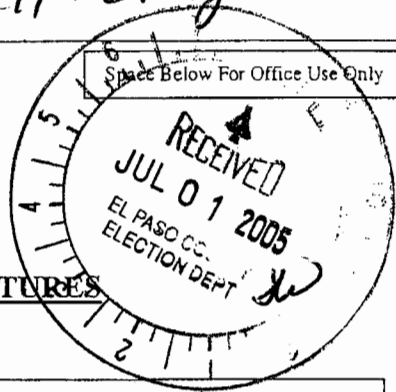


210-8168-cell - Sandy

499-0300-cell - Cathy

Space Below For Office Use Only

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



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

Full Name of Committee/Person: **COMMITTEE TO ELECT SANDY SHAKES SCH DIST # 11**
As Shown On Registration

Address of Committee/Person: **3255 WADE CIR 80917**

City, State & Zip Code: **COLO SPGS CO 80907**

Committee Type: **SCHOOL DIST # 11**

Name and Address of Financial Institution: **WESTERN NATIONAL / AMERICAN NATIONAL BANK
102 N Cascade**

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)	\$ 3204 24
2 Total Monetary Contributions (line 11)	\$ 680 66
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3884 90
4 Total Monetary Expenditures (line 19)	\$ 3884 90
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: CRAIG E. WHITNEY

Registered Agent's (Treasurer's) Signature: [Signature] Date: 7/1/05

Print Candidate Name: Sandra S. Shakes

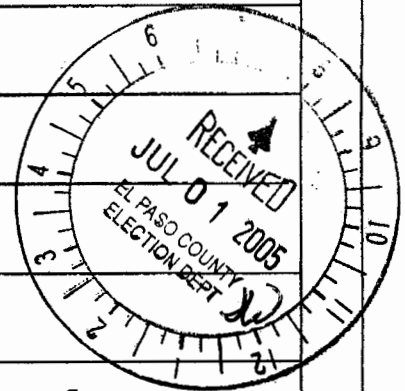
Candidates Signature: [Signature] Date: 6-20-05

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO ELECT SANDRA SHAKES SCH Dist #11

Current Reporting Period: Dec 4/03 Through JULY 1, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	3204 ²⁴
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	680 ⁶⁶
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)	\$	3884 ⁹⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	19507 ⁵⁰
13	Total Contributions (Line 11 + line 12)	\$	23013 ⁶³
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	3884 ⁹⁰
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)	\$	
20	Total Spending (Line 18 + line 19)	\$	3884 ⁹⁰

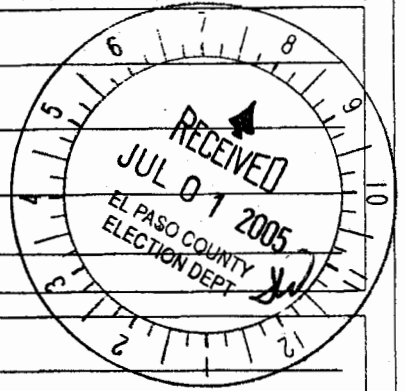


Schedule B - Itemized Expenditures Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: COMMITTEE TO ELECT SANDA SHAKES SCH DIST #11

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/10/03	4. Name: <u>XPEDX PAPER STORE</u>
2. <u>Amount</u> \$ 26 ⁰⁷	5. Address: <u>2443 N UNION BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Co Spgs Co 80909</u>
	7. Purpose of Expenditure: <u>DOOR HANGERS</u>



1. <u>Date Expended</u> 9/13/03	4. Name: <u>XPEDX STORE # 563</u>
2. <u>Amount</u> \$ 26 ⁰⁷	5. Address: <u>2443 N UNION BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Co Spgs Co 80909</u>
	7. Purpose of Expenditure: <u>DOOR HANGERS</u>

1. <u>Date Expended</u> 9/11/03	4. Name: <u>BTD TROPHIES</u>
2. <u>Amount</u> \$ 31 ⁹²	5. Address: <u>1674 S. 21ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Co Spgs Co 80904</u>
	7. Purpose of Expenditure: <u>NAME TAGS (MAC)</u>

1. <u>Date Expended</u> 9/25/03	4. Name: <u>KINKO'S</u>
2. <u>Amount</u> \$ 17 ¹¹	5. Address: <u>825 CITADEL DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Co Spgs Co 80909</u>
	7. Purpose of Expenditure: <u>PRINTING</u>

1. <u>Date Expended</u> 9/27/03	4. Name: <u>KINKO'S</u>
2. <u>Amount</u> \$ 17 ¹¹	5. Address: <u>825 CITADEL DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Co Spgs Co 80909</u>
	7. Purpose of Expenditure: <u>PRINTING</u>

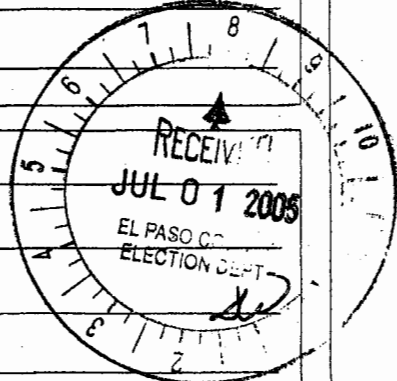
Schedule B - Itemized Expenditures Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: COMMITTEE TO ELECT SANDRA SHAKES SCH DIST # 11

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/30/03	4. Name: <u>Citedel Communications</u>
2. <u>Amount</u> \$ 297 ⁵⁰	5. Address: <u>6805 CORP DR SUITE 130</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80909</u>
	7. Purpose of Expenditure: <u>RADIO SPOTS</u>

1. <u>Date Expended</u> 10/31/03	4. Name: <u>SARAH JACK</u>
2. <u>Amount</u> \$ 1019 ⁶³	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>YARD SIGNS</u>

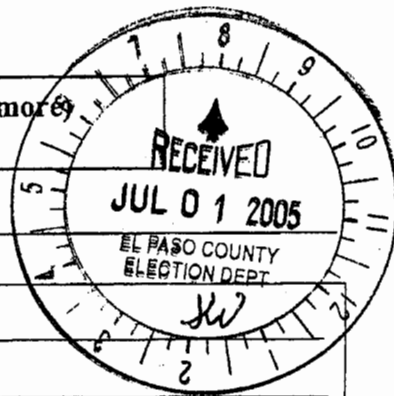


1. <u>Date Expended</u> 10/31/03	4. Name: <u>ROBERT GARDNER</u>
2. <u>Amount</u> \$ 615 ³⁸	5. Address: <u>5540 TECH CENTER DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80919</u>
	7. Purpose of Expenditure: <u>COUNTY CLERK LABELS / SET UP</u>

1. <u>Date Expended</u> 10/31/03	4. Name: <u>ROBERT GARDNER</u>
2. <u>Amount</u> \$ 1500	5. Address: <u>5540 TECH CENTER DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80919</u>
	7. Purpose of Expenditure: <u>POLLING SERVICE</u>

1. <u>Date Expended</u> 10/29/03	4. Name: <u>POST MASTER</u>
2. <u>Amount</u> \$ 185 ⁰⁰	5. Address: <u>MAIN PO</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CSC 80901</u>
	7. Purpose of Expenditure: <u>STAMPS</u>

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



Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 7/1/05	4. Name: SANDRA SHAKES
2. <u>Amount</u> \$ 49 ⁰⁰	5. Address: 3255 WADE CIR
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Co Spgs Co 80917
	7. Purpose of Expenditure: REFUND

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: _____