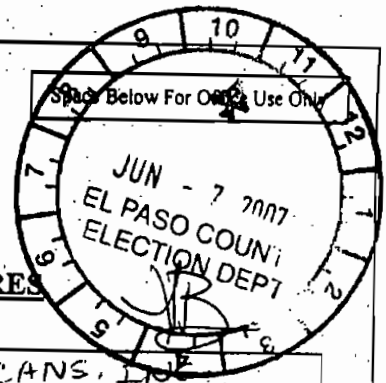


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person:	EL PASO COUNTY REPUBLICANS, INC. <small>As Shown On Registration</small>
Address of Committee/Person:	710 S. Tejon St.
City, State & Zip Code:	Colorado Springs, Co 80903
Committee Type:	Party
Name and Address of Financial Institution	Wells Fargo, 90 S. Cascade Ave Colorado Springs, Co 80903

SOS ID NUMBER (state committees ONLY): _____

Type of Report

- Regularly Scheduled Filing.
- Amended Filing.** This amends previous report filed on (date) May 30, 2007
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: July 31, 2006 Through Sept. 2, 2006
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)	\$ 38,034.74
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 38,034.74
4	Total Monetary Expenditures (line 19)	\$ 7,126.74
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 30,908.00

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: Eileen A. Warnock

Registered Agent's Signature: Eileen A. Warnock Date: 5/30/07

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: El Paso County Republicans, Inc

Current Reporting Period: July 31, 2006 Through Sept. 2, 2006

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	38,034.74
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	
8	Loans Received (Please list on Schedule "C")	\$	
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	0
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	7,126.74
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	
16	Loan Repayments Made (Please list on Schedule "C")	\$	
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	7,126.74
20	Total Spending (Line 18 + line 19)	\$	7,126.74

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

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

Full Name of Committee/Person: El Paso County Republicans, Inc.

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/30/06	4. Name: <u>Lois Landgraf</u>
2. <u>Amount</u> \$ 435.11	5. Address: <u>10620 Double D Road</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Fountain, Co. 80817</u>
	7. Purpose of Expenditure: <u>Office Supplies + Snacks</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/30/06	4. Name: <u>Hempbill Plumbing</u>
2. <u>Amount</u> \$ 45.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Backflow testing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/30/06	4. Name: <u>McLead USA</u>
2. <u>Amount</u> \$ 177.02	5. Address: <u>P.O. Box 3243</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Milwaukee, WI 52201</u>
	7. Purpose of Expenditure: <u>Telephone</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/30/06	4. Name: <u>Adelphia</u>
2. <u>Amount</u> \$ 80.90	5. Address: <u>N. Union Blvd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CS CO 80901</u>
	7. Purpose of Expenditure: <u>Internet</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/1 + 8/30:	4. Name: <u>Virginia Skorgaard</u>
2. <u>Amount</u> \$ 6,06.00	5. Address: <u>445 Guyout Ridge Rd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, Co 80919</u>
	7. Purpose of Expenditure: <u>Rent</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

Full Name of Committee/Person: El Paso County Republicans, Inc.

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 8/17/06	4. Name: <u>Colorado Springs Utilities</u>
2. <u>Amount</u> \$ 243.71	5. Address: <u>111 S. Cascade Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO 80903</u>
	7. Purpose of Expenditure: <u>Utilities</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/17/06	4. Name: <u>Lynda Ryan</u>
2. <u>Amount</u> \$ 30.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Fuel Reimbursement - Cnty Fair</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/17/07	4. Name: <u>Miscellaneous</u>
2. <u>Amount</u> \$ 9.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Office Expenses</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