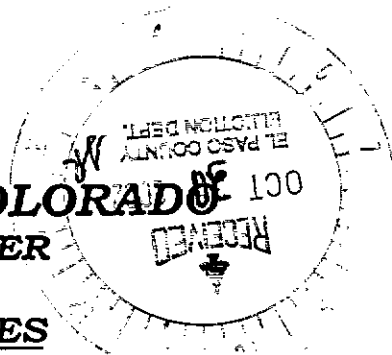




EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER



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 Bob Balink

ADDRESS OF COMMITTEE:

912 N. Circle Dr., Ste 200, Colorado Springs, Co 80909

(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Pikes Peak National Bank, P.O. Box 16669, Colorado Springs, Co 80934

(Name)

(Number/Street/City/State/Zip)

TYPE OF REPORT:

10-27-02 : 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.

_____ : 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 No

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ 1,757.90	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 1,000.00	\$ 5,083.00
3. Total Expenditures (From Ln 21):	\$ 421.97	\$ 2,747.07
4. Funds on Hand at Close of Reporting Period:	\$ 2,335.93	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$.00	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$.00	XXXXXXXXXXXXXXXX

CONTINUE TO PAGE 2

**DETAILED SUMMARY PAGE
OF CONTRIBUTIONS AND EXPENDITURES**

Page 2

NAME OF COMMITTEE: _____

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. ¹)	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees) Total Itemized (Use spreadsheet for Details "Schedule A"):		
7.	\$ 750.00	\$ 4,833.00
8. Non-Itemized (Total all Contributions Under \$20):	\$	\$
9. Political Party Committees:	\$	\$
10. Other Political Committees:	\$ 250.00	\$ 250.00
11. All Loans Received (Schedule C):	\$	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 1,000.00	\$ 5,083.00
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 421.97	\$ 2,747.07
15. Total of Non-Itemized Expenditures:	\$	\$
16. Loan Repayments (Use "Schedule C"):	\$	\$
17. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$	\$
19. Political Party Committees:	\$	\$
20. Other Political Committees:	\$	\$
21. TOTAL EXPENDITURES: (Add all of the above items)	\$ 421.97	\$ 2,747.07

I certify that I have examined this Report of Contributions and Expenditures and to the best of my knowledge and belief it is true, correct and complete.

Eileen A. Warnock
Type/Print Name of Agent

Eileen A. Warnock 10/28/09
Signature of Agent Date

¹ The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate for Election Cycle per Contributor. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.

Bob Balin K



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER

SCHEDULE A
CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [7 thru 12] of the Detailed Summary Page)

No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. CRS 1-45-111(1)(d).

Check appropriate box(es): Primary General Other (Specify):

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:

H O O G H J O H N F P H D P S Y C H O L O G I S T DATE OF CONTRI: AMT OF THIS CONTRIBUTION:

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

4 1 1 E B I J O U C O L O R A D O S P R I N G S C O 8 0 9 0 3 1 0 1 5 0 2 \$ 1 0 0 . 0 0

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 1 0 0 . 0 0

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:

E N G E L S T E P H E N P R O P E R T Y M A N A G E M E N T DATE OF CONTRI: AMT OF THIS CONTRIBUTION:

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

1 5 2 3 W O O D A V E C O L O R A D O S P R I N G S C O 8 0 9 0 7 1 0 1 6 0 2 \$ 1 0 0 . 0 0

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 1 0 0 . 0 0

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:

R U S I N A K V I N C E N T R J R R E A L T O R DATE OF CONTRI: AMT OF THIS CONTRIBUTION:

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

1 9 8 4 0 E T O P O ' M O O R R D M O N U M E N T C O 8 0 1 3 2 1 0 1 8 0 2 \$ 5 0 . 0 0

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 5 0 . 0 0

Bob Balin K

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE

PAGE 02 OF 03

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:
PALERMO NORMAN A ATTORNEY AT LAW
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
1835 CANTWELL GROVE COLORADO SPRINGS CO 80906 101902 \$50.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:
\$50.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:
KIRKMAN WILLIAM A RETIRED
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
18196 SIX TREES LN MONUMENT CO 80132 102202 \$50.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:
\$50.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:
BORDELON BROCK M MD PHYSICIAN
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
8405 STILLFIELD WAY COLORADO SPRINGS CO 80919 102202 \$700.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:
\$700.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) OCCUPATION/EMPLOYER:
OPTIMUM NETWORK SERVICES
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
102 S. TETON STE 1250 COLORADO SPRINGS CO 80903 102202 \$50.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:
\$50.00

Bob Balink 1

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE

PAGE 03 OF 03

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:
COLORADO REALTORS PAC
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
309 INVERNESS WAY SOUTH ENGLEWOOD CO 80112 101902 \$250.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:
\$250.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:
LP47 LLC
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
2315 BRIDGEMATE BLVD COLORADO SPRGS CO 80920 002702 \$250.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:
\$250.00

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

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

Bob Balink
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EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER

SCHEDULE B
EXPENDITURES

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)

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Check α appropriate boxes: Primary General Other (Specify):

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
ADAMS MARK HOTEL	4 S CASCADE COLO SPRGS CO 80903	\$ 25.50
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
LUNCH OFFICE PERSONNEL		09/17/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
OFFICE MARK	7645 N ACADEMY COLO SPRGS CO 80920	\$ 10.63
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
INVITATIONS		09/30/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
OLIVE BRANCH	23 S TEGON COLO SPRGS CO 80903	\$ 17.25
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
BREAKFAST-IT DEPT		10/1/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
OFFICE MAY	7645 N ACADEMY COLO SPRGS CO 80920	\$ 61.71
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
PRINTER CARTRIDGES		10/1/02

Bob Balink

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EL PASO COUNTY, COLORADO

OFFICE OF THE CLERK & RECORDER

SCHEDULE B

EXPENDITURES

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Check appropriate boxes: Primary General Other (Specify):

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
US POSTAL SERVICE	7635 N ACADEMY COLO SPRGS CO 80920	\$ 74.00
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE:
STMP		10/20/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
PEGASUS ON THE SQUARE		\$ 16.29
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE:
LUNCH-DOUGLAS CITY CLERK & RECORDER		10/5/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
OFFICE MAY	7645 N ACADEMY COLO SPRGS CO 80920	\$ 35.09
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE:
SUPPLICS		10/19/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER-STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
BOB BALINK		\$ 30.50
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE:
MILEAGE REIMBURSEMENT		10/16/02

Bob Balink

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EL PASO COUNTY, COLORADO

OFFICE OF THE CLERK & RECORDER

SCHEDULE B

EXPENDITURES

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Check appropriate boxes: Primary General Other (Specify):

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
EL PASO COUNTY REPUBLICANS	7723 TETON COLO SPRING CO 80903	\$ 700.00
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
VICTORY PARTY		7/5/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
CHEYENNE MOUNTAIN REPUBLICAN FORUM		\$ 50.00
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
DINNER		7/2/02

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
		\$ 000.00
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
		\$ 000.00
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE