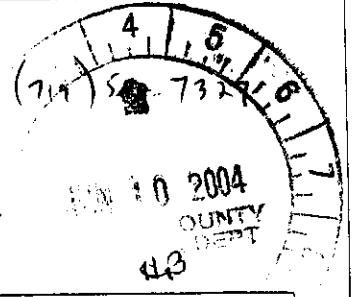


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Fax: (714) 507-7321



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

Full Name of Committee/Person:	Committee to Elect Jim Taylor <small>As Shown On Registration</small>
Address of Committee/Person:	8150 Wildridge Road
City, State & Zip Code:	Colorado Springs, Co, 80908
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	N/A

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: 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)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0.00
4	Total Monetary Expenditures (line 19)	\$ 147.28
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

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)

Print Registered Agent's (Treasurer's) Name: Vicki Taylor

Registered Agent's (Treasurer's) Signature: Vicki Taylor by SHS Vicki Taylor Date: 6/3/2004

Print Candidate Name: Jim Taylor

Candidates Signature: [Signature] Date: 6/3/2004

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Jim Taylor

Current Reporting Period: 4/26/2004 Through 5/31/2004

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0.00
8	Loans Received (Please list on Schedule "C")	\$ 0.00
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)	\$ 0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0.00
13	Total Contributions (Line 11 + line 12)	\$ 0.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 147.28
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0.00
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)	\$ 147.28
20	Total Spending (Line 18 + line 19)	\$ 147.28

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

Full Name of Committee/Person: Committee to Elect Jim Taylor

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 4/27/2004	4. Name: <u>Sign Management Service</u>
2. <u>Amount</u> \$ 76.61	5. Address: <u>P.O. Box 26269</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Spring, CO 80936</u>
	7. Purpose of Expenditure: <u>Signs</u>

1. <u>Date Expended</u> 4/26/2004	4. Name: <u>BF News</u>
2. <u>Amount</u> \$ 70.67	5. Address: <u>11425 Black Forest Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Black Forest, CO 80908</u>
	7. Purpose of Expenditure: <u>Advertisement</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: _____