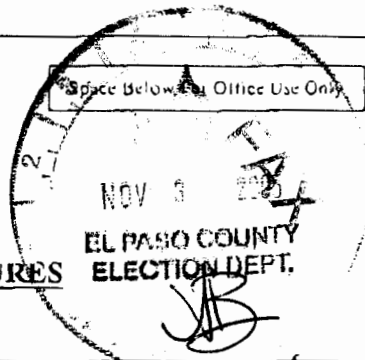


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste 270  
Denver, CO 80290  
Ph. (303) 894-2200 x 3  
Fax (303) 869-4861  
www.sos.state.co.us



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

**Full Name of Committee/Person:** Committee to Elect Kelli Trausch  
As Shown On Registration

**Address of Committee/Person:** 11665 Orleans Rd

**City, State & Zip Code:** Fountain Co 80817

**Committee Type:** Candidate Committee

**Name and Address of Financial Institution:** Colorado Mountain Bank 4105 S. Santa Fe Fountain 80817

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)
- Check this box if this Report Contains Electioneering Communications Information

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)	\$ 121.74
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 121.74
4	Total Monetary Expenditures (line 19)	\$ 121.74
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: Kelly Trausch

Registered Agent's (Treasurer's) Signature: [Signature] Date: Nov 28

Print Candidate Name: Kelli O'Neil Trausch

Candidates Signature: [Signature] Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person

*Committee to Elect Keeli Inoué*

Current Reporting Period

*Oct 28*

Through

*Dec 1*

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ <i>121.74</i>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ <i>0</i>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ <i>0</i>
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ <i>0</i>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ <i>0</i>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ <i>0</i>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ <i>0</i>
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ <i>0</i>
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ <i>0</i>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ <i>0</i>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ <i>0</i>
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ <i>121.74</i>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ <i>0</i>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ <i>121.74</i>
20	<b>Total Spending</b> (Line 18 + line 19)	\$ <i>121.74</i>

**Schedule D - Returned Contributions & Expenditures**

Full Name of Committee/Person: Committee to Elect Kelli Trausch

**Returned Contributions**

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/21	4. Name (Last, First): <u>Trausch Brian &amp; Kelli</u>
2. <u>Date Returned</u> 11/23	5. Address: <u>11665 Orleans Rd</u>
3. <u>Amount</u>	6. City/State/Zip: <u>Fountain Co 80817</u>
\$ <u>121.74</u>	7. Purpose: <u>Close Account</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/TYPE

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): _____