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OCT 28 2005

Colorado Secretary of State  
Elections Division  
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Denver, CO 80202  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us

City and County of  
Broomfield



Space Below For Office Use Only

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

Full Name of Committee/Person:	Committee to Elect Karen Nelson <small>As Shown On Registration</small>
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:  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)	\$ 403.64
2 Total Monetary Contributions (line 11)	\$ 275.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 678.64
4 Total Monetary Expenditures (line 19)	\$ 74.72
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 603.92

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: 10/27/05

Print Candidate Name: KAREN NELSON

Candidates Signature: Karen Nelson Date: 10/27/05

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## DETAILED SUMMARY

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

Current Reporting Period: 10/7/05 Through 10/23/05

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	403.64
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	200.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	75.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	—
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	—
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	—
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	275.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	60.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	335.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	50.00
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	24.72
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	—
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	—
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	—
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	74.72
20	<b>Total Spending</b> (Line 18 + line 19)	\$	74.72

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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. Date Accepted: 10/7/05
2. Contribution Amt: \$ 100.00
3. Aggregate Amt: \$ 150.00
4. Name: Reticolas, Janice L.
5. Address: 120 Peregrine Cir.
6. City/State/Zip: Broomfield, Co. 80020

1. Date Accepted: 10/12/05
2. Contribution Amt: \$ 25.00
3. Aggregate Amt: \$
4. Name: Stone, Henri K.
5. Address: 909 Maple St.
6. City/State/Zip: Gypsum, Co. 81639
8. Employer: Slifer, Smith & Frampton Broker Associates
9. Occupation: Real Estate Agent

1. Date Accepted: 10/17/05
2. Contribution Amt: \$ 25.00
3. Aggregate Amt: \$
4. Name: Couillard, Harriet R.
5. Address: 181 Emerald St.
6. City/State/Zip: Broomfield, Co. 80020
9. Occupation: Retired

1. Date Accepted: 10/17/05
2. Contribution Amt: \$ 50.00
3. Aggregate Amt: \$
4. Name: Broomfield Rep. Women
5. Address: 942 E. 9th Ave.
6. City/State/Zip: Broomfield, Co. 80020

\* 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).

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Statement of Non-Monetary Contributions  
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

Full Name of Committee/Person: Committee to Elect Karen Nelson  
City and County of \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10/18/05	4. Name (Last, First): <u>King, Jerry A.</u>
2. <u>Fair Market Value</u> \$ 20.00	5. Address: <u>1262 W. 103rd. Ave.</u>
3. <u>Aggregate Amt.</u> \$ _____	6. City/State/Zip: <u>Northglenn, Co. 80221</u>
	7. Description: <u>Yard Sign Design</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retired</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10/18/05	4. Name (Last, First): <u>King, Jerry A.</u>
2. <u>Fair Market Value</u> \$ 40.00	5. Address: <u>1262 W. 103rd. Ave.</u>
3. <u>Aggregate Amt.</u> \$ 60.00	6. City/State/Zip: <u>Northglenn, Co. 80221</u>
	7. Description: <u>Campaign Flyer Design</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retired</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$ _____	5. Address: _____
3. <u>Aggregate Amt.</u> \$ _____	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$ _____	5. Address: _____
3. <u>Aggregate Amt.</u> \$ _____	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

60.00

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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> <u>10/12/05</u>	4. Name: <u>City + County of Broomfield</u>
2. <u>Amount</u> \$ <u>50.00</u>	5. Address: <u>One Des Combes Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Broomfield, Co. 80020</u>
	7. Purpose of Expenditure: <u>Free</u>

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: _____

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: _____

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: _____

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: _____