

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 Sallie Clark Commissioner As Shown On Registration District 3
Address of Committee/Person:	PO Box 38279
City, State & Zip Code:	Colorado Springs CO 80937
Committee Type:	Candidate
Name and Address of Financial Institution	Bank of Broadmoor 155 Lake Ave, CO 80906

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)	\$ 1,348.91
2 Total Monetary Contributions (line 11)	\$ 1,250.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,598.91
4 Total Monetary Expenditures (line 19)	\$ 1,936.59
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 662.32

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: Jan Doran
 Registered Agent's (Treasurer's) Signature: Jan Doran Date: 10/31/2005
 Print Candidate Name: Sallie Clark
 Candidates Signature: Sallie Clark Date: 10/31/05

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: 12/1/2004

Through 11/1/2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1,250.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	
8	Loans Received (Please list on Schedule "C")	\$	
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1,250.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	1,250.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1,936.59
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	
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)	\$	
20	Total Spending (Line 18 + line 19)	\$	1,936.59

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

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

Full Name of Committee/Person: Committee To Elect Sallie Clark

Commissioner District 3

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

PLEASE PRINT/TYPE

1. Date Accepted <u>12/14/2004</u>	4. Name (Last, First): <u>Host Pac - Colorado Restaurant Assn.</u>
2. Contribution Amt. \$ <u>750.00</u>	5. Address: <u>430 E 7th St.</u>
3. Aggregate Amt. * \$ <u>1000.00</u>	6. City/State/Zip: <u>Denver CO 80203</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Political Action Committee Restaurant Association</u>

1. Date Accepted <u>3/29/2005</u>	4. Name (Last, First): <u>Leroy Lardhuis</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>212 N. Wahsatch Ave. #301</u>
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>Colorado Springs CO 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Developer</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): _____

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 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).

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

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

Full Name of Committee/Person: Committee to Elect Sallie Clark
Commissioner District 3

PLEASE PRINT/TYPE

1. Date Expended <u>12/17/2004</u>	4. Name: <u>Copy IT</u>
2. Amount \$ <u>700.83</u>	5. Address: <u>1 S. Nevada Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs CO 80903</u>
	7. Purpose of Expenditure: <u>Printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>12/17/2004</u>	4. Name: <u>Postmaster</u>
2. Amount \$ <u>370.00</u>	5. Address: <u>US Postal Service</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Postage</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>12/17/2004</u>	4. Name: <u>Office Depot</u>
2. Amount \$ <u>37.01</u>	5. Address: <u>535 S. 8th St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs CO 80904</u>
	7. Purpose of Expenditure: <u>Office Supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>12/20/2004</u>	4. Name: <u>AAA</u>
2. Amount \$ <u>700.00</u>	5. Address: <u>PO Box 15026</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Wilmington DE 19850</u>
	7. Purpose of Expenditure: <u>Media Services</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>1/25/2005</u>	4. Name: <u>El Paso County Republicans</u>
2. Amount \$ <u>100.00</u>	5. Address: <u>710 S. Tejon St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs CO 80903</u>
	7. Purpose of Expenditure: <u>Advertising-Lincoln Day Dinner</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: Committee to Elect Sellen Clark
Commissioner District 3

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 1/30/2005	4. Name: <u>Bank of Broadmoor</u>
2. <u>Amount</u> \$ 28.75	5. Address: <u>155 Lake Avenue</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs CO 80906</u>
	7. Purpose of Expenditure: <u>Bank Charges</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