 4 Total Monetary Expenditures (line 19) | \$ 0 |
| 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): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Sandra J. Damron

Candidates Signature: Sandra J. Damron Date: 10/30/06