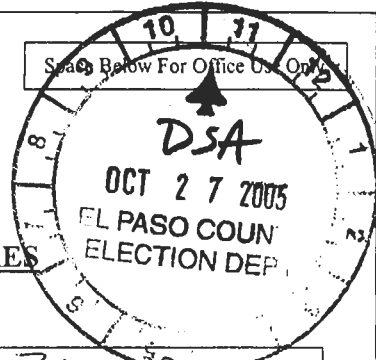


Colorado Secretary of State
Elections Division
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Denver, CO 80290
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Fax: (303) 869-4861
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person:	COMMITTEE TO ELECT SI BRUNER <small>As Shown On Registration</small>
Address of Committee/Person:	4229 MORLEY DR.
City, State & Zip Code:	COLORADO SPRINGS, CO. 80916
Committee Type:	CANDIDATE COMMITTEE
Name and Address of Financial Institution	HARRISON DIST #2 FCU, 1016 HARRISON Rd, SP65 CO, 80916

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)	\$ 279.00
2 Total Monetary Contributions (line 11)	\$ 291.50
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 570.50
4 Total Monetary Expenditures (line 19)	\$ 570.50
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: JOANNE M. TYRRELL
 Registered Agent's (Treasurer's) Signature: Joanne M Tyrrell Date: 10/25/05
 Print Candidate Name: SI BRUNER
 Candidates Signature: Si Bruner Date: 10/25/05

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO ELECT SI BRUNEK

Current Reporting Period: 10/7/05 Through 10/23/05

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 279.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 291.50
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 291.50
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 291.50
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 570.50
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 570.50
20	Total Spending (Line 18 + line 19)	\$ 570.50

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT SI BRUNER

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

PLEASE PRINT/TYPED

1. <u>Date Accepted</u> 10/19/05	4. Name (Last, First): <u>BRUNER SILAS</u>
2. <u>Contribution Amt.</u> \$ 291.50	5. Address: <u>4229 MORLEY DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLO SPRS, CO 80916</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>LOAN</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>HARRISON SCHOOL DIST #2</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>TEACHER</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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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 SI BRUNER

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10/18/05</u>	4. Name: <u>ARTYPE INC.</u>
2. <u>Amount</u> \$ <u>441.71</u>	5. Address: <u>3530 WORK DRIVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FT. MYERS, FL 33916</u>
	7. Purpose of Expenditure: <u>CAMPAIN SIGNS</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/18/05</u>	4. Name: <u>FED EX KINKOS</u>
2. <u>Amount</u> \$ <u>128.79</u>	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>COLO, SPRINGS, CO 80909</u>
	7. Purpose of Expenditure: <u>CAMPAIN FLYERS</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