

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph (303) 894-2200 x 3
Fax (303) 869-4861



Below Space for Office Use Only

**DISCLOSURE BY PUBLIC OFFICEHOLDER
REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS**
(C.R.S. 24-6-203)

Jurisdiction: State County Municipal
(required)

Filing: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
(required) (due April 15) (due July 15) (due October 15) (due January 15)

Name of Officeholder: Daniel Scott Wilson **Office Held/District:** County Court Judge - 4th
(required) (required)

Address: 270 S. Tejon, P.O. Box 2980 **City:** Colorado Springs **Colorado** **Zip:** 80901
(required) (required) (required)

1) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Delores Wilson **Amount/Value:** \$ \$100 **Date Received:** 12/25/07

Description: Christmas Check

2) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Amount/Value: \$ _____ **Date Received:** _____

Description: _____

3) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:


Amount/Value: \$ _____ **Date Received:** _____

Description: _____

4) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

Amount/Value: \$ _____ **Date Received:** _____

Description: _____

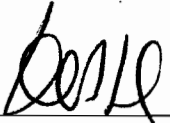

Signature of Officeholder
(required)

1/3/08
Date
(required)

REPORT OF COMPENSATION

Date	Location	Nature of Activity	Name of Payor	Amount
	NONE			

I hereby certify that this is a complete report of compensation received and is filed pursuant to Canon 6 of the Code of Judicial Conduct. This form may be used as an addendum when filed with the reporting requirements of Section 24-6-202 and 203.7 C.R.S. (1998).

Signature: 

Judge: Daniel S. Wilson

Date: 1/3/08

MISREPCOMPEN