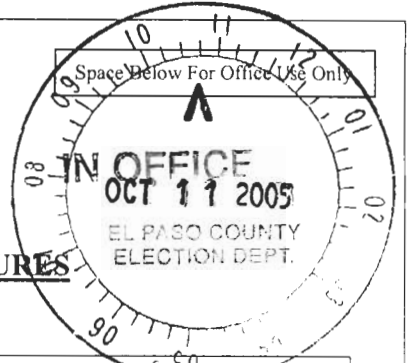


Committee to Elect Hasling, Gudragen, Mann

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
(C.R.S. 1-45-108)

Full Name of Committee/Person: Sandy Shakes and Mary Wierman
As Shown On Registration

Address of Committee/Person: 2625 Rossmore St

City, State & Zip Code: CLS 80919

Committee Type: to support 3 Candidates

Name and Address of Financial Institution: CHASE / 4405 Centennial Blvd CLS 80907

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: date Through Oct 6, 05 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) | \$ 1276.00 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 1276.00 |
| 4 Total Monetary Expenditures (line 19) | \$ 1233.00 |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 43.00 |

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: Mary Wierman

Registered Agent's (Treasurer's) Signature: M. Wierman Date: 10/11/05

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: S Andy Stokes and Madry Weimer

Current Reporting Period: Through Oct 6, 05

| | | | |
|----|--|----|----------------------|
| | 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") | \$ | 1276. ⁰⁰ |
| 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) | \$ | 1276. ⁰⁰ |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 1276. ⁰⁰ |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 1,233. ⁰⁰ |
| 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") | \$ | 0 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ | 0 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 1,233. ⁰⁰ |
| 20 | Total Spending (Line 18 + line 19) | \$ | 1233. ⁰⁰ |

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

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

Full Name of Committee Person: Sandy Shakes and Mary Wierman

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> 9/29/05 | 4. Name (Last, First): <u>SHAKES Sandra</u> |
| 2. <u>Contribution Amt.</u> \$ <u>500.00</u> | 5. Address: <u>3255 Wade Circle</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>C1 Snyg 80917</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u> |

| | |
|--|--|
| 1. <u>Date Accepted</u> 9/29/05 | 4. Name (Last, First): <u>Wierman Mary J.</u> |
| 2. <u>Contribution Amt.</u> \$ <u>500.00</u> | 5. Address: <u>2625 Rossmore St</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>C1S 80919</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</u>): <u>R.N. BS (Nurse)</u> |

| | |
|--|---|
| 1. <u>Date Accepted</u> 9/27/05 | 4. Name (Last, First): <u>Wierman William D.</u> |
| 2. <u>Contribution Amt.</u> \$ <u>270.00</u> | 5. Address: <u>2625 Rossmore St</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>C1S 80919</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): <u>Self</u> |
| | 9. Occupation (if applicable, <u>mandatory</u>): <u>M.D.</u> |

| | |
|--|---|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Contribution Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</u>): _____ |

* 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: Sandy Stokes and Mary Wickman

PLEASE PRINT/TYPE

| | |
|---|--|
| 1. <u>Date Expended</u> <u>10/11/05</u> | 4. Name: <u>Lamar Advertising</u> |
| 2. <u>Amount</u> \$ <u>1,233.⁰⁰</u> | 5. Address: <u>2110 Naegle Rd</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>CLS, Colo 80904</u> |
| | 7. Purpose of Expenditure: <u>Bill board</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 |