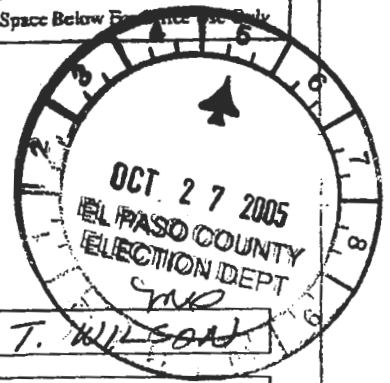


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Seal Use Only



REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (C.R.S. 1-45-106)

Full Name of Committee/Person: COMMITTEE TO ELECT GAIL T. WILSON
As Shown On Registration

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 BK
 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: 10/07/2005 Through 10/23/2005
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)	\$ 869.75
2 Total Monetary Contributions (line 11)	\$ 1250.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2119.75
4 Total Monetary Expenditures (line 19)	\$ 837.30
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1282.45

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: 10/27/05

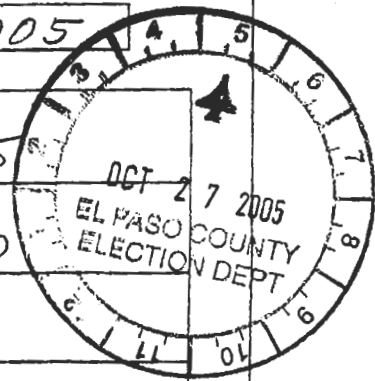
Print Candidate Name: GAIL T. WILSON

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

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

Current Reporting Period: 10/7/2005 Through 10/23/2005



	Funds on hand at the beginning of reporting period (Monetary Only)	\$	869.75
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1250.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1250.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	1250.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	837.30
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)	\$	837.30
20	Total Spending (Line 18 + line 19)	\$	837.30

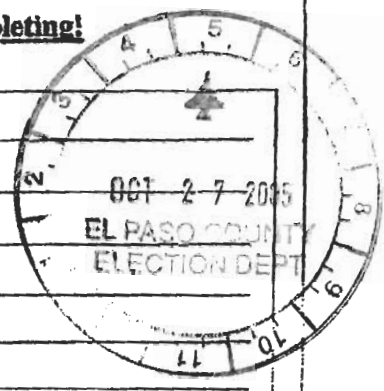
Schedule A - Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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. Date Accepted <u>10/20/05</u>	4. Name (Last, First): <u>HELBURN, SUZANNE</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>3743 NELSON RD</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>LONGMONT CO 80503</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>KLEEBERG, CAROL</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>1605 WOODMOOR DR.</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>MONUMENT CO 80132</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>HITZTALER SHERRY</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>698 E. HUNTINGTON DR.</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>HIGHLANDS RANCH CO 80126</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>SHORTER, KEN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>19650 BLUE CLOVER LN</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>GUY'S FLOOR SVC.</u>
	9. Occupation (if applicable, mandatory): <u>BRANCH MGR.</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. XXVII, 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)]

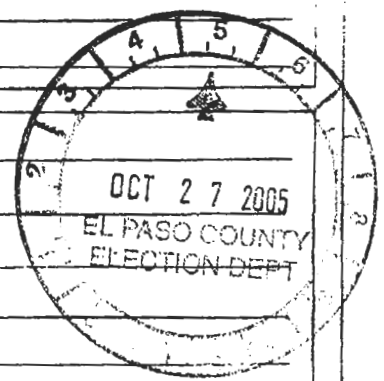
Full Name of Committee/Person: Committee To Elect Paul T. Wilson

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/20/05</u>	4. Name (Last, First): <u>ELROD, ANN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>535 BLACKHAWK CT.</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS CO 80919</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>EDUCATOR</u>
	9. Occupation (if applicable, mandatory): <u>UCCS</u>

1. Date Accepted <u>10/20/05</u>	4. Name (Last, First): <u>BUCHANAN, STACY</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>2905 S. WILLIAMS ST</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>DENVER CO. 80210</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____



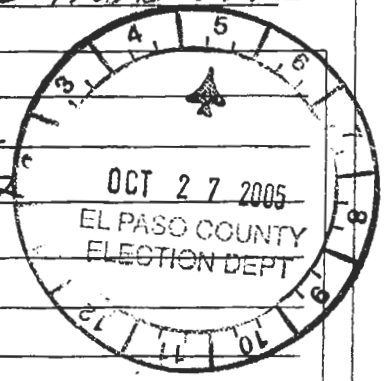
1. Date Accepted <u>10/20/05</u>	4. Name (Last, First): <u>WILLIAMS, RICHARD M.</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>18035 STONE VIEW</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/20/05</u>	4. Name (Last, First): <u>WIXSON, GLORIA</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>14324 SECRET GLEN GROVE</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO</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).

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> <u>10/20/05</u>	4. Name (Last, First): <u>GOMEZ, RICARDO</u>
2. <u>Fair Market Value</u> \$ <u>50.00</u>	5. Address: <u>1770 MINGLEWOOD TRAIL</u>
3. <u>Aggregate Amt.</u> \$ <u>50.00</u>	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>Check</u>
	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> <u>10/20/05</u>	4. Name (Last, First): <u>HESS, GEORGE</u>
2. <u>Fair Market Value</u> \$ <u>100.00</u>	5. Address: <u>12155 SPINE CREEK PL</u>
3. <u>Aggregate Amt.</u> \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80908</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>DEVELOPER</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> <u>10/20/05</u>	4. Name (Last, First): <u>GRIFFIS, JAN / GRIFFIS GP OF COS, LLC</u>
2. <u>Fair Market Value</u> \$ <u>500.00</u>	5. Address: <u>3519 PALMER DIVIDE AVE.</u>
3. <u>Aggregate Amt.</u> \$ <u>500.00</u>	6. City/State/Zip: <u>LARKSPUR, CO 80118</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>GRIFFIS GROUP OF COS, LLC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PROPERTY MANAGER</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> <u>10/20/05</u>	4. Name (Last, First): <u>SEMPLE, DOUG / PULPIT ROCK INV. LLC</u>
2. <u>Fair Market Value</u> \$ <u>200.00</u>	5. Address: <u>6385 CORPORATE DR # 200</u>
3. <u>Aggregate Amt.</u> \$ <u>200.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS CO 80919</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>PULPIT ROCK INV. LLC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>BUILDER</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. <u>Date Expended</u> <u>10/08/05</u>	4. Name: <u>Funder Enlightening Inc.</u>
2. <u>Amount</u> \$ <u>180.00</u>	5. Address: <u>P.O. Box 789</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>Idbits Advertising</u>

1. <u>Date Expended</u> <u>10/20/05</u>	4. Name: <u>Our Community News</u>
2. <u>Amount</u> \$ <u>120.00</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. <u>Date Expended</u> <u>10/22/05</u>	4. Name: <u>Gail T. Wilson</u>
2. <u>Amount</u> \$ <u>537.30</u>	5. Address: <u>18590 White Tower 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>Reimburse Tribune Advertising</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: _____