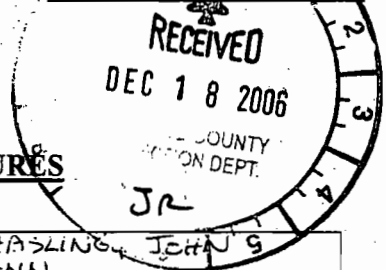


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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 TAMI HASLING, JOHN G. GUDRAGEN AND SANDRA MANN
As Shown On Registration

Address of Committee/Person: 2625 Rossmere St. Colo Spgs, Colo 80919

City, State & Zip Code:

Committee Type: CAMPAIGN

Name and Address of Financial Institution: CHASE BANK 4405 CENTENNIAL BLVD COLO SPRS COLO

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: 12/7/05 Through 12/12/06
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 43

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 43
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 43
4 Total Monetary Expenditures (line 19)	\$ 43
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: MARY WIERMAN / Mary Wierman 12/17/06
 Registered Agent's Signature: *William Wierman for MARY WIERMAN* Date: 12/12/06
(husband) (unavailable due to family emergency out of town)
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO ELECT TAMI HASLING, JOHN GUDVAGEN, MARY JILL WIERMAN AND SANDRA MANN

Current Reporting Period: 12/7/05 Through 12/12/06

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 43
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0
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)	\$ 0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 0
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0
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")	\$ 43
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 43
20	Total Spending (Line 18 + line 19)	\$ 43

Schedule B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: COMMITTEE TO ELECT TAMI HAYLING, JOHN GUDURGEN, AND SANDRA MANN

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 4/13/06	4. Name: <u>MARY WIERMAN</u>
2. <u>Amount</u> \$ 43. ⁰⁰	5. Address: <u>2625 ROSSMEDE ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLO SPRGS, COLO, 80919</u>
	7. Purpose of Expenditure: <u>Returned contribution to Close Acct. AND Committee</u> <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication