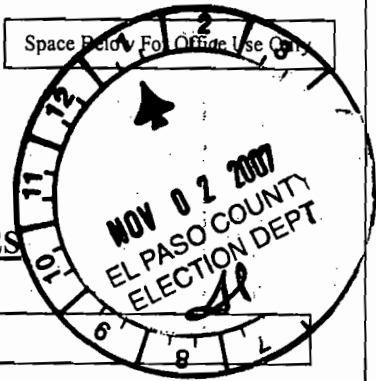


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



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

<b>Full Name of Committee/Person:</b>	Tom Strand 4 Kids
<b>Address of Committee/Person:</b>	As Shown On Registration 1222 West Kiowa Street
<b>City, State &amp; Zip Code:</b>	Colorado Springs, CO 80904
<b>Committee Type:</b>	Candidate
<b>Name and Address of Financial Institution</b>	Chase Bank, P O Box 260180, Baton Rouge, LA 70826-0180

**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)
- Check this box if this Report Contains Electioneering Communications Information**

**Reporting Period Covered:**  **Through**   
Date Date

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

	Totals Detailed Summary Page
1 <b>Funds on Hand at the Beginning of Reporting Period</b> (monetary only)	\$ 1554.33
2 <b>Total Monetary Contributions</b> (line 11)	\$ 1345.00
3 <b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1 + line 2)	\$ 2899.33
4 <b>Total Monetary Expenditures</b> (line 19)	\$ 1671.08
5 <b>Funds on Hand at the End of Reporting Period</b> (monetary) (line 3 - line 4)	\$ 1228.25

**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): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name:   
 Registered Agent's Signature: Date:   
 Print Candidate Name:   
 Candidates Signature: Date:

**DETAILED SUMMARY**

**Full Name of Committee/Person:** Tom Strand 4 Kids

**Current Reporting Period:** 10/12/07 **Through** 10/28/07

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 1554.33
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1345.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0.00
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0.00
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 1345.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 120.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 1465.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1671.08
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0.00
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0.00
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0.00
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 1671.08
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 1671.08

**Tom Strand 4 Kids**

10/12/07 - 10/28/07

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

1	2	3	4	5	6	7	8	9
Date Accepted	Contribution Amount	Aggregate Amount	Name (Last, First)	Address	City/State/Zip	Description	Employer	Occupation
10/15/2007	\$ 70.00	\$ 70.00	Pearse, Jon	122 Hopkinton Rd	Concord, NH 03301			
10/15/2007	\$ 250.00	\$ 250.00	Public Education Committee	2520 North Tejon St	Colorado Springs, CO 80907			
10/18/2007	\$ 700.00	\$ 700.00	Colorado Association of Realtors	309 Inverness Way S.	Englewood, CO 80112			
10/18/2007	\$ 25.00	\$ 25.00	Boehlke, Jim & Emily	5080 Champagne Rd	Colorado Springs, CO 80919			
10/19/2007	\$ 50.00	\$ 50.00	Petre, Kent	2702 Castle Brook Dr W.	Castle Rock, CO 80108			
10/19/2007	\$ 50.00	\$ 50.00	Petre, Christen	2702 Castle Brook Dr W.	Castle Rock, CO 80108			
10/19/2007	\$ 100.00	\$ 100.00	Braden, Ralph A	3225 Cedar Heights Dr	Colorado Springs, CO 80904		Self-employed	Attorney at Law
10/28/2007	\$ 100.00	\$ 100.00	Elliott, Linda R	9544 Pine Brook Way	Colorado Springs, CO 80920		Artemis	Coordinator

**TOTAL**     \$ 1,345.00

**Tom Strand 4 Kids**

10/12/07 - 10/28/07

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

1	2	4	5	6	7
Date Expended	Amount	Name (Last, First)	Address	City/State/Zip	Purpose
10/19/07	\$ 382.50	KRDO Radio Station	399 S 8th St	Colorado Springs, CO 80905	Advertising
10/25/07	\$ 1,288.58	C & D Printing	5351 Tennyson St	Denver, CO 80212	Campaign materials

TOTAL      \$ 1,671.08

**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:** Tom Strand 4 Kids

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10/28/07	4. Name (Last, First): <u>Mena, Tammy</u>
2. <u>Fair Market Value</u> \$ 120.00	5. Address: <u>2810 Outlook Dr</u>
3. <u>Aggregate Amt.</u> \$ 620.00	6. City/State/Zip: <u>Colorado Springs, CO 80921</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Treasurer</u>
	8. Employer (if applicable, mandatory): <u>EFA Services</u>
	9. Occupation (if applicable, mandatory): <u>Controller</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: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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."