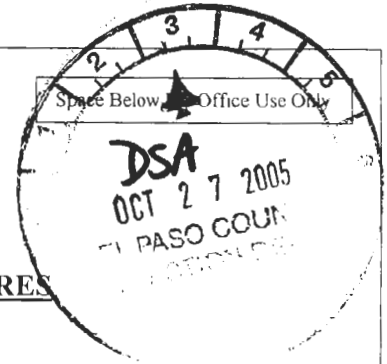


Colorado Secretary of State
Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person:	COMMITTEE TO Elect Ed Ralston <small>As Shown On Registration</small>
Address of Committee/Person:	2574 MASON Way
City, State & Zip Code:	Colorado Springs, CO 80916
Committee Type:	Setback Board
Name and Address of Financial Institution	

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)	\$ 189.55
2	Total Monetary Contributions (line 11)	\$ 215.07
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 404.62
4	Total Monetary Expenditures (line 19)	\$ 404.62
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: Brenda A. Wile

Registered Agent's (Treasurer's) Signature: Brenda A. Wile Date: 26 Oct 05

Print Candidate Name: Juan (Ed) Ralston

Candidates Signature: J Ed Ralston Date: 26 Oct 05

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO Elect Ed Ralston

Current Reporting Period: Oct 6, 2005 Through Oct 28, 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 189.55
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 215.07
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)	\$ 404.62
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 404.62
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 404.62
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)	\$ 404.62
20	Total Spending (Line 18 + line 19)	\$ 404.62

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

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

Full Name of Committee/Person: COMMITTEE TO Elect Ed Rabston

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>10-25-05</u>	4. Name (Last, First): <u>Rabston, Ivan</u>
2. <u>Contribution Amt.</u> \$ <u>215.07</u>	5. Address: <u>2874 MASON Way</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, Co 80916</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>expense</u>
	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>): _____

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 Ed Ralston

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>10-25-05</u>	4. Name: <u>ARTYPE, INC</u>
2. <u>Amount</u> <u>\$ 404.62</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>Fort Myers, FL 33916</u>
	7. Purpose of Expenditure: <u>CAMPAIGN 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