

Colorado Secretary of State
Elections Division
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www.sos.state.co.us



Space Below For Office Use Only

NOV 02 2007
EL PASO COUNTY
ELECTION DEPT

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)

Full Name of Committee/Person: The Committee To Elect Gary Coulter
As Shown On Registration

Address of Committee/Person: 1870 Trappers Glen Ct.

City, State & Zip Code: Colorado Springs, CO 80919

Committee Type: Candidate Committee

Name and Address of Financial Institution: Air Academy FCU, Box 62910, Co Springs, CO 80919

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: October 12, 2007 Through October 28, 2007
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) | \$ (2299.28) |
| 2 | Total Monetary Contributions (line 11) | \$ 725.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ (1574.28) |
| 4 | Total Monetary Expenditures (line 19) | \$ 83.77 |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ (1658.05) |

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: LINDA LEE GRIMALDI

Registered Agent's Signature: [Signature] Date: Nov. 1, 2007

Print Candidate Name: GARY R. COULTER

Candidates Signature: [Signature] Date: Nov. 1, 2007

DETAILED SUMMARY

Full Name of Committee/Person: The Committee To Elect Gary Coulter

Current Reporting Period: Oct. 12, 2007 Through October 28, 2007

| | | |
|----|--|--------------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ (2229.28) |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ 725.00 |
| 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) | \$ 725.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ 0 |
| 13 | Total Contributions (Line 11 + line 12) | \$ 725.00 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ 83.77 |
| 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) | \$ 83.77 |
| 20 | Total Spending (Line 18 + line 19) | \$ 83.77 |

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

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

Full Name of Committee/Person: The Committee To Elect Gary Coulter

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> 10/12/07 | 4. Name (Last, First): <u>Borowski, Harry</u> |
| 2. <u>Contribution Amt.</u> \$ 25.00 | 5. Address: <u>6425 Highline Place</u> |
| 3. <u>Aggregate Amt. *</u> \$ 25.00 | 6. City/State/Zip: <u>Colorado Springs, CO 80919</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Check for \$25</u> |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</u>): _____ |

| | |
|--|--|
| 1. <u>Date Accepted</u> 10/19/07 | 4. Name (Last, First): <u>Realtor Candidate PAC</u> |
| 2. <u>Contribution Amt.</u> \$ 500.00 | 5. Address: <u>309 Inverness Way South</u> |
| 3. <u>Aggregate Amt. *</u> \$ 500.00 | 6. City/State/Zip: <u>Englewood, CO 80112</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Check for \$500</u> |
| | 8. Employer (if applicable, <u>mandatory</u>): <u>Political Action Committee Realtors</u> |
| | 9. Occupation (if applicable, <u>mandatory</u>): _____ |

| | |
|--|--|
| 1. <u>Date Accepted</u> 10/19/07 | 4. Name (Last, First): <u>Nunn Construction, Inc.</u> |
| 2. <u>Contribution Amt.</u> \$ 200.00 | 5. Address: <u>925 Elkton Drive</u> |
| 3. <u>Aggregate Amt. *</u> \$ 200.00 | 6. City/State/Zip: <u>Colorado Springs, CO 80907-3537</u> |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: <u>Check for \$200</u> |
| | 8. Employer (if applicable, <u>mandatory</u>): <u>Nunn Construction</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: The Committee To Elect Gary Coulter

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Expended</u> 10/26/07 | 4. Name: <u>Copy H1</u> |
| 2. <u>Amount</u> \$ 83.77 | 5. Address: <u>7820 N. Academy Blvd</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80920</u> |
| | 7. Purpose of Expenditure: <u>Photocopying</u> |
| | <input checked="" 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 |

| | |
|---|--|
| 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 |