

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 David A. Trujillo  
As Shown On Registration

**Address of Committee/Person:** 12670 Rio Lane

**City, State & Zip Code:** Payton, Co. 80831

**Committee Type:** Candidate

**Name and Address of Financial Institution:** Ent Federal Credit Union P.O. Box 15819  
 C/O, 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:** 10/7/05 Through 10/23/05  
date date

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

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 28.52
2 Total Monetary Contributions (line 11)	\$ 90.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 118.52
4 Total Monetary Expenditures (line 19)	\$ 400.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -281.40

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]

**DETAILED SUMMARY**

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

**Current Reporting Period:** 10/7/05 Through 10/23/05

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ 28.52
		<del>40.00</del>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> <small>(Please list on Schedule "A")</small>	\$ 90.00
7	<b>Total of Non-Itemized Contributions</b> <small>(Contributions of \$19.99 and Less)</small>	\$ 0
8	<b>Loans Received</b> <small>(Please list on Schedule "C")</small>	\$ 0
9	<b>Total of Other Receipts</b>	\$ 0

	(Interest, Dividends, etc.)		
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)	\$	90.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	90.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	400.00
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)	\$	0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	400.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$	400.00

Schedule A - Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

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

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

PLEASE PRINT/TYPER

1 Date Accepted <u>10/11/05</u>	4. Name (Last, First): <u>Hale, Paula</u>
2 Contribution Amt. \$ <u>50.00</u>	5. Address: <u>6635 Rio Rd</u>
3 Aggregate Amt. * \$	6. City/State/Zip: <u>Fulton, Co. 80831</u>
	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1 Date Accepted <u>10/20/05</u>	4. Name (Last, First): <u>Guidicelli, Louis &amp; Roxanne</u>
2 Contribution Amt. \$ <u>40.00</u>	5. Address: <u>3730 Broken Arrow Dr</u>
3 Aggregate Amt. * \$	6. City/State/Zip: <u>Fulton, Co 80831</u>
	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1 Date Accepted	4. Name (Last, First):
2 Contribution Amt. \$	5. Address:
3 Aggregate Amt. * \$	6. City/State/Zip:
	7. Description:
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1 Date Accepted	4. Name (Last, First):
2 Contribution Amt. \$	5. Address:
3 Aggregate Amt. * \$	6. City/State/Zip:
	7. Description:
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

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/TYPER

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

1 Date Expended <u>10/14/05</u>	4. Name: <u>SignTech SignTech</u>
2 Amount	5. Address: <u>20175 Van Dyke Dr.</u>

\$ 400.00  
3 Recipient is (optional):  
 Committee  
 Non-Committee

4. Address: \_\_\_\_\_  
5. City/State/Zip: C/S, Co 80917  
6. Purpose of Expenditure: Signal

1. Date Expended  
2. Amount  
\$  
3. Recipient is (optional):  
 Committee  
 Non-Committee

4. Name: \_\_\_\_\_  
5. Address: \_\_\_\_\_  
6. City/State/Zip: \_\_\_\_\_  
7. Purpose of Expenditure: \_\_\_\_\_

1. Date Expended  
2. Amount  
\$  
3. Recipient is (optional):  
 Committee  
 Non-Committee

4. Name: \_\_\_\_\_  
5. Address: \_\_\_\_\_  
6. City/State/Zip: \_\_\_\_\_  
7. Purpose of Expenditure: \_\_\_\_\_

1. Date Expended  
2. Amount  
\$  
3. Recipient is (optional):  
 Committee  
 Non-Committee

4. Name: \_\_\_\_\_  
5. Address: \_\_\_\_\_  
6. City/State/Zip: \_\_\_\_\_  
7. Purpose of Expenditure: \_\_\_\_\_