

**EL PASO COUNTY, COLORADO**  
**OFFICE OF THE CLERK & RECORDER**

**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. FILE IN DUPLICATE.

NAME OF COMMITTEE (In Full):

COMMITTEE to Elect Karen Teja

ADDRESS OF COMMITTEE:

6325 Moccasin Pass Ct CS/CO 80919  
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

1<sup>st</sup> Bank PO Box 50500 CS, CO 80949  
(Name) (Number/Street/City/State/Zip)

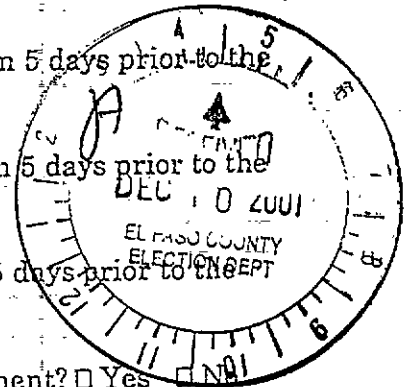
TYPE OF REPORT:

                    : 21 days prior to the election. Covering the period from the initial filing  
(Date) to 5 days prior to this filing.

                    : Friday before the election. Covering the period from 5 days prior to the  
(Date) previous filing to 5 days prior to this filing.

12/06/01: 30 days after the election. Covering the period from 5 days prior to the  
(Date) previous filing to 5 days prior to this filing.

                    : November 1 of off-year. Covering the period from 5 days prior to the  
(Date) previous filing to November 1.



Termination Report -OR- Is this report an amendment?  Yes

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ 120.68	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ <del>3111.20</del> 386.20	\$ 7 053.19
3. Total Expenditures (From Ln 21):	\$ 789.41	\$ 7335.72
4. Funds on Hand at Close of Reporting Period:	\$ 0	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ 282.53	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$	XXXXXXXXXXXXXXXX

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CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:  
 ANN OANTHAN-GARDNER  
 ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTR: AMT OF THIS CONTRIBUTION:  
 891E SAN MIGUEL 162701 \$ 200.00  
 AGGREGATE YEAR TO DATE CONTRIBUTIONS:  
 \$

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:  
 JAN SAUER  
 ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTR: AMT OF THIS CONTRIBUTION:  
 4109 LINDSEY ST 102801 \$ 25.00  
 AGGREGATE YEAR TO DATE CONTRIBUTIONS:  
 \$

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:  
 KAREN TEJA  
 ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTR: AMT OF THIS CONTRIBUTION:  
 6325 MOCASIN PASSECT 51.20  
 AGGREGATE YEAR TO DATE CONTRIBUTIONS:  
 \$

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:  
 ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTR: AMT OF THIS CONTRIBUTION:  
 AGGREGATE YEAR TO DATE CONTRIBUTIONS:  
 \$

SCHEDULE B: EXPENDITURES CONTINUATION PAGE

PAYMENT TO: (PRINT NAME)

ALLMART RECEIPT

PURPOSE OF EXPENDITURE:

MATERIALS

ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)

00000 BOX 4416 CO SPRINGFIELD MO 65704

2304 East Blyss St.

80909

AMOUNT OF EXPENDITURE:

\$ 209.44

DATE OF EXPENDITURE

110601

PAYMENT TO: (PRINT NAME)

CHRISTIAN DESIGNS

PURPOSE OF EXPENDITURE:

LIT DESIGNS

ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)

00000 BOX 447 CO SPRINGFIELD MO 65703

1015 N. Weber

AMOUNT OF EXPENDITURE:

\$ 421.50

DATE OF EXPENDITURE

110607

PAYMENT TO: (PRINT NAME)

WISPIAN NEWS

PURPOSE OF EXPENDITURE:

WISPIAN NEWS

ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)

80000 BOX 1516 CO SPRINGFIELD MO 65708

AMOUNT OF EXPENDITURE:

\$ 36.00

DATE OF EXPENDITURE

110601

PAYMENT TO: (PRINT NAME)

ANNIE O'AMANN GARDEN

PURPOSE OF EXPENDITURE:

MATERIALS

ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)

00000 411 E SANMIGUEL CO SPRINGFIELD MO 65703

AMOUNT OF EXPENDITURE:

\$ 75.00

DATE OF EXPENDITURE

110601

PAYMENT TO: (PRINT NAME)

POSTAL BOX 5050

PURPOSE OF EXPENDITURE:

BANK FEES

ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)

00000 PO BOX 5050

AMOUNT OF EXPENDITURE:

\$ 2.47

DATE OF EXPENDITURE

12001