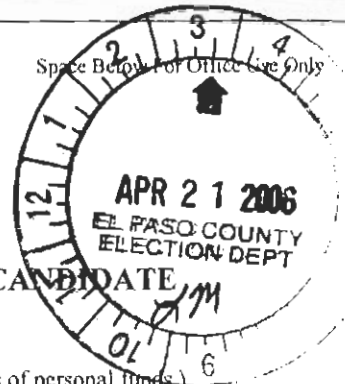


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Space Below For Office Use Only



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

(For use by a candidate who has not received any contributions, but has made expenditures of personal funds.)

Name of Candidate: Mary Jean Ciemiwicz
Address of Candidate: 419 Marian Drive
City, State, and Zip Code: Colorado Springs, CO 80911
Office: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date _____ Ending Date _____

1. <u>Date Expended</u> 4-18-06	3. Name: <u>Fountain Valley News</u>
2. <u>Amount</u> \$ 60. ⁰⁰	4. Address: <u>120 E. Ohio</u>
	5. City, State, Zip: <u>Fountain, CO 80817</u>
	6. Purpose of Expense: <u>Advertising</u>

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

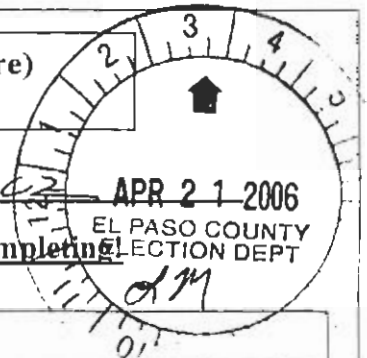
I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: Mary Jean Ciemiwicz Date: 4-18-06

Security Water District

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

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



Full Name of Committee/Person: Mary Jean Ciemiwicz

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</u> \$	5. Address: <u>one</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip:
<input type="checkbox"/> Check box if Electioneering Communication	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:
<input type="checkbox"/> Check box if Electioneering Communication	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:
<input type="checkbox"/> Check box if Electioneering Communication	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:
<input type="checkbox"/> Check box if Electioneering Communication	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).

Security Water District