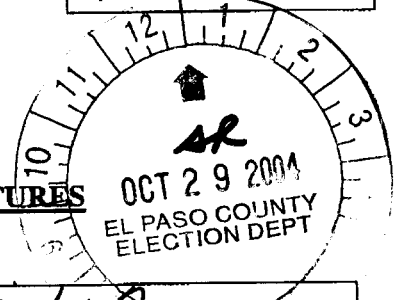


Colorado Secretary of State  
Elections Division  
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Denver, CO 80202  
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Fax: (303) 869-4861  
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Space Below For Office Use Only



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

**Full Name of Committee/Person:** Hildahl for District 2  
As Shown On Registration

**Address of Committee/Person:** 13315 Trail Boss CT

**City, State & Zip Code:** Dayton, CO 80831

**Committee Type:** Candidate Committee

**Name and Address of Financial Institution:** Farmer's State Bank 7025 Meridian Rd  
Falcon CO 80831

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)

Reporting Period Covered: October 8, 2004 Through October 24, 2004  
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)	\$ 3.54
2	Total Monetary Contributions (line 11)	\$ 310.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 313.54
4	Total Monetary Expenditures (line 19)	\$ 205.40
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 08.14

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)

Print Registered Agent's (Treasurer's) Name: PATSY WURSTER

Registered Agent's (Treasurer's) Signature: Patsy Wurster Date: 10/29/04

Print Candidate Name: Stanley G. Hildahl

Candidates Signature: Stanley G. Hildahl Date: 10/29/04

**DETAILED SUMMARY**

Full Name of Committee/Person: Heldahl for District 2

Current Reporting Period: October 8, 2004 Through October 24, 2004

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	3.54
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	310.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	—
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	—
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	—
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	—
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	310.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	<del>310.00</del>
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	310.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	305.40
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	—
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	—
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	—
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	—
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	305.40
20	<b>Total Spending</b> (Line 18 + line 19)	\$	305.40

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

Full Name of Committee/Person: Hildahl for District 2

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/8/04</u>	4. Name: <u>Master Printers</u>
2. <u>Amount</u> \$ <u>305.40</u>	5. Address: <u>308 Main Street</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Canon City Co. 81212</u>
	7. Purpose of Expenditure: <u>Signs</u>

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: _____

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: _____

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: _____

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: _____

**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**

1. <u>Date Accepted</u> 10/12/04	4. Name (Last, First): <u>Hildahl, Stanley</u>
2. <u>Contribution Amt.</u> \$ <u>310<sup>00</sup></u>	5. Address: <u>13315 Mail Boss CT</u>
3. <u>Aggregate Amt. *</u> \$ <u>310<sup>00</sup></u>	6. City/State/Zip: <u>Peyton CO 80831</u>
	7. Description: <u>Check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Blair College</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Instructor</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: _____
	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: _____
	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: _____
	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).