

Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Space Below For Office Use Only

RECEIVED
DEC 01 2005
Broomfield Elections

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)	\$ 603.92
2	Total Monetary Contributions (line 11)	\$ 265.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 868.92
4	Total Monetary Expenditures (line 19)	\$ 869.54
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$.62 -

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: 11/30/05

Print Candidate Name: KAREN NELSON

Candidates Signature: Karen Nelson Date: 11/30/05

DETAILED SUMMARY

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

Current Reporting Period: 10/24/05 Through 11/25/05

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 603.92
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 190.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 75.00
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)	\$ 265.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	Total Contributions (Line 11 + line 12)	\$ 265.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 869.54
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ —
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)	\$ 869.54
20	Total Spending (Line 18 + line 19)	\$ 869.54

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> 10/30/05	4. Name (Last, First): <u>Linderholm, Norma</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>1120 W. 7th Ave. Dr.</u>
3. <u>Aggregate Amt. *</u> \$ —	6. City/State/Zip: <u>Broomfield, Co. 80020-1838</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Assessor</u>

1. <u>Date Accepted</u> 11/7/05	4. Name (Last, First): <u>Nelson, Karen G.</u>
2. <u>Contribution Amt.</u> \$ 165.00	5. Address: <u>1151 Goldenrod Cir.</u>
3. <u>Aggregate Amt. *</u> \$ 465.00	6. City/State/Zip: <u>Broomfield, Co. 80020-1038</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>	4. Name (Last, First): _____
2. <u>Contribution Amt.</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>): _____

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: _____
	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).

~~490.00~~
190.00

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> 11/7/05	4. Name: <u>Jan's Advertising Specialties</u>
2. <u>Amount</u> \$ 869.54	5. Address: <u>1149 W. 102nd Ave.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Northglenn, Co. 80260</u>
	7. Purpose of Expenditure: <u>Yard signs + Latex Balloons</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: _____