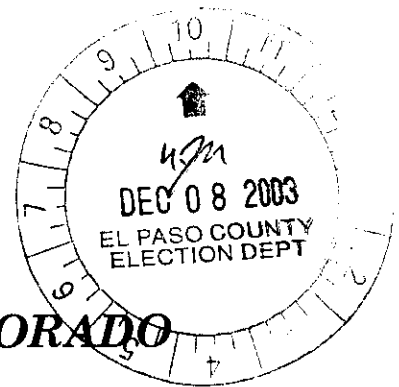




**EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER**



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 Lou Ann Dekker

ADDRESS OF COMMITTEE: 3380 Harmon Drive, Monument, CO 80132
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:
Peoples National Bank 1899 Woodman St. Monument, CO 80132
(Name) (Number/Street/City/State/Zip)

TYPE OF REPORT:

_____ : 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.

12/8/03 : 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 (Aggregate during Election Cycle)
1. Funds on Hand Beginning of Reporting Period:	\$ 122.35	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 177.00	\$ 3227.50
3. Total Expenditures (From Ln 21):	\$ 293.12	\$ 3662.36
4. Funds on Hand at Close of Reporting Period:	\$ 0	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ 0	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ 0	XXXXXXXXXXXXXXXX



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

(This schedule should reflect each item [7thru 12] of the Detailed Summary Page)

No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. CRS 1-45-111(1)(d).

Check appropriate box(es): Primary General Other (Specify): School Board

<small>CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)</small> <u>Tri-Lakes Tribune</u>	<small>OCCUPATION/EMPLOYER</small> <u>11/12/03</u>
<small>ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):</small> <u>P.O. Box 488, Monument, CO 80132</u>	<small>DATE OF THIS CONTRIBUTION:</small> _____
<small>AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:</small> \$ _____	<small>AMT OF THIS CONTRIBUTION:</small> \$ <u>177.00</u>
<i>Tribune failed to run paid advertisement prior to election, refunded payment.</i>	

<small>CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)</small> _____	<small>OCCUPATION/EMPLOYER</small> _____
<small>ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)</small> _____	<small>DATE OF THIS CONTRIBUTION:</small> _____
<small>AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:</small> \$ _____	<small>AMT OF THIS CONTRIBUTION:</small> \$ _____

<small>CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)</small> _____	<small>OCCUPATION/EMPLOYER</small> _____
<small>ADDRESS (NUMBER/STREET/CITY/STATE/ZIP)</small> _____	<small>DATE OF THIS CONTRIBUTION:</small> _____
<small>AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:</small> \$ _____	<small>AMT OF THIS CONTRIBUTION:</small> \$ _____



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER
SCHEDULE B
EXPENDITURES

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)

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Check appropriate box(es): Primary General Other (Specify): School Board

PAYMENT TO: (PRINT NAME) <u>Chase Platinum Mastercard</u>	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) <u>P.O. Box 52046, Phoenix, AZ 85072-2046</u>	AMOUNT OF EXPENDITURE: <u>\$ 283.12</u>
PURPOSE OF THIS EXPENDITURE: <u>Payment to credit card which covered the ad in the Gazette for \$316.25 on 10/23/03 - closes bank account</u>		DATE OF EXPENDITURE: <u>8 December 03</u>

PAYMENT TO: (PRINT NAME) 	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) 	AMOUNT OF EXPENDITURE: <u>\$.</u>
PURPOSE OF THIS EXPENDITURE: 		DATE OF EXPENDITURE:

PAYMENT TO: (PRINT NAME) 	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) 	AMOUNT OF EXPENDITURE: <u>\$.</u>
PURPOSE OF THIS EXPENDITURE: 		DATE OF EXPENDITURE:

PAYMENT TO: (PRINT NAME) 	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) 	AMOUNT OF EXPENDITURE: <u>\$.</u>
PURPOSE OF THIS EXPENDITURE: 		DATE OF EXPENDITURE: