Space Below For Office Use Only

Colorado Socretary of Stare Elections Division 1700 Broadway, Stc. 270 Deaver, CO 80290 Ph: (303) 894-2200 x 3 Fax: (303) 869-4861

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## REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-108)

Full Name of Committee/Person:		ect Steve Cutter
Address of Committee/Person:	As Shown On Registration	
City, State & Zip Code:	7110 Bhlups	2000
Committee Type:		0 80922
Name and Address of Financial	Candidate	
Institution	Italis l'argo 280	10 N. Powers Blid
SOS ID NUMB	ER (state committees ONLY):	
Type of Report	-	
Regularly Scheduled Filing.		
Amended Filing. This amends previous Submit changes or new information ONLY	ous report filed on (date)	
	Reports MUST Have a Monetary Balance of	of Zcro in Line 5)
	ntains Electioneering Communica	
Check this box it this Report Co	Mania Giecnoneet MK Countinuires	mons imoriastion
Panesting Paried Covered:	Thurst	12/2/2
Reporting Period Covered: \( \langle \partial \sqrt{\delta} \)	7/2005 Thron	10/23/2005
Declared Total Spending (If applicable)	date	date
[Aπ. XXVIII, Sec. 4(1)]	S	
		Totals Detailed Summary Page
1 Funds on Hand at the Beginnin	g of Reporting Period (monetary only	) S O
2 Total Monetary Contributions		\$ 1175.00
	18 & Beginning Amount (line ! - line	
4 Total Monetary Expenditures (1		\$ 1082.00
5 Funds on Hand at the End of R	eporting Period (monemary) (line 3 - lin	se 4) \$ 9 z ,00
The appropriate officer shall in	mpose a penalty of \$50 per day for [Art. XXVIII Sec. 10(2)(a)]	each day that a report is filed late.
Authorization (Must be completed by cith		
	ner the Registered Agent OR the Candidate)	11
Print Registered Agent's (Treasurer's) Na	CII - C	Ho
Print Registered Agent's (Treasurer's) Na Registered Agent's (Treasurer's) Signatur	me Stephen F. C.	Her Date: 10/27/2005
	me Stephen F. C.	Her Date: 10/27/2005
Registered Agent's (Treasurer's) Signatur	me Stephen F. C.	Date: 10/27/2005  Date: 10/27/2005

### DETAILED SUMMARY

Full Name of Committee/Person: Committee Les Elect Steve Cutter					
Curre	Current Reporting Period: 10/7/2005 Through 10/23/2005				
Fund	ds on hand at the beginning of reporting period (Monetary Only)	s _ O -			
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	s //75.00			
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	s <i>O</i>			
8	Loans Received (Please list on Schedule "C")	s O			
9	Total of Other Receipts (Interest, Dividends, etc.)	s O			
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	s O			
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1175,00			
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	s			
13	Total Contributions (Line 11 + line 12)	s 1175.00			
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1080.00			
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 2.00			
16	Loan Repayments Made (Please list on Schedule "C")	s			
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0			
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$			
19	Total Monetary Expenditures (Total of linex 14 through 17)	\$ (082.00			
20	Total Spending (Linc 18 + linc 19)	\$ 1082.00			

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

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

Full Name of Committee/Person: Committee to Elect Steve Cutter

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

PLEASE PRINT/TYPE	
1. Date Accepted	Name (Last, First): Paul Bryant
	Address: 12955 Lariat Cv
	City/State/Zip: Peyton, CO 80831
3. Aggregate Amt. *	Description
500.00 8	Employer (if applicable, mandagory): Colorado Eng & Geotechnica Group
Check box if Electioneering Communication	Occupation (if applicable, mandatory):
1. Date Accepted 4.	Name (Leat, First). Andy Holloman
2. Contribution Amt. 5.	Address: 6910 Stockwell Dr.
3 Aggregate Amt. *	City/State/Zip: Colorado Springs CO 80922
\$ 100.00 8.	Employer (if applicable, mandatory): American Fumily Inc
1 I I DECK DOX II I	Occupation (if applicable, mandatory): Booker
1. Date Accepted 4.	Name (Last, First): Kelly Salling-Davies
2 Contribution Amt. 5.	Address 7647 Bullet Rd
\$ 75.00 6.	City/State/Zip. Estate Spr. Peylin, (0 8083)
\$ 7500	Description:
☐ Check box if	Employer (if applicable, mandatory):
Electioneering 9. Communication	Occupation (if applicable, mandatory):
	Name (Last, First): James L. Cutler
(1) (2) (1) 2000	Address: 91 Bobcat Or
	City/State/Zip: Pawleys Island SC 29585
3. Aggregate Arnt, * 7.	Description:
$(\mathcal{O})$	Employer (if applicable, mandatory):
	Occupation (if applicable, mandatory).

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cires: 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)(\*)]

Full Name of Committ	ee/Person: Comm: Hee to Elect Steve Cutter
	EE/FE ( 901).
Date Expended	4. Name: Red Rock Strategies
10/22/2005	
2 Amount	5. Address: P.O. Box 75567
\$ 1080.00	6. City/State/Zip: Colorado Springs (0 86970
3 Recipient is (optional):  Committee	7. Purpose of Expenditure: Signs & brochures
Non-Committee	
	Check box if Electioneering Communication
Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3.Recipient is (optional):  Committee	7. Purpose of Expenditure.
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	
	4. Name:
2. Amount	5. Address:
S 3 Parising this ( at a 1):	6. City/State/Zip:
3.Recipient is (optional):  Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1 Date Expended	El Charle tox il Bicardifectiff, Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3. Recipient 18 (optional):  Committee	
Non-Committee	7. Purpose of Expenditure:
	☐ Check box if Electionecting Communication
I. Datc Expended	4. Name:
2. Amount	5. Address:
\$	6 City/State/Zin.
3.Recipient is (optional):	6. City/State/Zip:
Committee Non-Committee	7. Purpose of Expenditure.
Non-Communec	Check box if Electioncering Communication

Colorado Secretary of State Form Rev. 06/05