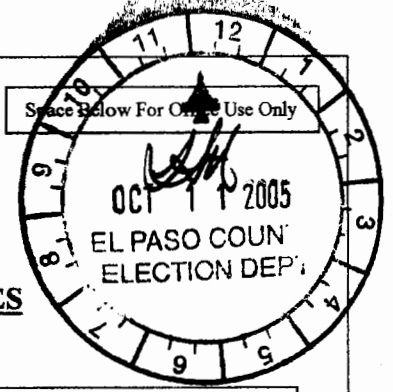


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



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

<b>Full Name of Committee/Person:</b>	COMMITTEE TO ELECT KAY C. MAST <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	1329 N. BENNETT AVE
<b>City, State &amp; Zip Code:</b>	Colorado Springs, CO. 80909
<b>Committee Type:</b>	
<b>Name and Address of Financial Institution</b>	UMB BANK 290 E. Cheyenne Blvd Colo. Spgs 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)	\$ 1271.30
2 Total Monetary Contributions (line 11)	\$ 192.83
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1464.13
4 Total Monetary Expenditures (line 19)	\$ 409.67
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1054.46

**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: CAL ANDERSON  
 Registered Agent's (Treasurer's) Signature: Cal Anderson Date: 10/11/05  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

OCT 11 2005

Full Name of Committee/Person: COMMITTEE TO ELECT KAY C. MAST

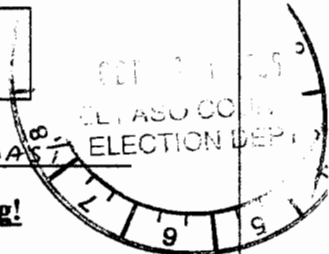
Current Reporting Period: October 28, 2004

Through October 6, 2005

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 1271.30
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 50.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 142.83
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 192.83
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 192.83
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 409.67
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 409.67
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 409.67

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

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



Full Name of Committee/Person: COMMITTEE TO ELECT KAY C. MAST

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 10/4/05	4. Name (Last, First): <u>Mc VAUGH, GLORIA</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>538 LAKEWOOD CIRCLE</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Colorado Springs, Co. 80910</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CONTRIBUTION</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

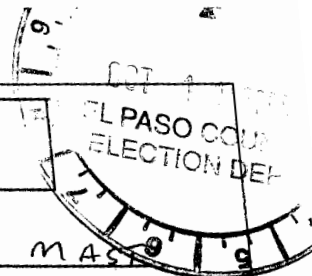
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	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).

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



**Full Name of Committee/Person:** COMMITTEE TO ELECT KAY C. MAST

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>9/27/05</u>	4. Name: <u>MINUTEMAN PRESS</u>
2. <u>Amount</u> <u>\$ 400.00</u>	5. Address: <u>2814 E. PIKES PEAK AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO. 80909</u>
	7. Purpose of Expenditure: <u>PRINT DOOR HANGERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/6/05</u>	4. Name: <u>OFFICE MAX</u>
2. <u>Amount</u> <u>\$ 9.67</u>	5. Address: <u>1040 E. CHEYENNE MOUNTAIN BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO. 80906</u>
	7. Purpose of Expenditure: <u>COPY FLYERS</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