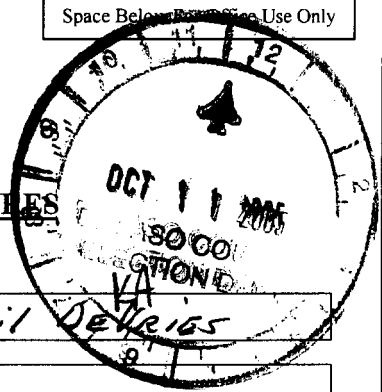


Colorado Secretary of State
Elections Division
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Denver, CO 80290
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Fax: (303) 869-4861
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Space Below For Office Use Only



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

Full Name of Committee/Person:	Committee to Elect Phil DeVries <small>As Shown On Registration</small>
Address of Committee/Person:	4736 Overture Ct.
City, State & Zip Code:	Colorado Springs, CO 80906
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	The Bank at Broadmoor 155 Lake Ave., Colorado Springs, 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)	\$ 250.00 21
2	Total Monetary Contributions (line 11)	\$ 350.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 350.00
4	Total Monetary Expenditures (line 19)	\$ 64.39
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 285.61

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: TED T. LEWIS

Registered Agent's (Treasurer's) Signature: Ted T. Lewis Date: 10/11/05

Print Candidate Name: Philip DeVries

Candidates Signature: [Signature] Date: 10/11/05

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO ELECT PHIL DEVRIES

Current Reporting Period: Sept. 16, 2005 Through Oct. 11, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 250.00 <u>0L</u>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <u>350.00</u>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ <u>---</u>
8	Loans Received (Please list on Schedule "C")	\$ <u>---</u>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ <u>---</u>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ <u>---</u>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ <u>350.00</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <u>---</u>
13	Total Contributions (Line 11 + line 12)	\$ <u>350.00</u>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <u>64.39</u>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <u>---</u>
16	Loan Repayments Made (Please list on Schedule "C")	\$ <u>---</u>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <u>---</u>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ <u>---</u>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ <u>64.39</u>
20	Total Spending (Line 18 + line 19)	\$ <u>64.39</u>

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT PHIL DEVRIES

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/16/05	4. Name (Last, First): <u>LEWIS, TEO T.</u>
2. <u>Contribution Amt.</u> \$ <u>250.00</u>	5. Address: <u>4736 OVERTURE CT.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION - CHECK # 11840</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>PENROSE - ST. FRANCIS HEALTH SERVICES</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>HOSPITAL ADMINISTRATOR</u>

1. <u>Date Accepted</u> 10/9/05	4. Name (Last, First): <u>THATCHER, THERESE M.</u>
2. <u>Contribution Amt.</u> \$ <u>100.00</u>	5. Address: <u>534 ORCHESTRA DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION - CHECK # 8979</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SOCIAL WORKER</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>): _____

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: Committee to Elect Phil DeVries

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/10/05</u>	4. Name: <u>Philip DeVries</u>
2. <u>Amount</u> \$ <u>64.39</u>	5. Address: <u>1055 Skylight View</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose of Expenditure: <u>Committee Organizational Meeting- LUNCHEON</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