

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. 1-45-100)

Full Name of Committee/Person:	D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING <i>As Shown On Registration</i>
Address of Committee/Person:	14120 CITATION LANE
City, State & Zip Code:	PEYTON, CO 80831-8035
Committee Type:	ISSUE COMMITTEE
Name and Address of Financial Institution	FARMERS STATE BANK, 7025 MERIDIAN RD, FALCON, CO 80831

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)	\$ 40
2	Total Monetary Contributions (line 11)	\$ 1720
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1760
4	Total Monetary Expenditures (line 19)	\$ 0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1760

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: DAVID ELLIOTT
 Registered Agent's (Treasurer's) Signature: David Elliott Date: 10-25-05
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

Current Reporting Period: 10-07-05

Through 10-23-05

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	40 ⁰⁰
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1720 ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	Ø
8	Loans Received (Please list on Schedule "C")	\$	Ø
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	Ø
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	Ø
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1720 ⁰⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	Ø
13	Total Contributions (Line 11 + line 12)	\$	1720 ⁰⁰
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	Ø
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	Ø
16	Loan Repayments Made (Please list on Schedule "C")	\$	Ø
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	Ø
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	Ø
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	Ø
20	Total Spending (Line 18 + line 19)	\$	Ø

Schedule A – Itemized Contributions Statement (\$20 or more)
 [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-18-05	4. Name (Last, First): <u>HUGHES, BILL</u>
2. <u>Contribution Amt.</u> \$ 25 ⁰⁰	5. Address: <u>495 LAKE SHORE E.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>LAKE QUIVIRA, KS 66217</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-20-05	4. Name (Last, First): <u>CONDOR AVIATION</u>
2. <u>Contribution Amt.</u> \$ 100 ⁰⁰	5. Address: <u>P.O. Box 429</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>MONUMENT CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-21-05	4. Name (Last, First): <u>GLITZKE, JUNE</u>
2. <u>Contribution Amt.</u> \$ 25 ⁰⁰	5. Address: <u>14115 SEMINOLE LAKE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>PEYTON CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-22-05	4. Name (Last, First): <u>CHLOMAN, Jim</u>
2. <u>Contribution Amt.</u> \$ 50 ⁰⁰	5. Address: <u>11117 PEMBLE CT.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>PEYTON CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	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 A – Itemized Contributions Statement (\$20 or more)
 [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-12-05	4. Name (Last, First): <u>WASSEROTT, ELMER</u>
2. <u>Contribution Amt.</u> \$ 25 ⁰⁰	5. Address: <u>7480 VINCENT CT</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLO SPRS CO 80920</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-13-05	4. Name (Last, First): <u>VANDER MUELEN, JOHN</u>
2. <u>Contribution Amt.</u> \$ 200 ⁰⁰	5. Address: <u>11594 ALLENDALE DRIVE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>PEYTON CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>FOCUS ON THE FAMILY</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TELECOMMUNICATIONS MANAGER</u>

1. <u>Date Accepted</u> 10-14-05	4. Name (Last, First): <u>SPELLMAN, DON</u>
2. <u>Contribution Amt.</u> \$ 25 ⁰⁰	5. Address: <u>11850 GREENTREE ROAD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLO SPRS CO 80908</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-15-05	4. Name (Last, First): <u>CHANDLER, BILL</u>
2. <u>Contribution Amt.</u> \$ 50 ⁰⁰	5. Address: <u>965 BROADVIEW PL</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLO SPRS CO 80904</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	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 A - Itemized Contributions Statement (\$20 or more)

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

Full Name of Committee/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

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

PLEASE PRINT/TYPE

1. Date Accepted: 10-11-05
2. Contribution Amt.: \$ 500.00
3. Aggregate Amt.: \$
4. Name (Last, First): EW DEFENSE SYSTEMS INC
5. Address: 8242 CESSNA DRIVE
6. City/State/Zip: PEYTON CO 80831
7. Description: cash
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):
Check box if Electioneering Communication

1. Date Accepted: 10-12-05
2. Contribution Amt.: \$ 350.00
3. Aggregate Amt.: \$
4. Name (Last, First): KEEN, JACK
5. Address: 8345 BLUE GILL DR
6. City/State/Zip: FALCON CO 80831
7. Description: cash
8. Employer (if applicable, mandatory): self-employed
9. Occupation (if applicable, mandatory):
Check box if Electioneering Communication

1. Date Accepted: 10-12-05
2. Contribution Amt.: \$ 50.00
3. Aggregate Amt.: \$
4. Name (Last, First): PEDRO, WRAY
5. Address: 1 CREEK BOTTOM CT
6. City/State/Zip: FOUNTAIN CO 80817
7. Description: cash
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):
Check box if Electioneering Communication

1. Date Accepted: 10-12-05
2. Contribution Amt.: \$ 250.00
3. Aggregate Amt.: \$
4. Name (Last, First): DELL PROPERTIES, LLC
5. Address: 7959 CESSNA DRIVE
6. City/State/Zip: PEYTON CO 80831
7. Description: cash
8. Employer (if applicable, mandatory):
9. Occupation (if applicable, mandatory):
Check box if Electioneering Communication

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

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

Full Name of Committee/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

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

PLEASE PRINT/TYPE

Form 1: Date Accepted 10-12-05, Contribution Amt \$20.00, Name GRAY, DAROLD, Address 3045 FASCINATION CIRCLE, City/State/Zip COLO SPRS CO 80917, Description cash.

Form 2: Date Accepted 10-12-05, Contribution Amt \$50.00, Name JOHNSON & ASSOCIATES CONSTRUCTION, Address 613 N. PARK ST., City/State/Zip WOODLAND PARK CO 80863, Description cash.

Form 3: Empty form with fields for Date Accepted, Contribution Amt, Name, Address, City/State/Zip, Description, Employer, and Occupation.

Form 4: Empty form with fields for Date Accepted, Contribution Amt, Name, Address, City/State/Zip, Description, Employer, and Occupation.

* 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).