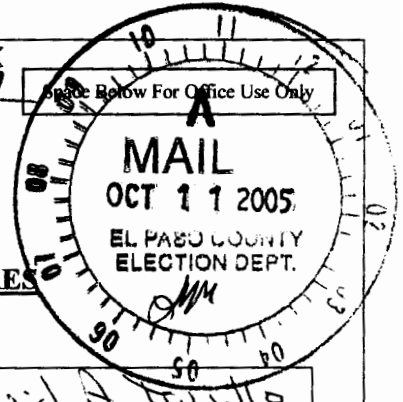


Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste. 270  
 Denver, CO 80290  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



POSTMARK  
 DATE: 10-7



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

<b>Full Name of Committee/Person:</b>	Committee to Elect David A. Tajillo As Shown On Registration
<b>Address of Committee/Person:</b>	12670 Rio Lane
<b>City, State &amp; Zip Code:</b>	Rayton, Co. 80831
<b>Committee Type:</b>	Candidate
<b>Name and Address of Financial Institution</b>	Ent Federal Credit Union P.O. Box 15919 45, Co. 80935

**SOS ID NUMBER** (state committees ONLY): N/A

**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:** 09/08/05 Through 10/06/05  
date date

**Declared Total Spending** (if applicable) [Art. XXVIII, Sec. 4(1)] \$ N/A

		Totals Detailed Summary Page
1	<b>Funds on Hand at the Beginning of Reporting Period</b> (monetary only)	\$ 0
2	<b>Total Monetary Contributions</b> (line 11)	\$ 379.99
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1 + line 2)	\$ 379.99
4	<b>Total Monetary Expenditures</b> (line 19)	\$ 351.47
5	<b>Funds on Hand at the End of Reporting Period</b> (monetary) (line 3 - line 4)	\$ 28.52

**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: Deborah L. Manriquez  
 Registered Agent's (Treasurer's) Signature: [Signature] Date: 10-6-05  
 Print Candidate Name: David A. Tajillo  
 Candidates Signature: [Signature] Date: 10-6-05

**DETAILED SUMMARY**

Full Name of Committee/Person: Committee to Elect David A. Trajillo

Current Reporting Period: 09/08/05 Through 10/06/05

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ $\phi$
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 350.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 29.99
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ $\phi$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ $\phi$
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ $\phi$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 379.99
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ $\phi$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 379.99
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 351.47
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ $\phi$
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ $\phi$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ $\phi$
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ $\phi$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 351.47
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 351.47

**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> 9/20/05	4. Name (Last, First): <u>Trujillo, Ruben + Priscilla</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>2085 Pinar Dr. Co</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80915</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>''</u>

1. <u>Date Accepted</u> 9/29/05	4. Name (Last, First): <u>Towe, Kenneth L. + Gwendolyn</u>
2. <u>Contribution Amt.</u> \$ 125.00	5. Address: <u>6655 Athletic Ave.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Widefield Colorado 80829</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>''</u>

1. <u>Date Accepted</u> 10/1/05	4. Name (Last, First): <u>Tom + DeAnna Montelongo</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6536 Post Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Falcon Colorado 80919</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Cardi Diagnostics</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>RN</u>

1. <u>Date Accepted</u> 10/4/05	4. Name (Last, First): <u>Falcon Glass/Jodi Murphy</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>3150 Stocum Road</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Feyton, Co 80831</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Falcon Glass</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>owner</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: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 09/09/05	4. Name: <u>El Paso County Clerk + Recorder</u>
2. <u>Amount</u> \$ 163.25	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>CD of Registered Voters in D49</u>

1. <u>Date Expended</u> 9/13/05	4. Name: <u>Ent Federal Credit Union</u>
2. <u>Amount</u> \$ 40.00	5. Address: <u>P.O. Box 15819</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, Co. 80935</u>
	7. Purpose of Expenditure: <u>Open Checking + Savings Account</u>

1. <u>Date Expended</u> 9/15/05	4. Name: <u>XPEdex Paper Store</u>
2. <u>Amount</u> \$ 47.12	5. Address: <u>2443 N. Union Blvd.</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, Co. 80909</u>
	7. Purpose of Expenditure: <u>Stationary</u>

1. <u>Date Expended</u> 9/15/05	4. Name: <u>FedEx Kinkos</u>
2. <u>Amount</u> \$ 21.65	5. Address: <u>825 Citadel Dr.</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, Co. 80909</u>
	7. Purpose of Expenditure: <u>Copies</u>

1. <u>Date Expended</u> 9/15/05	4. Name: <u>Office Max</u>
2. <u>Amount</u> \$ 24.69	5. Address: <u>7645 N. Academy Blvd.</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, Co. 80920</u>
	7. Purpose of Expenditure: <u>Stamp</u>

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

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

Full Name of Committee/Person: Committee to Elect David A. Trujillo

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/21/05	4. Name: <u>U.S. Postal Service</u>
2. <u>Amount</u> \$ <u>54.76</u>	5. Address: <u>7475 McLaughlin Rd.</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Pepton, Co. 80831</u>
	7. Purpose of Expenditure: <u>Postage</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: _____