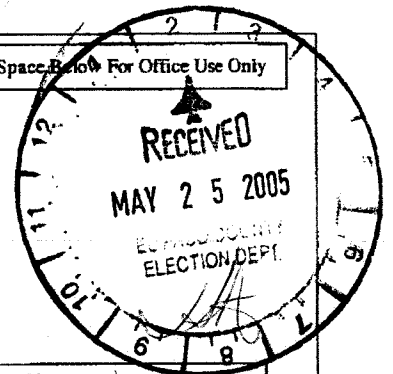


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	Committee to elect W.R. 'Bill' Zalman <small>As Shown On Registration</small>
Address of Committee/Person:	4035 Red Cedar Drive
City, State & Zip Code:	Colo Spgs, CO 80906
Committee Type:	
Name and Address of Financial Institution:	UMB Bank 290 E Cheyenne Blvd CO3

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:  Through   
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)	\$ 78.35
2 Total Monetary Contributions (line 11)	\$
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4 Total Monetary Expenditures (line 19)	\$ 78.33
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 00.00

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: William R Zalman

Registered Agent's (Treasurer's) Signature: WRZ Date: 5/23/05

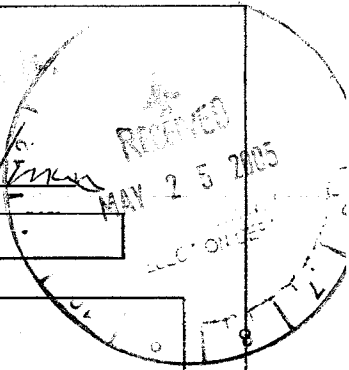
Print Candidate Name: William R Zalman

Candidates Signature: WRZ Date: 5/23/05

**DETAILED SUMMARY**

Full Name of Committee/Person: Committee to elect W.P. Bill Zepher

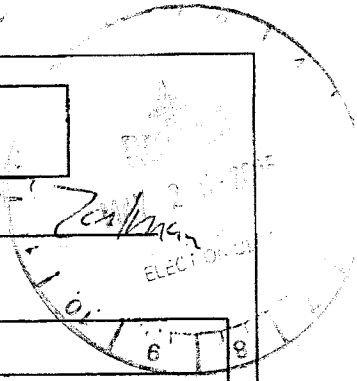
Current Reporting Period: 12/03 Through 5-23-05



Funds on hand at the beginning of reporting period (Monetary Only)		\$ 78.33
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
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")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 78.33
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")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 78.33
20	Total Spending (Line 18 + line 19)	\$ 78.33

**Schedule B - Itemized Expenditures Statement (\$20 or more)**

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



**Full Name of Committee/Person:** Committee to elect W.R. 'Bill' Zelman

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>March '05</u>	4. Name: <u>William R. Zelman</u>
2. <u>Amount</u> <u>\$ 78.33</u>	5. Address: <u>4035 Red Cedar Drive</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spgs, CO 80906</u>
	7. Purpose of Expenditure: <u>Payment of Computer</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: _____