

Colorado Secretary of State  
Elections Division  
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Denver, CO 80202  
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OCT 12 2005

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

City and County of  
Broomfield

|   |   |
|---|---|
| Full Name of Committee/Person:            | Committee to Elect Karen Nelson<br>As Shown On Registration |
| Address of Committee/Person:              | 1151 Goldenrod Cir.   |
| City, State & Zip Code:                   | Broomfield, Co. 80020-1038                                  |
| Committee Type:                           | Candidate   |
| Name and Address of Financial Institution | Wells Fargo Bank Garden Center Broomfield, Co.              |

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)

Reporting Period Covered: 8/22/05 Through 10/06/05  
date date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 146.36

|   |   | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only)        | \$ _____                     |
| 2 | Total Monetary Contributions (line 11)                                    | \$ 550.00                    |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$ 550.00                    |
| 4 | Total Monetary Expenditures (line 19)                                     | \$ 146.36                    |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 403.64                    |

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: KAREN NELSON  
 Registered Agent's (Treasurer's) Signature: Karen Nelson Date: 10/12/05  
 Print Candidate Name: KAREN NELSON  
 Candidates Signature: Karen Nelson Date: 10/12/05

**DETAILED SUMMARY**

Full Name of Committee/Person: Committee to Elect Karen Nelson

Current Reporting Period: 8/22/05 Through 10/06/05

|  |  |    |        |
|--|--|----|--------|
| Funds on hand at the beginning of reporting period (Monetary Only) |  | \$ | —      |
| 6  | <b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")            | \$ | 550.00 |
| 7  | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              | \$ | —      |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$ | —      |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$ | —      |
| 10   | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | \$ | —      |
| 11   | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | \$ | 550.00 |
| 12   | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | \$ | —      |
| 13   | <b>Total Contributions</b><br>(Line 11 + line 12)  | \$ | 550.00 |
| 14   | <b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")             | \$ | 80.85  |
| 15   | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)                                 | \$ | 65.51  |
| 16   | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$ | —      |
| 17   | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")                                      | \$ | —      |
| 18   | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) | \$ | —      |
| 19   | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | \$ | 146.36 |
| 20   | <b>Total Spending</b><br>(Line 18 + line 19)   | \$ | 146.36 |

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

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

Full Name of Committee/Person: Committee to Elect Karen Nelson

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

**PLEASE PRINT/TYPE**

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br>9/14/05       | 4. Name (Last, First): <u>Nelson, Karen G.</u>                                 |
| 2. <u>Contribution Amt.</u><br>\$ 300.00 | 5. Address: <u>1151 Goldenrod Cir.</u>   |
| 3. <u>Aggregate Amt. *</u><br>\$ —       | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>                                |
|  | 7. Description: _____  |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>State of Colorado</u>       |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Legislative Assistant</u> |

|   |   |
|---|---|
| 1. <u>Date Accepted</u><br>9/20/05      | 4. Name (Last, First): <u>Peticolas, Janice L.</u>      |
| 2. <u>Contribution Amt.</u><br>\$ 50.00 | 5. Address: <u>120 Peregrine Cir.</u>                   |
| 3. <u>Aggregate Amt. *</u><br>\$ —      | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>         |
|   | 7. Description: _____                                   |
|   | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|   | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br>9/25/05       | 4. Name (Last, First): <u>Berens, William M.</u>                         |
| 2. <u>Contribution Amt.</u><br>\$ 100.00 | 5. Address: <u>966 E. 9th Ave.</u>                                       |
| 3. <u>Aggregate Amt. *</u><br>\$ —       | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>                          |
|  | 7. Description: _____  |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>State of Colorado</u> |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Rep. H.D. 33</u>    |

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br>10/5/05       | 4. Name (Last, First): <u>Bashline, Judith V.</u>                                |
| 2. <u>Contribution Amt.</u><br>\$ 100.00 | 5. Address: <u>3191 Rock Creek Dr.</u>   |
| 3. <u>Aggregate Amt. *</u><br>\$ —       | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>                                  |
|  | 7. Description: _____  |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>Retired - United Airlines</u> |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Flight Attendant</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 Karen Nelson

**PLEASE PRINT/TYPE**

|   |   |
|---|---|
| 1. <u>Date Expended</u><br>9/17/05  | 4. Name: <u>Broomfield Rental Center</u>                          |
| 2. <u>Amount</u><br>\$ 21.65  | 5. Address: <u>11950 Quay St.</u>                                 |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>                   |
|   | 7. Purpose of Expenditure: <u>Rental - Helium Tank - Balloons</u> |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>9/28/05  | 4. Name: <u>U.S. Postal Service</u>                |
| 2. <u>Amount</u><br>\$ 29.60  | 5. Address: <u>1st Ave.</u>                        |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>    |
|   | 7. Purpose of Expenditure: <u>Stamps - Mailing</u> |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>10/04/05   | 4. Name: <u>U.S. Postal Service</u>                |
| 2. <u>Amount</u><br>\$ 29.60  | 5. Address: <u>1st Ave.</u>                        |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Broomfield, Co. 80020</u>    |
|   | 7. Purpose of Expenditure: <u>Stamps - Mailing</u> |

|   |                                  |
|---|----------------------------------|
| 1. <u>Date Expended</u>   | 4. Name: _____                   |
| 2. <u>Amount</u><br>\$  | 5. Address: _____                |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____         |
|   | 7. Purpose of Expenditure: _____ |

|   |                                  |
|---|----------------------------------|
| 1. <u>Date Expended</u>   | 4. Name: _____                   |
| 2. <u>Amount</u><br>\$  | 5. Address: _____                |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____         |
|   | 7. Purpose of Expenditure: _____ |

80.85