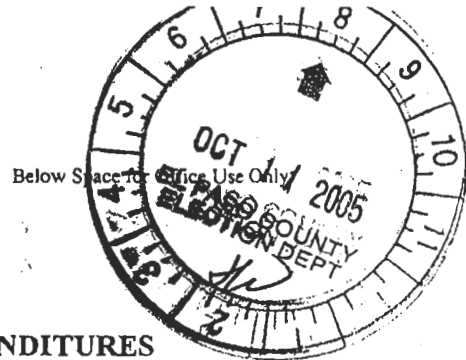


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



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

**Full Name of Committee/Person:** Committee to Elect Jackie Vialpardo  
As Shown On Registration

**Address of Committee/Person:** 2519 Ponytracks Dr

**City, State & Zip Code:** Colorado Springs CO 80922

**Committee Type:** Political

**Name and Address of Financial Institution:** \_\_\_\_\_

**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)

**Reporting Period Covered:** 26 Aug 05 Through 6 Oct 05  
date date

**Declared Total Spending (if applicable)** [Art. XXVIII, Sec. 4(1)] \$ 428.19

		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)	\$ 939.98
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1 + line 2)	\$ 939.98
4	<b>Total Monetary Expenditures</b> (line 19)	\$ 428.19
5	<b>Funds on Hand at the End of Reporting Period</b> (monetary) (line 3 - line 4)	\$ 511.79

**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:** \_\_\_\_\_

**Registered Agent's (Treasurer's) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Candidate Name:** John F Vialpardo (Treasurer)

**Candidates Signature:** [Signature] **Date:** 11 Oct 05

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

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

Full Name of Committee/Person: Committee to elect Jackie Via/pando

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 6 Oct 05	4. Name (Last, First): <u>Falcon Teachers Education Association</u> <u>Public Education Committee</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>1500 Grant St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver CO 80203-1818</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 4 Oct 05	4. Name (Last, First): <del>Stockton</del> <u>Stockton, Virginia</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>P.O. Box 1802/103, Old Wagon Trail</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Woodland Park CO 80866</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retired</u>

1. <u>Date Accepted</u> 1 Oct 05	4. Name (Last, First): <u>Banner, Sarita</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>6705 McCracken Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80922</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Dist 11</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>School Psychologist</u>

1. <u>Date Accepted</u> 1 Oct 05	4. Name (Last, First): <u>Tipton, James F</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>3570 Oro Blanco Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80917</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Dist 49</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>School Psychologist</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 A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Committee to Elect Jackie Viafando

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>1 Oct 05</u>	4. Name (Last, First): <u>Edgin, Pattie</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>P.O. Box 62924</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80962</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Dist 38</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>School Psychologist</u>

1. <u>Date Accepted</u> <u>1 Oct 05</u>	4. Name (Last, First): <u>Leonard, Lisa</u>
2. <u>Contribution Amt.</u> \$ <u>150</u>	5. Address: <u>6865 Nobel St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80915</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self-Employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Speech/language pathologist</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).

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: Committee To Elect Jackie Vialpando

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 29 Sep 05	4. Name (Last, First): <u>Current Printing Solutions</u>
2. <u>Fair Market Value</u> \$ 549	5. Address: <u>3525 N. Stone</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80907</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\*Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

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

Full Name of Committee/Person: Committee To Elect Jackie Urspando

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 21 Sep 05	4. Name: <u>Poligraphics</u>
2. <u>Amount</u> \$ 428.19	5. Address: <u>340 Broadway Ave</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>St Paul Park MN 55071</u>
	7. Purpose of Expenditure: <u>Signs printed</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: _____