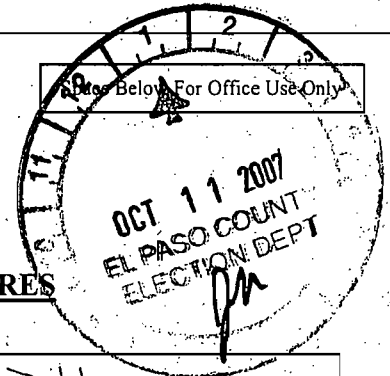


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



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

Full Name of Committee/Person:	Committee to Elect Sheryl Dillon <small>As Shown On Registration</small>
Address of Committee/Person:	2916 Old Broadway Rd
City, State & Zip Code:	COS, CO 80906
Committee Type:	
Name and Address of Financial Institution:	UMB Bank P.O. Box 22314 DENVER, CO 80222

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) \$

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 250-
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 250-
4	Total Monetary Expenditures (line 19)	\$ 250-
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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: Colleen Sullivan

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Sheryl Ann Dillon

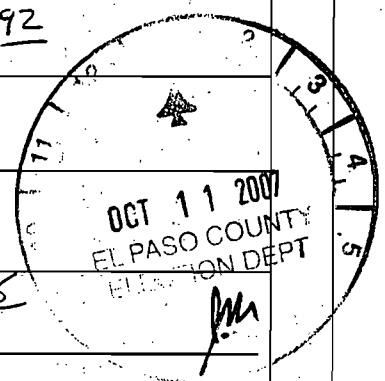
Candidates Signature: Sheryl Ann Dillon Date: 10-11-07

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Sherryl Dillon

Current Reporting Period: Through

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")	\$	250 -
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)	\$	250 -
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	250 -
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	135 ⁹²
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")	\$	114 ⁰⁵
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	250 -
20	Total Spending (Line 18 + line 19)	\$	250 -



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

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

Full Name of Committee/Person: Committee to elect Sherryl Dillon

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

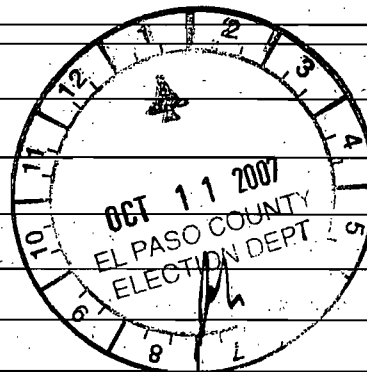
PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/24/07	4. Name (Last, First): <u>Dillon, Sherryl</u>
2. <u>Contribution Amt.</u> \$ <u>250-</u>	5. Address: <u>2916 Old Broadmoor Road</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Contribution to open Committee Account</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Larry D. Dillon, M.D., PC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Office Manager</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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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 B – Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: Committee to Elect Sherryl Dillon

PLEASE PRINT/TYPE

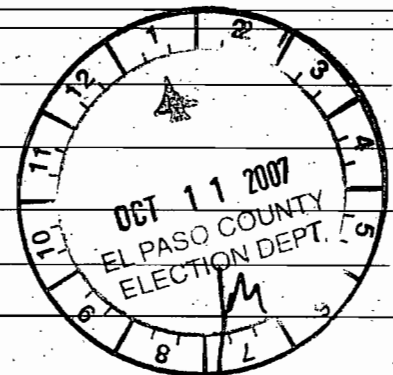
1. <u>Date Expended</u> 10-10-07	4. Name: <u>Colleen Sullivan</u>
2. <u>Amount</u> \$ 95 ⁰¹	5. Address: <u>2904 Old Broadmoor Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose of Expenditure: <u>Reimbursement for Campaign buttons</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10-8-07	4. Name: <u>Sherryl Dillon</u>
2. <u>Amount</u> \$ 40 ⁰¹	5. Address: <u>2916 Old Broadmoor Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose of Expenditure: <u>Reimbursement for website & copy paper for Sliers.</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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: _____
	<input type="checkbox"/> Check box if Electioneering Communication

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: _____
	<input type="checkbox"/> Check box if Electioneering Communication

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: _____
	<input type="checkbox"/> Check box if Electioneering Communication



Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Committee to Elect Sherryl Dellon

Returned Contributions

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/24/07	4. Name (Last, First): <u>Dellon, Sherryl</u>
2. <u>Date Returned</u> 10/11/07	5. Address: <u>2916 Old Broadmead Rd</u>
3. <u>Amount</u> \$ <u>114⁰⁸</u>	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose: <u>Return contribution to close-out committee</u>

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): _____

