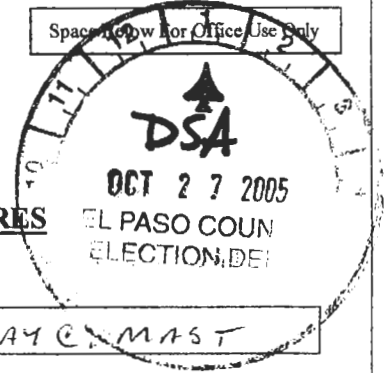


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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 KAYE MAST
As Shown On Registration

Address of Committee/Person: 1329 N. BENNETT AVE

City, State & Zip Code: Colorado Springs, CO, 80909

Committee Type:

Name and Address of Financial Institution: 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: OCTOBER 7, 2005 Through OCTOBER 23, 2005
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)	\$ 1054.46
2	Total Monetary Contributions (line 11)	\$ 701.66
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1756.12
4	Total Monetary Expenditures (line 19)	\$ 92.52
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1663.60

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 (719) 520-9324

Registered Agent's (Treasurer's) Signature: *Cal Anderson* Date: 10/25/05

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

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

Current Reporting Period: October 7, 2005 Through October 23, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 1054.46
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 701.66
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 701.66
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 701.66
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 85.67
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 6.85
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 92.52
20	Total Spending (Line 18 + line 19)	\$ 92.52

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT KAYE MAST

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/19/05	4. Name (Last, First): <u>PUBLIC Education Committee</u>
2. <u>Contribution Amt.</u> \$ 666.66	5. Address: <u>1500 GRANT ST.</u>
3. <u>Aggregate Amt. *</u> \$ 859.49	6. City/State/Zip: <u>DENVER, CO. 80203-1818</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>): <u>PAC</u>

1. <u>Date Accepted</u> 10/19/05	4. Name (Last, First): <u>PETROV, SANDRA</u>
2. <u>Contribution Amt.</u> \$ 35.00	5. Address: <u>1705 VICTORIAN POINT</u>
3. <u>Aggregate Amt. *</u> \$ 894.49	6. City/State/Zip: <u>COLORADO SPRINGS, CO. 80904</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>): _____

* 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>10/10/05</u>	4. Name: <u>KAY C. MAST</u>
2. <u>Amount</u> \$ <u>85.67</u>	5. Address: <u>3895 G STRAWBERRY FIELDS GROVE</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>Reimburse for P.O. Box, Seminar and copies</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