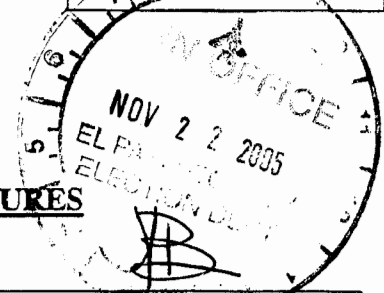


Colorado Secretary of State
Elections Division
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Denver, CO 80202
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Space Below For Office Use Only



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

Full Name of Committee/Person:	COMMITTEE TO ELECT GAIL T. WILSON
As Shown On Registration	
Address of Committee/Person:	18590 WHITE FAWN DR.
City, State & Zip Code:	MONUMENT CO 80132
Committee Type:	CANDIDATE COMMITTEE
Name and Address of Financial Institution:	PEOPLES NATL BANK 1899 WOODMOOR DR. MONUMENT CO 80132

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)	\$ 1282.75
2 Total Monetary Contributions (line 11)	\$ 1056.60
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2339.05
4 Total Monetary Expenditures (line 19)	\$ 2339.05
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: FRANCES HOWARD

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: GAIL T. WILSON

Candidates Signature: *Gail T. Wilson* Date: 11/18/05

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO ELECT GAIL T. WILSON

Current Reporting Period: 10/24/2005 Through 11/25/2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1282.45
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1036.60
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	20.00
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)	\$	1056.60
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	50.48
13	Total Contributions (Line 11 + line 12)	\$	1107.08
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2339.05
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)	\$	50.48
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	2339.05
20	Total Spending (Line 18 + line 19)	\$	2389.53

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT GAIL T. WILSON

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/14/05	4. Name (Last, First): <u>ZIESLING, MELISSA</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>1285 BOWSTRING RD.</u>
3. <u>Aggregate Amt. *</u> \$ 300.00	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>HOMEMAKER</u>

1. <u>Date Accepted</u> 11/14/05	4. Name (Last, First): <u>KELLEY, DONA</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>7420 S. HARRISON WAY</u>
3. <u>Aggregate Amt. *</u> \$ 20.00	6. City/State/Zip: <u>CENTENNIAL CO 80122</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 11/14/05	4. Name (Last, First): <u>ANDREWS, PAULINE</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>9115 FORTUNA DR # 6201</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>MERCER ISLAND, WA 98040</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 11/16/05	4. Name (Last, First): <u>GAIL T. WILSON</u>
2. <u>Contribution Amt.</u> \$ 791.60	5. Address: <u>18590 WHITE FAWN DR</u>
3. <u>Aggregate Amt. *</u> \$ 1291.60	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>NACCORRA</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CONSULTANT</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).

Statement of Non-Monetary Contributions

[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: COMMITTEE TO ELECT GAIL T. WILSON

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 11/1/05	4. Name (Last, First): <u>Wilson, Megan</u>
2. <u>Fair Market Value</u> \$ <u>50.48</u>	5. Address: <u>729 E. Phillips Dr</u>
3. <u>Aggregate Amt.</u> \$ <u>50.48</u>	6. City/State/Zip: <u>Littleton CO 80122</u>
	7. Description: <u>web site</u>
	8. Employer (if applicable, mandatory): <u>Reach out AND READ</u>
	9. Occupation (if applicable, mandatory): <u>Director</u>
	10. <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT GAIL T. WILSON

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/24/05</u>	4. Name: <u>MAILING SVCS INC</u>
2. <u>Amount</u> \$ <u>1251.50</u>	5. Address: <u>531 E. Cimarron St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs CO 80902</u>
	7. Purpose of Expenditure: <u>MAILING EXPENSE/FLYERS & CARD</u>

1. <u>Date Expended</u> <u>11/14/05</u>	4. Name: <u>MONUMENT TRIBUNE</u>
2. <u>Amount</u> \$ <u>179.10</u>	5. Address: <u>P.O. BOX 1270</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CASTLE ROCK, CO 80104</u>
	7. Purpose of Expenditure: <u>ADVERTISING</u>

1. <u>Date Expended</u> <u>11/14/05</u>	4. Name: <u>THE GAZETTE</u>
2. <u>Amount</u> \$ <u>173.04</u>	5. Address: <u>P.O. BOX 1779</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPGS CO 80901</u>
	7. Purpose of Expenditure: <u>ADVERTISING</u>

1. <u>Date Expended</u> <u>11/20/05</u>	4. Name: <u>GAIL WILSON</u>
2. <u>Amount</u> \$ <u>735.41</u>	5. Address: <u>18590 WHITE FAWN DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MONUMENT CO 80132</u>
	7. Purpose of Expenditure: <u>REIMB/COPY SUPPLIES/PRINTING/SEMINAR</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: _____