



**EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER**

REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. **FILE IN DUPLICATE.**

NAME OF COMMITTEE (In Full):

Committee to Elect ELIZABETH HACKER

ADDRESS OF COMMITTEE:

1520 Fawnwood Rd Monument, CO 80132
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Wells Fargo 5360 North Academy Blvd Colorado Springs
(Name) (Number/Street/City/State/Zip) 80918

TYPE OF REPORT:

10/16/01 : 21 days prior to the election. Covering the period from the initial filing
(Date) to 5 days prior to this filing.

_____ : Friday before the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

_____ : 30 days after the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

_____ : November 1 of off-year. Covering the period from 5 days prior to the
(Date) previous filing to November 1.

: Termination Report -OR- Is this report an amendment? Yes No

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ 0	XXXXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 650-	\$
3. Total Expenditures (From Ln 21):	\$ 134.50	\$
4. Funds on Hand at Close of Reporting Period:	\$ 650	XXXXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ 134.50 134.46	XXXXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ 0	XXXXXXXXXXXXXXXXXX

**DETAILED SUMMARY PAGE
OF CONTRIBUTIONS AND EXPENDITURES**

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NAME OF COMMITTEE: _____

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. ¹)	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees)		
7. Total Itemized (Use spreadsheet for Details "Schedule A"):	\$ 0-	\$
8. Non-Itemized (Total all Contributions Under \$20):	\$ -0-	\$
9. Political Party Committees:	\$ -0-	\$
10. Other Political Committees:	\$ -0-	\$
11. All Loans Received (Schedule C):	\$ 0	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$ 0	\$
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 0 6.50-	\$
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 139.05	\$
15. Total of Non-Itemized Expenditures:	\$ 4.41	\$
16. Loan Repayments (Use "Schedule C"):	\$ —	\$
17. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$ 0	\$
19. Political Party Committees:	\$ 0	\$
20. Other Political Committees:	\$ 0	\$
21. TOTAL EXPENDITURES: (Add all of the above items)	\$ 134.06	

OFFSETS TO OPERATING EXPENDITURES (An offset to expenditures means a payment made by a third person to a third party for the benefit of any committee or party. Such goods and services are used directly or indirectly by the committee or party for its purposes. Use a similar spreadsheet for reporting these offsets. LISTING ONLY. DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES.)

	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Total Itemized Offsets (\$20 and over):	\$ 0	\$
Total Non-Itemized Offsets:	\$ 0	\$

I certify that I have examined this Report of Contributions and Expenditures and to the best of my knowledge and belief it is true, correct and complete.

ELIZABETH HACKER
Type/Print Name of Agent

Elizabeth Hacker
Signature of Agent

10/16/11
Date

¹ The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate Year to Date per Contributor. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.



**EL PASO COUNTY,
OFFICE OF THE CLERK & RECORDER
SCHEDULE A
CONTRIBUTIONS (PAGE 1)**

(This schedule should reflect each item [7 thru 12] of the Detail Schedule A-45-111(1)(d).
No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions.

Check α appropriate box(es): Primary General

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
P100000400 Charles	ATTORNEY
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	
3625 RANGER NEW ROAD MONUMENT CO 80132	
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	AMT OF THIS CONTRIBUTION:
\$	\$ 100.00
	DATE 9/8/01

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
SHEPHERD MARYSHA L	NURSE
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	
17320 COLONIAL PARK DR	
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	AMT OF THIS CONTRIBUTION:
\$ 200.00	\$ 100.00
	DATE 9/14/01

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
WENDY PETER WENDY J	ATTORNEY
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	
8825 SAINT ANDREWS DR	
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	AMT OF THIS CONTRIBUTION:
\$ 300.00	\$ 100.00
	DATE 9/11/01

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE

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CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

HACKER ELIZABETH ANN

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

1520 PAWNWOOD RD

AMT OF THIS CONTRIBUTION:

\$ 300.00

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 600.00 DATE 9/15/01

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

BULLARD KURT SUSAN

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

17445 CHARTER PINES DR TOWNHUNT CO 80132

AMT OF THIS CONTRIBUTION:

\$ 50.00

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 650.00 DATE 9/26/01

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

AMT OF THIS CONTRIBUTION:

\$.00

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

AMT OF THIS CONTRIBUTION:

\$.00

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$.00



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EL PASO CO
OFFICE OF THE CLERK
SCHEDULE
EXPENDITURE

(This schedule should reflect each item (14 through 16) of the schedule of expenditures of public funds (45-111(1)(d)).
No information copied from such reports shall be sold or used by any person for the purpose of 45-111(1)(d).

Check appropriate boxes: Primary

PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POST	AMOUNT OF EXPENDITURE:
E I P A S O C O U N T Y		42.50
PURPOSE OF EXPENDITURE: DATE 9/6/01		DATE OF EXPENDITURE
V O T E R L I S T - I S F R E Z I N G C T S		090601

PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POST	AMOUNT OF EXPENDITURE:
E I P A S O C O U N T Y		37.50
PURPOSE OF EXPENDITURE: DATE 7/2/01		DATE OF EXPENDITURE
V O T E R L I S T - 1 9 9 9 L I S T		091201

PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POST	AMOUNT OF EXPENDITURE:
O F F I C E M A X	7645 N A C A D E M Y	9.41
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
O F F I C E S W P P L I E S		091401

PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POST	AMOUNT OF EXPENDITURE:
C O P Y M A X	7645 N A C A D E M Y	50.05
PURPOSE OF EXPENDITURE: DATE 10/6/01		DATE OF EXPENDITURE
C O P Y F I V E R		100701