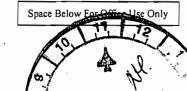
Colorado Secretary of State Elections Division 1700 Broadway, Ste. 270 Denver, CO 80290 Ph: (303) 894-2200 x 3 Fax: (303) 869-4861 www.sos.state.co.us





REPORT OF CONTRIBUTIONS AND EXPENDITURES

<u> </u>	(C.R.S. 1-45-108)	EL PANAGON DENT		
Full Name of Committee/Person:	Committee to Eleci	+ Albert Comintes		
	As Shown On Registration	The property of the second sec		
Address of Committee/Person:	P.O. Box 15611	9 9		
City, State & Zip Code:	US CO 809:	35		
Committee Type:	Election			
Name and Address of Financial Institution	ENTECH P.O.	Prox 15819 C/0 80975		
SOS ID NUMBER (state committees ONLY):				
Type of Report				
Regularly Scheduled Filing.		·		
Amended Filing. This amends previ	ous report filed on (date)			
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:	Date Through	th Nov 23 2006		
Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]	\$			
		Totals Detailed Summary Page		
1 Funds on Hand at the Beginnin	g of Reporting Period (monetary only)	\$ 50000		
2 Total Monetary Contributions		\$ 7.50		
	ns & Beginning Amount (line 1 + line 2	2) \$ 0		
4 Total Monetary Expenditures (\$ () 4		
	eporting Period (monetary) (line 3 – line			
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)]				
perjury, that to the best of my knowledge o	r belief all contributions received during	I hereby certify and declare, under penalty of this reporting period, including any organization, are from permissible sources.		
Registered Agent's Signature:		Date: 1/29/06		
Print Candidate Name: Alber	t Gonzales			
Candidates Signature:	———	Date: /1/2.9/0.(
	C	olorado Secretary of State Form Rev 08/06		

Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]				
Full Name of Committee/Person: Committee to Elect Albert Gourale				
WARNING: Please read the instruction page for Schedule "A" before completing!				
PLEASE PRINT/TYPE 1. Date Accepted	1 10 10 1			
11/21/66 2/ Confribution Amt. \$ 500 \mathbb{E} 3. Aggregate Amt. * \$ 500 \mathbb{F}	4. Name (Last, First): Gonzales Albert 5. Address: 950 Broad VIEW Pl 6. City/State/Zip: 45 Co 80904 7. Description: 8. Employer (if applicable, mandatory):			
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):			
1. Date Accepted /// Z/ 06 2. Contribution Amt. \$ 150 \$\frac{\pi}{2}\$ 3. Aggregate Amt. * \$ 650 \$\frac{\pi}{2}\$ Check box if Electioneering Communication	4. Name (Last, First): Shuth 5. Address: 3728 Freedom Hgts 6. City/State/Zip: C/S 86904 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 227/250			
1. Date Accepted // Z/ 06 2. Contribution Amt. \$ 50 3. Aggregate Amt. * \$ 700 \$ Check box if Electioneering Communication	4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): Real Estate			
1. Date Accepted // 2 2 Contribution Amt. \$ 2 \$\frac{2}{2} \$\frac{2} \$\frac{2}{2} \$\frac{2}{2} \$\frac{2}{2} \$\frac{2}{2} \$\frac{2}{2}	4. Name (Last, First): 6 (ev lez) 5. Address: 6. City/State/Zip: 6 (907)			
3: Aggregate Amt. * \$ 728	7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):			
	n a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee			

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

Full Name of Committee/Person:				
WARNING	E: Please read the instruction page for Schedule "A" before completing!			
PLEASE PRINT/TYPE				
1. Date Accepted	4. Name (Last, First): (a) Afunez			
11/25				
2. Contribution Amt.				
63	6. City/State/Zip: C/S 809 /0			
3. Aggregate Amt. *	7. Description:			
150 =	8. Employer (if applicable, mandatory):			
Check box if Electioneering	9. Occupation (if applicable, mandatory): Refrection Refrection			
Communication				
1. Date Accepted				
	4. Name (Last. First):			
2. Contribution Amt.	5. Address:			
\$	6. City/State/Zip:			
3. Aggregate Amt. *	7. Description:			
	8. Employer (if applicable, mandatory):			
Check box if	9. Occupation (if applicable, mandatory):			
Communication				
Date Accepted	4. Name (Last, First):			
2. Contribution Amt.	5. Address:			
\$	6. City/State/Zip:			
3. Aggregate Amt. *	7. Description:			
	8. Employer (if applicable, mandatory):			
Check box if	9. Occupation (if applicable, mandatory):			
Communication				
1. Date Accepted	4. Name (Last, First):			
	·			
2. Contribution Amt.	5. Address:			
\$	6. City/State/Zip:			
3. Aggregate Amt. *	7. Description:			
Chook have if	8. Employer (if applicable, mandatory):			
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):			
	na committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: "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).

Colorado Secretary of State Form Rev. 06/05

	DETAILED SUMMARY	Y
Full I	Name of Committee/Person: Committee 49	Elect Albert Gour
Curr	ent Reporting Period: 11/23/06 Thr	ough #2/5/06 11/28/06
Fun	ds on hand at the beginning of reporting period (Monetary Only)	s -250 g
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 750
.7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 6
8	Loans Received (Please list on Schedule "C")	s Ø
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ P
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 750
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 750
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	8 714 6
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	s /
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)	s 744 6
20	Total Spending (Line 18 + line 19)	s 714