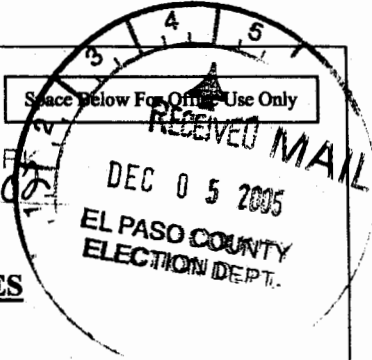


Colorado Secretary of State
 Elections Division
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 Fax: (303) 869-4861
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (C.R.S. 1-45-108)

Full Name of Committee/Person:	Committee to Elect David A. Trujillo <small>As Shown On Registration</small>
Address of Committee/Person:	12670 Rio Lane
City, State & Zip Code:	Peyton, Co. 80831
Committee Type:	Candidate
Name and Address of Financial Institution	Cent Federal Credit Union

SOS ID NUMBER (state committees ONLY): N/A

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: 10/24/05 Through 11/25/05
date date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ N/A

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ -281.40
2 Total Monetary Contributions (line 11)	\$ 321.40
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 40.00
4 Total Monetary Expenditures (line 19)	\$ 40.00
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: Deborah L. Manriquez
 Registered Agent's (Treasurer's) Signature: [Signature] Date: 11/30/05
 Print Candidate Name: David A. Trujillo
 Candidates Signature: [Signature] Date: 11-30-05

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Elect David A. Trujillo

Current Reporting Period: 10/24/05 Through 11/25/05

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ - 281.40
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 321.40
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)	\$ 321.40
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 321.40
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 40.00
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)	\$ 40.00
20	Total Spending (Line 18 + line 19)	\$ 40.00

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

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

Full Name of Committee/Person: Committee to Elect David A. Tejeda

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/24/05	4. Name (Last, First): <u>William + Deborah Marquez</u>
2. <u>Contribution Amt.</u> \$ 321.40	5. Address: <u>12670 Rio Lane</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Falcon, Co 80831</u>
	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>AFC Civil Service</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Electrician</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: _____
	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: _____
	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: _____
	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).

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

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

Full Name of Committee/Person: Committee to Elect David A. Roy, 110

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/24/05	4. Name: <u>City of Colorado Springs Planning Dept.</u>
2. <u>Amount</u> \$ 40.00	5. Address: <u>30 S. Nevada Ave. Suite 301/305</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, Co. 80901-1575</u>
	7. Purpose of Expenditure: <u>Permit (Signs)</u> <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication