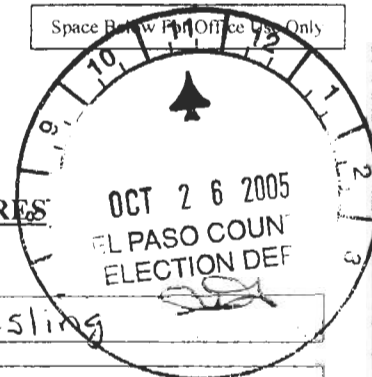


Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste. 270  
 Denver, CO 80290  
 Ph (303) 894-2200 x 3  
 Fax (303) 869-4861  
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	Committee to Elect Tami Hasling
As Shown On Registration	
Address of Committee/Person:	4507 Clark Fork Pl.
City, State & Zip Code:	Colorado Springs, CO 80918
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	TCF Bank : 4307 Austin Bluffs, Cls/c 80918

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)	\$ 10,113.30
2 Total Monetary Contributions (line 11)	\$ 2,487.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 12,600.30
4 Total Monetary Expenditures (line 19)	\$ 10,781.09
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1,819.21

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: \_\_\_\_\_

Registered Agent's (Treasurer's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Candidate Name: Tammra Hasling (Tami)

Candidates Signature: Tami Hasling Date: 10/26/05

**DETAILED SUMMARY**

Full Name of Committee/Person: Committee to Elect Tami Hasling

Current Reporting Period: 10-7-05 Through 10-23-05

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 10,113.30
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 2455.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 32.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ -0-
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ -0-
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ -0-
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 2487.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 3049.56
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 5536.56
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 10,781.09
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ -0-
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ -0-
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ -0-
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 3049.56
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 10,781.09
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 13,830.65

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

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

Full Name of Committee/Person: \_\_\_\_\_

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

PLEASE PRINT/TYPE

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> ): _____

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).

**CONTRIBUTIONS 10/07/05 - 10/23/05**

<u>LAST</u>	<u>FIRST</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP</u>	<u>PHONE</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>OCCUPATION</u>	<u>EMPLOYER</u>
Mead	W.S.	2950 Bonne Vista Dr.	C/S/C	80906	632-6475	10/8/2005	\$50.00		
Eberhart	William	542 Observatory Dr.	C/S/C	80904	475-8660	10/7/2008	\$50.00		
Simpson	Norvell & Alice	488C Topaz Dr.	C/S/C	80918		10/7/2005	\$25.00		
Rubinow	Karen & Sidney	740 Nebula Ct.	C/S/C	80906	475-8994	10/7/2005	\$25.00		
Fuller	John	14 Hazel Ave.	C/S/C	80906	633-7014	10/10/2005	\$25.00		
Groth	Steve	19 N. Hancock Ave.	C/S/C	80903	473-6745	10/11/2005	\$30.00		
Boulder Valley Edu. Assoc. - SDC		7464 Arapahoe Suite 3A	Boulder, CO	80303	303-444-4486	10/6/2005	\$1,000.00	Education Committee	United Airlines
Jennings	Lee	1623 N. Tejon St.	C/S/C	80907	444-8608	10/12/2005	\$100.00	Pilot	
Griffith	David	231 E. Vermijo Ave.	C/S/C	80903	219-0772	10/11/2005	\$50.00		
Cooper	Tracy	3075 N. Chelton Rd.	C/S/C	80909		10/13/2005	\$50.00		
Lohmann	David & Lorna	110 E. Van Buren	C/S/C	80907	636-3277	10/11/2005	\$50.00		
Kunzle	Howard	6 S. Tejon St. Suite 515	C/S/C	80903		10/7/2005	\$50.00		
Kapchinske	Tom & Debbie	841C Sweetgum Terr.	C/S/C	80920	594-9492	10/8/2008	\$50.00		
Murphy	Charles	2245 Broadway St.	C/S/C	80904	475-1634	10/7/2005	\$100.00	Owner	Murphy Construction
District 12 Ed. Assoc.		10190 Barinock St. #222	Northglenn, CO	80221		10/7/2005	\$500.00	Education Committee	
Pring	Cynthia	1329 Wood Ave.	C/S/C	80903		10/12/2005	\$50.00		
Bjornsrud	Donald	1107 Kingsley Dr.	C/S/C	80903	964-1293	10/18/2005	\$100.00	Retired	
Mamula	Kathleen	19290 Shadowood Dr.	Monument, CO	80132	481-9473	10/16/2005	\$100.00	Educator	D11
Bjornsrud	Gary & Sue	438C Ruby Dr.	C/S/C	80918	598-1453	10/19/2005	\$50.00		

**10/23/2005** **\$2,455.00**

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

**Full Name of Committee/Person:** \_\_\_\_\_

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."



**Schedule B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** \_\_\_\_\_

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	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: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

**EXPENSE REPORT 10/07/05 - 10/23/05**

11-Oct-05	360 JMG	509 7th Street NW, 2nd Floor, Washington DC	Design, Production & Mailing of Joint Piece	\$4,833.33
17-Oct-05	CSEA	2520 North Tejon, Colorado Springs, CO 80907	Polling data/Voter Filing Data/Copies	\$208.12
17-Oct-05	NAACP	306 S. El Paso, Colorado Springs, CO	Freedom Banquet	\$150.00
18-Oct-05	Office Depot	7645 N. Academy, Colorado Springs, CO 80920	Ink Cartridges	\$56.27
18-Oct-05	360 JMG	509 7th Street NW, 2nd Floor, washington DC	Design, Production & Mailing of 2nd Piece	\$5,533.37
				<b><u>10/23/2005 \$10,781.09</u></b>