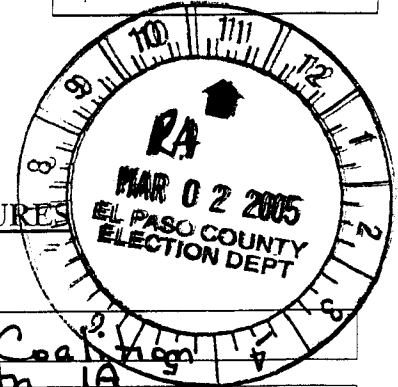


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person: Pikes Peak Transportation Coalition
As Shown On Registration
 Address of Committee/Person: Po Box 1371
 City, State & Zip Code: Colorado Springs Co 80901
 Committee Type: Issue
 Name and Address of Financial Institution: Wells Fargo 90 S. Cascade Ave CSC 80903

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: December 3, 2004 Through January 11, 2005
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)	\$ 9,210.40
2	Total Monetary Contributions (line 11)	\$ -
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ -0-
4	Total Monetary Expenditures (line 19)	\$ 9,210.40
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

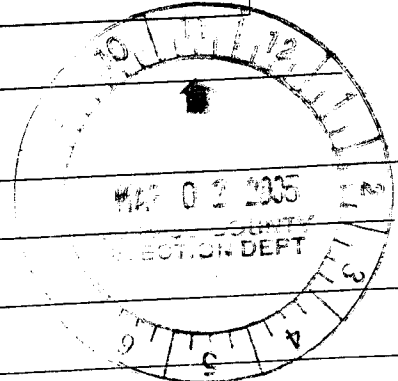
The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
 [Art. XXVIII Sec. 10(2)(a)]

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

Print Registered Agent's (Treasurer's) Name: Jerry Biggs
 Registered Agent's (Treasurer's) Signature: [Signature] Date: Feb 11, '05
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

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

Full Name of Committee/Person: PPTC - Go with IA



PLEASE PRINT/TYPE

1. Date Expended 12-8-04	4. Name: <u>Wells Fargo Bank</u>
2. Amount \$ 39.45	5. Address: <u>90 S Cascade Avenue</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80903</u>
	7. Purpose of Expenditure: <u>Check Fees</u>

1. Date Expended 12-4-04	4. Name: <u>Colorado Springs Chamber of Commerce</u>
2. Amount \$ 2,000.00	5. Address: <u>2 North Cascade Avenue</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80903</u>
	7. Purpose of Expenditure: <u>Tables Annual Dinner</u>

1. Date Expended 1-14-05	4. Name: <u>Susan B Jack Assoc</u>
2. Amount \$ 242.00	5. Address: <u>1779 Courtyard Heights</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80906</u>
	7. Purpose of Expenditure: <u>Training</u>

1. Date Expended 1-11-05	4. Name: <u>Blue Peak United Way</u>
2. Amount \$ 6928.95	5. Address: <u>518 N Nevada Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80903</u>
	7. Purpose of Expenditure: _____

1. Date Expended	4. Name: _____
2. Amount \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____