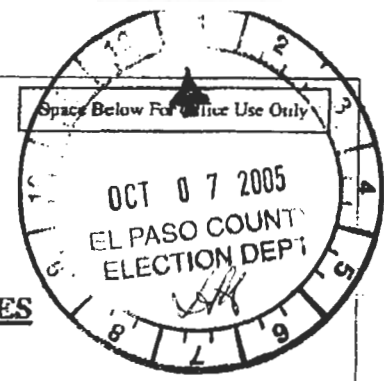


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



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

Full Name of Committee/Person:	COMMITTEE TO ELECT GAIL T. WILSON <small>As Shown On Registration</small>
Address of Committee/Person:	18590 WHITE FAWN DR
City, State & Zip Code:	MONUMENT CO 80132
Committee Type:	CANDIDATE COMMITTEE
Name and Address of Financial Institution:	PEOPLES NATL. BANK 1899 WOODMOOR DR, MONUMENT CO 80132

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)

Reporting Period Covered: 8/11/2005 Through 10/6/2005
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)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 1460.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1460.00
4 Total Monetary Expenditures (line 19)	\$ 590.25
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 869.75

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)

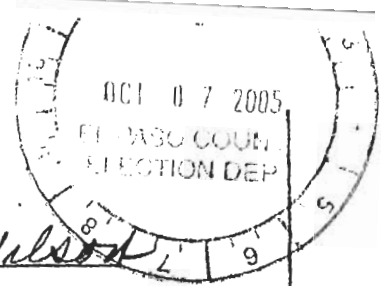
Print Registered Agent's (Treasurer's) Name: FRANCES HOWARD

Registered Agent's (Treasurer's) Signature: Frances Howard Date: 10/7/05

Print Candidate Name: GAIL T. WILSON

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

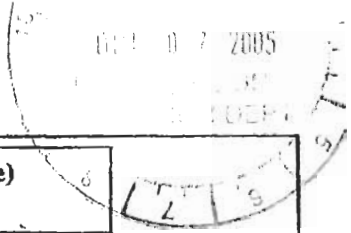


Full Name of Committee/Person: Committee to Elect Gail T. Wilson

Current Reporting Period: 8/11/2005 Through 10/6/2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0.
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1440.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	20.00
8	Loans Received (Please list on Schedule "C")	\$	0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1460.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	1460.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	590.25
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	590.25
20	Total Spending (Line 18 + line 19)	\$	590.25

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



Full Name of Committee/Person: Committee to Elect Gail T. Wilson

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/22/05	4. Name (Last, First): <u>WILSON, GAIL T.</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>18590 WHITE FAWN DR</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>NACCRA</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT</u>

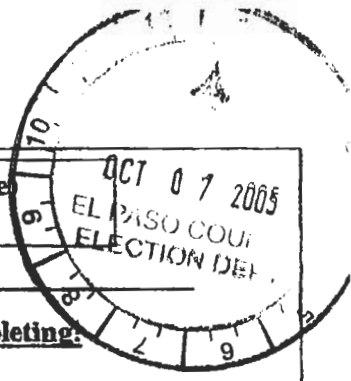
1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): <u>RIESLING, MELISSA</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>1285 BOWSTRING ROAD</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>N/A</u>
	9. Occupation (if applicable, mandatory): <u>HOMEMAKER</u>

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): <u>MANN, KENDRA</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>2404 MARLBOROUGH PL</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>COLORADO SPRINGS CO 80909</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): <u>WANSTRATH, CATHERINE</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>3000 E. CEDAR AVE # 3</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>DENVER CO 80209</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): TREMAINE, STANLEY
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 1490 ROCK GLEN CIRCLE
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: MONUMENT CO 80132
	7. Description: CHECK
	8. Employer (if applicable, mandatory): SELF-EMPLOYED
	9. Occupation (if applicable, mandatory): BUILDER

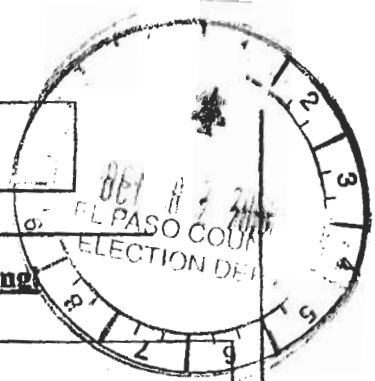
1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): BURNHAM, JENNIFER
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: 3601 S. FAIRPLAY WAY
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: AURORA CO 80014
	7. Description: CHECK
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): KELLEY, MELISSA
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: 2003 COYOTE CIRCLE
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: GOLDEN CO 80403
	7. Description: CHECK
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): BROWN HENRY
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: 6 STRATFORD CT.
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: BRIDGEPORT, WV 26330
	7. Description: CHECK
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): SOUTH, ALLEN
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: 1229 MADISON ST. # 610
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: SEATTLE WA 98104
	7. Description: CHECK
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

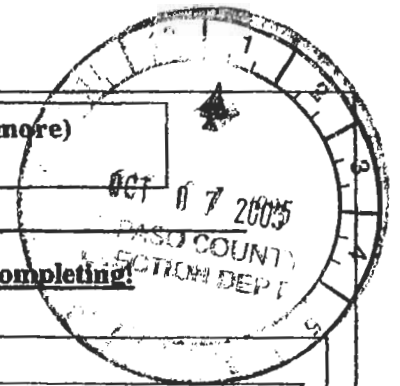
1. <u>Date Accepted</u> 10/04/05	4. Name (Last, First): BULICZ, LESLIE
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: 10143 W. CALEY AVE.
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: LITTLETON, CO. 80127
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/04/05	4. Name (Last, First): NETH, PAULM
2. <u>Contribution Amt.</u> \$ 40.00	5. Address: 97 S. HOLMAN WAY
3. <u>Aggregate Amt. *</u> \$ 40.00	6. City/State/Zip: GOLDEN CO. 80401
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/04/05	4. Name (Last, First): DEMAREST, ALFRED
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: 18550 WHITE FAWN DR
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: MONUMENT CO 80132
	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 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> 9/28/05	4. Name (Last, First): WESTERVELT, GERRIT
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: 22802 BLACK BEAR TRAIL
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: CONIFER CO. 80433
	7. Description: CHECK
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

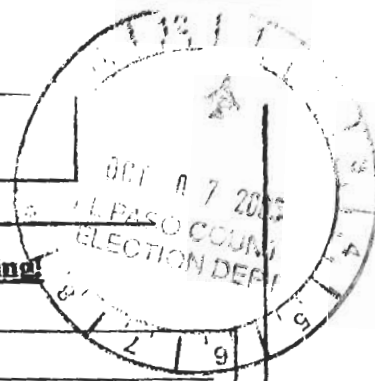
1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): MATHEWSON, SALLY
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: 605 SOUTHERN CROSS DR.
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: COLORADO SPRINGS, CO. 80906
	7. Description: CHECK
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): GRAVES, BOOKER T.
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 6911 E. GIRARD AVE.
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: DENVER CO. 80224
	7. Description: CHECK
	8. Employer (if applicable, <u>mandatory</u>): STATE OF COLORADO
	9. Occupation (if applicable, <u>mandatory</u>): ADMINISTRATOR

1. <u>Date Accepted</u> 9/28/05	4. Name (Last, First): SPEAREL, BEVERLY
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: 18545 WHITE FAWN DR.
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: MONUMENT CO 80132
	7. Description: CHECK
	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 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. Date Accepted 10/04/05	4. Name (Last, First): FANNING, BARBARA
2. Contribution Amt. \$ 50.00	5. Address: 16 LORETTA LANE
3. Aggregate Amt. * \$ 50.00	6. City/State/Zip: MANITOU SPRINGS, CO 80829
	7. Description: CHECK
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 10/04/05	4. Name (Last, First): HOWARD, FRANCES
2. Contribution Amt. \$ 100.00	5. Address: 18835 AUGUSTA DR.
3. Aggregate Amt. * \$ 100.00	6. City/State/Zip: MONUMENT CO 80132
	7. Description: CHECK
	8. Employer (if applicable, mandatory): SELF-EMPLOYED
	9. Occupation (if applicable, mandatory): C.P.A.

1. Date Accepted 10/5/05	4. Name (Last, First): PETO, JAN
2. Contribution Amt. \$ 100.00	5. Address: 17515 MUZZLE LOADER WAY
3. Aggregate Amt. * \$ 100.00	6. City/State/Zip: MONUMENT CO 80132
	7. Description: CHECK
	8. Employer (if applicable, mandatory): WELLS FARGO BANK
	9. Occupation (if applicable, mandatory): BUSINESS BANKER

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): _____

* 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 C - Loans

Full Name of Committee/Person: Committee to Elect Neil T. Wilson

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. (Art. XXVIII, Sec. 9(e)) Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule (Art. XXVIII, Sec. 3(8))]

LOAN SOURCE

N/A

Name (Last, First or Institution): _____

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____

Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ _____
(Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person:

Committee to Elect Gail T. Wilson

Returned Contributions

N/A

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

N/A

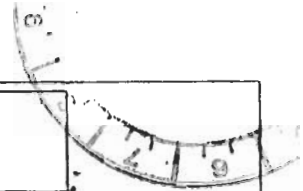
(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

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 Gail T. Wilson

PLEASE PRINT/TYPE

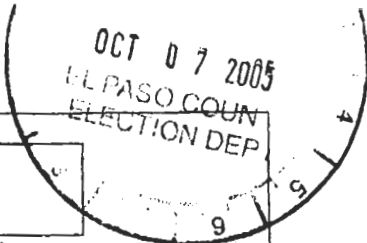
1. <u>Date Provided</u>	4. Name (Last, First): <u>None</u>
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input 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. *

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 Gail T. Wilson

PLEASE PRINT/TYPE

1. Date Expended <u>8/23/2005</u>	4. Name: <u>El Paso City Clerk & Recorder</u>
2. Amount \$ <u>130.25</u>	5. Address: <u>200 S. Cascade Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo. Spgs, Co.</u>
	7. Purpose of Expenditure: <u>voting records info on CD</u>

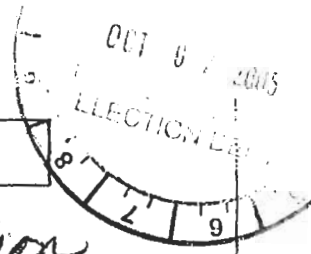
1. Date Expended <u>9/28/05</u>	4. Name: <u>Our Community News</u>
2. Amount \$ <u>30.00</u>	5. Address: <u>P.O. Box 1742</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Monument Co 80132</u>
	7. Purpose of Expenditure: <u>advertising</u>

1. Date Expended <u>10/05/2005</u>	4. Name: <u>Gail T. Wilson</u>
2. Amount \$ <u>430.00</u>	5. Address: <u>18590 White Town Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Monument Co 80132</u>
	7. Purpose of Expenditure: <u>Reimbursement for yard signs AGE Graphics Long Bottom, CO 80143</u>

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

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

Schedule D - Returned Contributions & Expenditures



Full Name of Committee/Person: Committee to Elect Hail T. Wilson

Returned Contributions

(Previously reported on Schedule A - Contributions accepted and then returned to donors)

N/A

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B - Expenditures returned or refunded to the committee)

N/A

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____