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FAX

OCT 1 1 2005

EL PASO COUNTY ELECTION DEPT

REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-168)

		S. July
Full Name of Committee/Person:	D49 PARENTS & TEACHERS FOR RI	ESPONSIBLE SCHOOL FUNDING
	As Shown On Registration	
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 MERI	IDIAN RD, FALCON, CO 80831
SOS ID NUME	BER (state committees ONLY):	
Type of Report		
Regularly Scheduled Filing.		
Amended Filing. This amends pre-	vious report filed on (date)	
Submit changes or new information ONLY		
Termination Report. (Termination	n Reports MUST Have a Monetary Balance of Zero	in Line 5)
Check this box if this Report C	ontains Electioneering Communications	Information
-	ing of account)	
		10-06-05
Reporting record Covered.		
Declared Total Spending (if applicable)	date	date
[Art XXVIII, Soc. 4(1)]	\$	
		Totals Detailed Summary Page
Funds on Hand at the Beginni	ng of Reporting Period (monciary only)	\$ O
2 Total Monetary Contributions (line 11)		\$ 40
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)		\$ 40
4 Total Monetary Expenditures (line 19)		\$ 0
5 Funds on Hand at the End of	Reporting Period (monetary) (line 3 – line 4)	\$ 40
The appropriate officer shall	impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	day that a report is filed late.
Authorization (Must be completed by e	ither the Registered Agent OR the Candidate)	
		i i
Print Registered Agent's (Treasurer's) I	10000	
Registered Agent's (Treasurer's) Signat		Date: 10-10-05
Print Candidate Name:		
Candidates Signature:	<u> </u>	Date:
	Colora	do Secretary of State Form Rev. 06/05

DETAILED SUMMARY

Full Name of Committee/Person: D49 PARENTST & TEACHERS FOR RESPONSIBLE SCHOOL **Current Reporting Period:** Through Funds on hand at the beginning of reporting period (Monctary Only) S Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] \$ 40 (Please list on Schedule "A") 7 Total of Non-Itemized Contributions S (Contributions of \$19.99 and Less) 8 Loans Received S (Please list on Schedule "C") 9 **Total of Other Receipts** S (Interest, Dividends, etc.) 10 Returned Expenditures (from recipient) S (Picase list on Schedule "D") 11 S **Total Monetary Contributions** 40 (Total of lines 6 through 10) 12 **Total Non-Monetary Contributions** S (From Statement of Non-Monetary Contributions) 13 Total Contributions 40 S (Line 11 + line 12) 14 Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] S (Please list on Schedule "B") **Total of Non-Itemized Expenditures** 15 S (Expenditures of \$19.99 or Less) Loan Repayments Made S 16 (Please list on Schedule "C") Returned Contributions (To donor) S 17 (Please list on Schedule "D") **Total Coordinated Non-Monetary Expenditures** 18 \$ (Candidate/Candidate Committee & Political Parties only) 19 Total Monetary Expenditures S (Total of lines 14 through 17) **Total Spending** 20 \$ (Line 18 + line 19)

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Sch	hedulc A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]	FAY
	/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FU	THE SEE SECTION TO SEC
	lease read the instruction page for Schedule "A" before completing!	ECTION DEPT
2. <u>Contribution Amt.</u> 5. 4 \$ 20 00 6.	Name (Last, First): MAGNUS RON Address: 10970 HARDY ROAD City/State/Zip: COLO SPGS CO 80908	
Check box if	Description: CAS H Employer (if applicable, mandatory): Occupation (if applicable, mandatory):	
2. Contribution Amt. \$ 2000 6 3. Aggregate Amt. \$ 7 Check box if Electioneering Communication 1. Date Accepted	8. Name (Last, First): ELLIOTT DAVID 5. Address: 14120 CITATION LANE 6. City/State/Zip: PEYTON, CO 80831 7. Description: CASH 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	
1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication	6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory):	
* For contribution limits wit	rithin a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional e litical Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. X	ites: Candidate Committee CXVIII, Sec. 2(14).