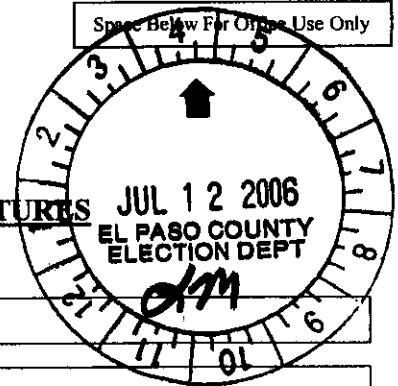


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person: Bux for Coroner
As Shown On Registration

Address of Committee/Person: 1014 Zodiac Drive

City, State & Zip Code: Colorado Springs, CO 80906

Committee Type: candidate

Name and Address of Financial Institution: Wells Fargo PO Box 5247, Denver, CO 80274

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: date **Through** 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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 2025
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2025
4	Total Monetary Expenditures (line 19)	\$ 1930.92
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 94.08

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: Linda Carroll

Registered Agent's (Treasurer's) Signature: Linda Carroll **Date:** 7/13/06

Print Candidate Name: _____

Candidates Signature: _____ **Date:** _____

DETAILED SUMMARY

Full Name of Committee/Person: Bux for Coroner

Current Reporting Period: 12/20/05 Through 7/13/06

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 2025.00
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)	\$ 2025.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 2025.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1920.92
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 10.00
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)	\$ 1930.92
20	Total Spending (Line 18 + line 19)	\$ 1930.92

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 12/21/05	4. Name (Last, First): <u>Bux, Robert</u>
2. <u>Contribution Amt.</u> \$ 1,000-	5. Address: <u>1060 Skylight View</u>
3. <u>Aggregate Amt. *</u> \$ 1,000-	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>El Paso County</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Deputy Coroner</u>

1. <u>Date Accepted</u> 2/1/06	4. Name (Last, First): <u>Hosie, Kay</u>
2. <u>Contribution Amt.</u> \$ 25 ⁰⁰	5. Address: <u>1140 Sagittarius Pt</u>
3. <u>Aggregate Amt. *</u> \$ 25 ⁰⁰	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 2/1/06	4. Name (Last, First): <u>Bux, Robert</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>1060 Skylight View</u>
3. <u>Aggregate Amt. *</u> \$ 2000.00	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>El Paso County</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Coroner</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: Bux for Coroner

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>2/27/06</u>	4. Name: <u>El Paso County Republican Party</u>
2. <u>Amount</u> <u>\$75.00</u>	5. Address: <u>710 S. Tejon</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose of Expenditure: <u>County assembly table</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>3/26/06</u>	4. Name: <u>Finn Graphics</u>
2. <u>Amount</u> <u>\$1845.92</u>	5. Address: <u>2526 N. Wahsatch, CSC 80907</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80907</u>
	7. Purpose of Expenditure: <u>logo / yard signs / banner / stickers</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