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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 Dave Martin <small>As Shown On Registration</small>
Address of Committee/Person:	5047 Prairie Grass Ln.
City, State & Zip Code:	Colorado Springs, CO 80922
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	Wells Fargo, 5710 Constitution Ave.

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 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1,150.00
2 Total Monetary Contributions (line 11)	\$ 1,450.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,600.00
4 Total Monetary Expenditures (line 19)	\$ 2,500.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 100.00

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: Dave Martin

Registered Agent's Signature: *[Signature]* Date: 11-6-07

Print Candidate Name: Dave Martin

Candidate's Signature: *[Signature]* Date: 11-6-07

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

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

X

1. <u>Date Accepted</u> 11/6/07	4. Name (Last, First): <u>Law Offices of Brad Miller, LLC</u>
2. <u>Contribution Amt.</u> \$ 500	5. Address: <u>5565 Vessey Rd.</u>
3. <u>Aggregate Amt. *</u> \$ 500	6. City/State/Zip: <u>COS, CO 80908</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

X

1. <u>Date Accepted</u> 11/6/07	4. Name (Last, First): <u>Paugh, Eric and Denise</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>12245 Angelina Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Falcon, CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

X

1. <u>Date Accepted</u> 11/6/07	4. Name (Last, First): <u>Carter, Beverly</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>7240 Cotton Drive</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Col. Spgs, CO 80923</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

X

1. <u>Date Accepted</u> 10/30/07	4. Name (Last, First): <u>Petre, Kent & Kristen</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>2702 Castle Rock Brook Dr W.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Castle Rock, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	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)

Schedule A - Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-15-108(1)(a)]

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

X

1. <u>Date Accepted</u> 10/30/07	4. Name (Last, First): <u>Johannsen, William</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>2675 Constellation Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Cal. Spgs, Co 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

X

1. <u>Date Accepted</u> 10/30/07	4. Name (Last, First): <u>Braden, Ralph</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>3225 Cedar Heights</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Cal. Spgs, Co 80904</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

X

1. <u>Date Accepted</u> 10/30/07	4. Name (Last, First): <u>Stephen Schuck</u>
2. <u>Contribution Amt.</u> \$ 250	5. Address: <u>2 N. Cascade Ave, Ste. 1280</u>
3. <u>Aggregate Amt. *</u> \$ 250	6. City/State/Zip: <u>Cal. Spgs, Co 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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, 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).

Schedule B - Itemized Expenditures Statement (\$20 or more)
 (C.R.S. 1-45-108(1)(a))

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: <u>Sarah Jack & Associates</u>
2. <u>Amount</u> \$ 2800 ^{OP} <u>2300</u>	5. Address: <u>1779 Courtyard Hts, Apt. 3</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Col Spgs, CO 80906</u>
	7. Purpose of Expenditure: <u>Mailing</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

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 C - Loans

Full Name of Committee/Person: Committee to Elect Dave Martin

LOANS - Loans Owed by the Committee
(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose (Art. XXVIII, Sec. 9(e)) Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule (Art. XXVIII, Sec. 3(8))]

LOAN SOURCE

Name (Last, First or Institution): Dave Martin Properties

Address: 2910 N. Powers

City/State/Zip: Col. Spgs, CO 80922

Original Amount of Loan: \$ 300 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 300

Total of All Loans This Reporting Period: \$ 300
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ 200
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 200
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 100

TERMS OF LOAN: 11/21/07
Date Loan Received

12/6/08
Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Dave Martin

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

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1,150.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1,150.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0.00
8	Loans Received (Please list on Schedule "C")	\$	300.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1,450.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	1,450.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2,300.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$	200.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	2,500
20	Total Spending (Line 18 + line 19)	\$	2,500