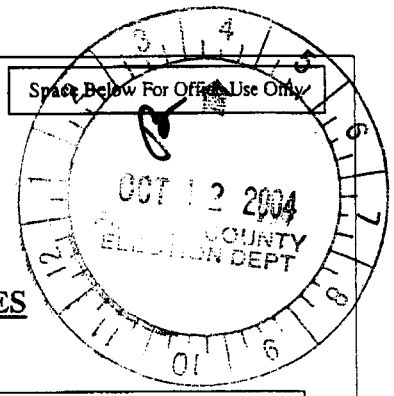


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person: Sallie
 Committee to Elect Clark Commissioner District 3
As Shown On Registration

Address of Committee/Person: PO Box 38279

City, State & Zip Code: Colorado Springs CO 80937

Committee Type: Candidate

Name and Address of Financial Institution: Bank of Broadmoor 155 Lake Ave., Colo Sprng CO 80906

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: Sept. 1, 2004 Through Oct. 7, 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)	\$ 10,332.45
2	Total Monetary Contributions (line 11)	\$ 1,000.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 11,332.45
4	Total Monetary Expenditures (line 19)	\$ 2,904.31
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8,428.14

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: Jan Peran

Registered Agent's (Treasurer's) Signature: Jan Peran Date: 10/12/04

Print Candidate Name: Sallie Clark

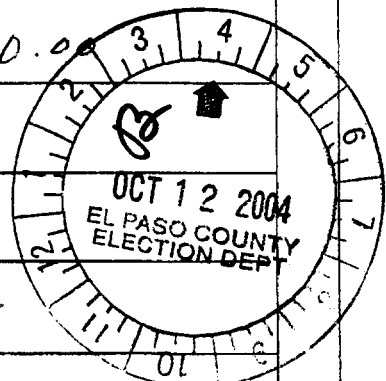
Candidates Signature: Sallie Clark Date: 10/12/04

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect Sallie Clark Commissioner District 3

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

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	10,332.45
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1,000.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	—
8	Loans Received (Please list on Schedule "C")	\$	—
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	—
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	850.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1,850.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	—
13	Total Contributions (Line 11 + line 12)	\$	1,850.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2,904.31
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	—
16	Loan Repayments Made (Please list on Schedule "C")	\$	—
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	850.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	—
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	2,904.31
20	Total Spending (Line 18 + line 19)	\$	2,904.31



Name
O'Sullivan, Raymond

SALLIE CLARK
Address
3935 Hill Circle

SCHEDULE A
City/State
Colorado Springs, CO

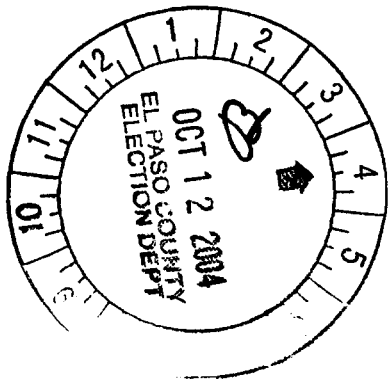
10/12/2004
Zip Code
80904

Date of Contribution
9/28/2004

Amount
\$1,000

Aggregate
\$3,000
\$3,000

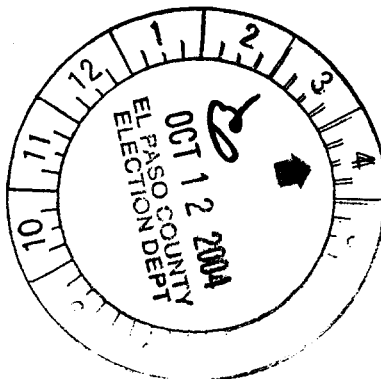
Occupation
Development-RDS



SALLIE CLARK
 Date 9/19/2004 Ck Written
 9/19/2004 Walter Publishing
 9/28/2004 AAA
 10/1/2004 Qwest
 10/1/2004 US Bank
 10/1/2004 Bank

SCHEDULE B 10-12-04
 Address
 850 Arcturus Dr., CS 80906
 PO Box 15026, Wilmington, DE 19850
 Qwest Pmt. Center, Denver, CO 80244
 PO Box 6345, Fargo, ND 58125
 Bank of Broadmoor

TOTAL	
\$2,904.31	Expense
\$170.00	Advertising
\$1,676.41	Media Services
\$170.34	Phones
\$878.80	Reception
\$8.76	Bank Charges



Schedule D – Returned Contributions & Expenditures

10-12-04

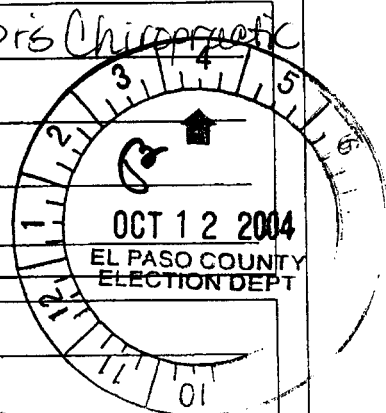
Full Name of Committee/Person: Committee to Elect Sallie Clark Commissioner District 3

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 1/4/04	4. Name (Last, First): <u>Dr. Rebecca Fischer / Dr's Chiropractic</u>
2. <u>Date Returned</u> 2/12/04	5. Address: <u>Po Box 25302</u>
3. <u>Amount</u> \$ 100 ⁰⁰	6. City/State/Zip: <u>Colo. Spgs CO 80936</u>
	7. Purpose: <u>Returned contribution</u>



1. <u>Date Accepted</u>	4. Name (Last, First): <u>Flying W. Ranch</u>
2. <u>Date Returned</u> 2/12/04	5. Address: <u>3330 Chuckwagon Rd.</u>
3. <u>Amount</u> \$ 100 ⁰⁰	6. City/State/Zip: <u>Colo Spring CO 80919</u>
	7. Purpose: <u>Ret. ck corp.</u>

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 2/6/04	4. Name (Last, First): <u>Allaire Timbers Ltd</u>
2. <u>Date Returned</u> 3/3/04	5. Address: <u>PO Box 4653</u>
3. <u>Amount</u> \$ 50 ⁰⁰	6. City/State/Zip: <u>Breckenridge CO 80424</u>
	7. Comment (Optional): <u>Returned ck. Corp.</u>

1. <u>Date Expended</u> 1/26/04	4. Name (Last, First): <u>Cats Pads Ltd.</u>
2. <u>Date Returned</u> 3/3/04	5. Address: <u>3131 W. Pikes Peak Ave.</u>
3. <u>Amount</u> \$ 100 ⁰⁰	6. City/State/Zip: <u>Colo. Springs CO 80904</u>
	7. Comment (Optional): <u>Ret. ck Corp</u>

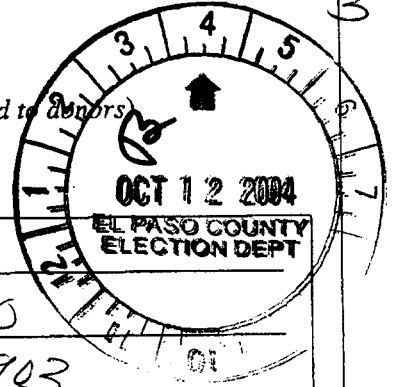
Schedule D - Returned Contributions & Expenditures

10-12-04

Full Name of Committee/Person: Committee to Elect Sallie Clark Commissioner District 3

Returned Contributions

(Previously reported on Schedule A - Contributions accepted and then returned to donors)



PLEASE PRINT/TYPER

1. <u>Date Accepted</u> 7/26/04	4. Name (Last, First): <u>Blue Label Mgmt.</u>
2. <u>Date Returned</u> 7/30/04	5. Address: <u>31 N. Tejon St. #400</u>
3. <u>Amount</u> \$ 500 ⁰⁰	6. City/State/Zip: <u>Colorado Springs CO 80903</u>
	7. Purpose: <u>Ret corp ck.</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B - Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPER

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____