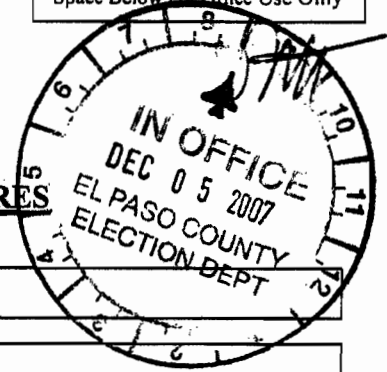


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
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Fax: (303) 869-4861  
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Space Below For Office Use Only



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

Full Name of Committee/Person:	Tom Strand 4 Kids
	As Shown On Registration
Address of Committee/Person:	1222 West Kiowa Street
City, State & Zip Code:	Colorado Springs, CO 80904
Committee Type:	Candidate
Name and Address of Financial Institution	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: 10/29/07 Through 11/30/07  
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)	\$ 1228.25
2	Total Monetary Contributions (line 11)	\$ 122.99
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1351.24
4	Total Monetary Expenditures (line 19)	\$ 1351.24
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

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: Bruford L Doyle

Registered Agent's Signature: [Signature] Date: 12-4-07

Print Candidate Name: Tom Strand

Candidates Signature: [Signature] Date: Dec 4, 2007

## DETAILED SUMMARY

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

**Current Reporting Period:** 10/29/07 **Through** 11/30/07

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 1228.25
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 122.99
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)	\$ 122.99
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 100.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 222.99
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 558.25
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")	\$ 792.99
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)	\$ 1351.24
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 1351.24

**Tom Strand 4 Kids****10/29/07 - 11/30/07****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
11/05/07	\$ 58.25	Teja, Karen	6325 Moccasin Pass Ct	Colorado Springs, CO 80919	Campaign materials
11/17/07	\$ 500.00	Teja, Karen	6325 Moccasin Pass Ct	Colorado Springs, CO 80919	Campaign manager

**TOTAL**      \$ 558.25

**Schedule D – Returned Contributions & Expenditures**

**Full Name of Committee/Person:**

**Returned Contributions**

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 9/05/07	4. Name (Last, First): <input type="text" value="Strand, Thomas"/>
2. <u>Date Returned</u> 11/28/07	5. Address: <input type="text" value="1222 W Kiowa St."/>
3. <u>Amount</u> \$ 792.99	6. City/State/Zip: <input type="text" value="Colorado Springs, CO 80904"/>
	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)*

**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:** Tom Strand 4 Kids

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u> 11/30/07	4. Name (Last, First): <u>Mena, Tammy</u>
2. <u>Fair Market Value</u> \$ 100.00	5. Address: <u>2810 Outlook Dr</u>
3. <u>Aggregate Amt.</u> \$ 720.00	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, <u>mandatory</u> ): <u>EFA Services</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <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, <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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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."