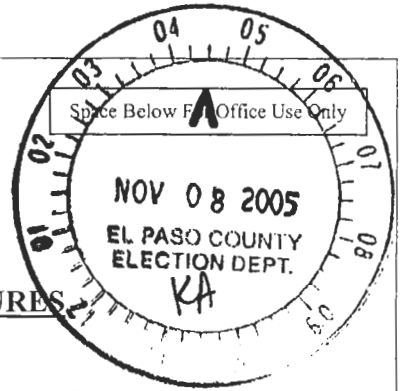


520 7327

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)

Full Name of Committee/Person:	Committee to Elect Kelli Trausch <small>As Shown On Registration</small>
Address of Committee/Person:	11665 Orleans Rd
City, State & Zip Code:	Fountain Co 80817
Committee Type:	Candidate Committee
Name and Address of Financial Institution	Colorado Mountain Bank 4105 Santa Fe Fnt. 80817

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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 500
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 500
4	Total Monetary Expenditures (line 19)	\$ 60
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 440

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: Kelli Trausch

Registered Agent's (Treasurer's) Signature: Kelli Trausch Date: Oct 11, 05

Print Candidate Name: Kelli O'Neil Trausch

Candidates Signature: Kelli Trausch Date: Oct 11, 05

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Kell Trausch

Current Reporting Period: Sept 8, 2005

Through Oct 6, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ \emptyset
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 500
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ \emptyset
8	Loans Received (Please list on Schedule "C")	\$ \emptyset
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ \emptyset
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ \emptyset
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 500
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ \emptyset
13	Total Contributions (Line 11 + line 12)	\$ 500
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 60
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ \emptyset
16	Loan Repayments Made (Please list on Schedule "C")	\$ \emptyset
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ \emptyset
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ \emptyset
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 60
20	Total Spending (Line 18 + line 19)	\$ 60

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

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

Full Name of Committee/Person: Committee to Elect Kelli Trausch

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>Oct 6, 2005</u>	4. Name: <u>Fountain Valley News</u>
2. <u>Amount</u> \$ <u>60</u>	5. Address: <u>120 E. Ohio</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fountain Co 80817</u> 7. Purpose of Expenditure: <u>Political Ad.</u>

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: _____

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: _____

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: _____

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: _____

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

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

Full Name of Committee/Person: Committee to Elect Kelli Trausch

WARNING: Please read the instruction page for Schedule "A" before completing!
Fountain Dist 8 schoolboard.

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>Oct. 5, 2005</u>	4. Name (Last, First): <u>O'Neil Michael</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>11585 Orleans Rd</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Fountain Co. 80817</u>
	7. Description: <u>Check - personal 3343</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Non Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</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: _____
	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: _____
	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: _____
	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).