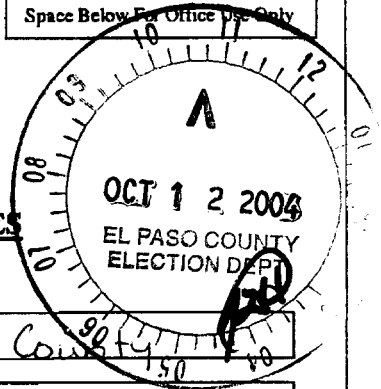


Colorado Secretary of State  
Elections Division  
1560 Broadway, Ste. 200  
Denver, CO 80202  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	Libertarian Party of El Paso County <small>As Shown On Registration</small>
Address of Committee/Person:	PO Box 18271
City, State & Zip Code:	Colorado Springs, CO 80935
Committee Type:	Political Party
Name and Address of Financial Institution:	TCF Bank 2870 New Center Pointe Colorado Springs, CO 80922

SOS ID NUMBER (state committees ONLY): 20035620491

**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: 1 September 2004 Through 7 October 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)	\$ 161.89
2 Total Monetary Contributions (line 11)	\$ 72.60
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 234.49
4 Total Monetary Expenditures (line 19)	\$ 24.73
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 209.76

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)]

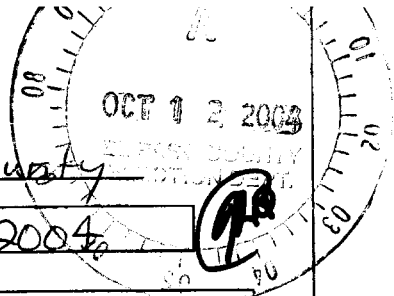
**Authorization** (Must be completed by either the Registered Agent OR the Candidate)

Print Registered Agent's (Treasurer's) Name: Nancy Graves  
Registered Agent's (Treasurer's) Signature: Nancy Graves Date: 10/11/04  
Print Candidate Name: \_\_\_\_\_  
Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: Libertarian Party of El Paso County

Current Reporting Period: 1 Sept. 2004 Through 7 Oct. 2004



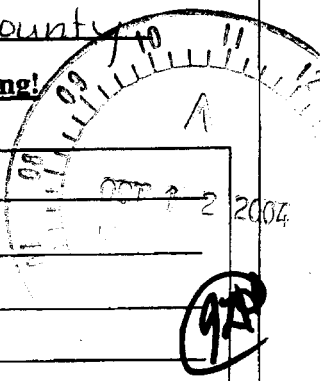
	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 1161.89
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 62.60
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 10.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 72.60
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 72.60
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 24.73
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 24.73
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 24.73

**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Libertarian Party of El Paso County

**WARNING: Please read the instruction page for Schedule "A" before completing!**



PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9 Sept 04	4. Name (Last, First): <u>Alpha Dog Pet Services</u>
2. <u>Contribution Amt.</u> \$ 40.00	5. Address: <u>2906 Walton Creek Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, CO 80922</u>
	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9 Sept 04	4. Name (Last, First): <u>Schumaker, Jody</u>
2. <u>Contribution Amt.</u> \$ 22.60	5. Address: <u>509 E 5th St.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Dell Rapids, SD 57022</u>
	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

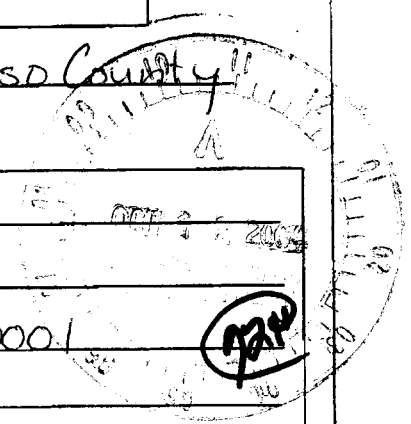
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

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).

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

**Full Name of Committee/Person:** Libertarian Party of El Paso County



**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>27 Sept 04</u>	4. Name: <u>Qwest</u>
2. <u>Amount</u> <u>\$ 24.73</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80244-0001</u>
	7. Purpose of Expenditure: <u>phone bill</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: _____