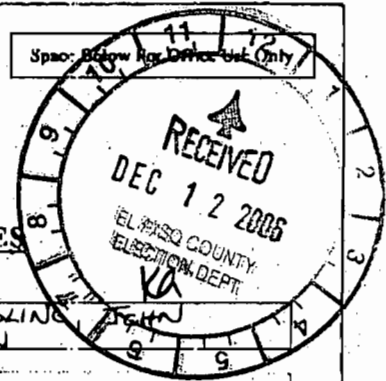


Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste 270  
 Denver, CO 80290  
 Ph: (303) 894-2200  
 Fax: (303) 869-4861  
 www.sos.state.co.us



Space Below Reg. Office Use Only



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**  
 (C.R.S. 1-45-100)

**Full Name of Committee Person:** COMMITTEE TO ELECT TAMI HASLING  
 GUDRAGEN AND SANDRA MANN  
As Shown On Registration

**Address of Committee Person:** 2625 ROSSMERE ST. COLO SPRGS, COLO 80919

**City, State & Zip Code:**

**Committee Type:** CAMPAIGN

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

**(C.S.) 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 (Calendar Year):** 12/7/05 Through 12/12/06

**Declared Total Spending (if applicable):** \$ 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 from membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent Name: MARY WIERMAN  
 Registered Agent's Signature: *Mary Wierman* Date: 12/12/06  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

COMMITTEE TO ELECT TAMI HASLING, JOHN GUDVAGEN,  
~~MAARY JILL WIERMAN~~ AND SANDRA MANN

Full Name of Committee Person:

~~MAARY JILL WIERMAN~~

AND SANDRA MANN

Current Reporting Period:

12/7/05

Through

12/12/06

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ 43
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 0
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 0
12	<b>Total Non-Monetary Contributions</b> (From Schedule of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 0
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 0
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 43
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate, Candidate Committee & Political Parties only)	\$ 0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 43
20	<b>Total Spending</b> (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 TAMU HASLING, JOHN GUDRAGEN, AND SANDRA MANN

PLEASE PRINT/TYPE

1. Date Expended \_\_\_\_\_  
Name: MARY WIERMAN  
2. Amount \_\_\_\_\_  
Address: 2625 ROSSMERE ST  
\$ \_\_\_\_\_  
City/State/Zip: COLO SPRGS, COLO, 80919  
3. Recipient is (optional):  
 Committee  
 Non-Committee  
Purpose of Expenditure: Returned contribution to Close Affct. AND  
COMMITTEE  
 Check box if Electioneering Communication

1. Date Expended \_\_\_\_\_  
Name: \_\_\_\_\_  
2. Amount \_\_\_\_\_  
Address: \_\_\_\_\_  
\$ \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
3. Recipient is (optional):  
 Committee  
 Non-Committee  
Purpose of Expenditure: \_\_\_\_\_  
 Check box if Electioneering Communication

1. Date Expended \_\_\_\_\_  
Name: \_\_\_\_\_  
2. Amount \_\_\_\_\_  
Address: \_\_\_\_\_  
\$ \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
3. Recipient is (optional):  
 Committee  
 Non-Committee  
Purpose of Expenditure: \_\_\_\_\_  
 Check box if Electioneering Communication

1. Date Expended \_\_\_\_\_  
Name: \_\_\_\_\_  
2. Amount \_\_\_\_\_  
Address: \_\_\_\_\_  
\$ \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
3. Recipient is (optional):  
 Committee  
 Non-Committee  
Purpose of Expenditure: \_\_\_\_\_  
 Check box if Electioneering Communication

1. Date Expended \_\_\_\_\_  
Name: \_\_\_\_\_  
2. Amount \_\_\_\_\_  
Address: \_\_\_\_\_  
\$ \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
3. Recipient is (optional):  
 Committee  
 Non-Committee  
Purpose of Expenditure: \_\_\_\_\_  
 Check box if Electioneering Communication