

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Space Below For Office Use Only

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

Full Name of Committee/Person: KAREN Cullen FOR Council
As Shown On Registration

Address of Committee/Person: 202/208 Ruxton Avenue

City, State & Zip Code: MANitou Spgs CO 80829

Committee Type: _____

Name and Address of Financial Institution: The BANK at Broadmoor 3216 W. Colorado Ave
C15 CO 80904

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)
- Check this box if this Report Contains Electioneering Communications Information**

Reporting Period Covered: August 31, 2009 Through October 13, 2009
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)	\$ 0.00
2 Total Monetary Contributions (line 11)	\$ 2925.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2925.00
4 Total Monetary Expenditures (line 19)	\$ 1917.40
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1007.60

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): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: KAREN Cullen

Candidates Signature: Karen A Cullen Date: 10/13/09

DETAILED SUMMARY

Full Name of Committee/Person: Karen Culle FOR Council 1

Current Reporting Period: August 31, 2009 Through October 13, 2009

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	2750.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0.00
8	Loans Received (Please list on Schedule "C")	\$	0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	175.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	2925.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	2925.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1893.40
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	24.00
16	Loan Repayments Made (Please list on Schedule "C")	\$	0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1917.40
20	Total Spending (Line 18 + line 19)	\$	1917.40

Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: KAREN CULLEN FOR COUNCIL

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/15/09</u>	4. Name (Last, First): <u>Wolbrueck, Susan</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>11 OTOE PLACE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>Manitou Spgs, CO 80829</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK#1493, Deposit 10/2/09</u>
	8. Employer (if applicable, mandatory): <u>RETRO MOTO</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</u>

1. Date Accepted <u>9/24/09</u>	4. Name (Last, First): <u>Patsy's Concessions</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>930 MANITOU S AVE.</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MANITOU SPGS, CO 80829</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK#2755, Deposit 10/2/09</u>
	8. Employer (if applicable, mandatory): <u>PASTY'S CONCESSIONS</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</u>

1. Date Accepted <u>10/2/09</u>	4. Name (Last, First): <u>Eurich, Brett R.</u>
2. Contribution Amt. \$ <u>750.00</u>	5. Address: <u>1915 E. KIOWA ST.</u>
3. Aggregate Amt. * \$ <u>750.00</u>	6. City/State/Zip: <u>CO SPGS, CO 80909-5820</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK#868, Deposit 10/5/09</u>
	8. Employer (if applicable, mandatory): <u>Cliff House</u>
	9. Occupation (if applicable, mandatory): <u>Purchasing Director</u>

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$	5. Address: _____
3. Aggregate Amt. * \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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 A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: KAREN CULLEN FOR COUNCIL

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/31/09</u>	4. Name (Last, First): <u>Cullen, Karen</u>
2. Contribution Amt. \$ <u>700.00</u>	5. Address: <u>208 Ruxton Ave.</u>
3. Aggregate Amt. * \$ <u>700.00</u>	6. City/State/Zip: <u>Manitou Spgs, CO 80829</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK #2135, Deposit 8/31/09</u>
	8. Employer (if applicable, mandatory): <u>1892 Victoria's Keep B&B</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</u>

1. Date Accepted <u>9/7/09</u>	4. Name (Last, First): <u>White, Gordon</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>925 Manitou Ave</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>Manitou Spgs CO 80829</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK #6096, Deposited 9/9/09</u>
	8. Employer (if applicable, mandatory): <u>GORDON'S GOLD AND SILVER</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</u>

1. Date Accepted <u>9/8/09</u>	4. Name (Last, First): <u>HAAS, Tim or Terry PARTNER, LLC</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>324 Beckers Lane</u>
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>Manitou Spgs CO 80829</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK #8293, Deposit 9/9/09</u>
	8. Employer (if applicable, mandatory): <u>GARDEN OF GODS TRADING POST</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</u>

1. Date Accepted <u>9/16/09</u>	4. Name (Last, First): <u>The Manitou & Pike's Peak Railway Company</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: _____
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>Manitou Spgs, CO 80829</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CK #35001, Deposit 9/23/09</u>
	8. Employer (if applicable, mandatory): <u>Coq Railway</u>
	9. Occupation (if applicable, mandatory): <u>Self employed</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: KAREN CULLEN FOR COUNCIL

PLEASE PRINT/TYPE

1. Date Expended <u>9/3/09</u>	4. Name: <u>CHRIS SMITH SIGNS</u>
2. Amount <u>\$ 175⁰⁰</u>	5. Address: <u>704 W JACKSON</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO Spgs, CO 80904</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/4/09</u>	4. Name: <u>REFLECTIONS PHOTOGRAPHY, INC</u>
2. Amount <u>\$ 75.00</u>	5. Address: <u>175 MIKADO DRIVE EAST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO Spgs, CO 80919</u>
	7. Purpose of Expenditure: <u>CAMPAIGN PICTURES SITTING FEE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/14/09</u>	4. Name: <u>OFFICE DEPOT</u>
2. Amount <u>\$ 35.32</u>	5. Address: <u>535 SOUTH 8TH STREET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO Spgs, CO 80905</u>
	7. Purpose of Expenditure: <u>ORGANIZATIONAL SUPPLIES</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/16/09</u>	4. Name: <u>OFFICE DEPOT</u>
2. Amount <u>\$ 627.25</u>	5. Address: <u>535 SOUTH 8TH STREET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO Spgs CO 80905</u>
	7. Purpose of Expenditure: <u>MAILERS FOR CAMPAIGN</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/16/09</u>	4. Name: <u>weebly-charge.com</u>
2. Amount <u>\$ 39.95</u>	5. Address: <u>INTERNET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>DOMAIN NAME</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: KAREN CULLEN FOR COUNCIL

PLEASE PRINT/TYPE

1. Date Expended <u>9/29/09</u>	4. Name: <u>ANDY FINN</u>
2. Amount \$ <u>544.88</u>	5. Address: <u>22 N. WATSACH</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO Spg, CO</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/6/09</u>	4. Name: <u>MANITOU Post Office</u>
2. Amount \$ <u>296.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MANITOU Spgs CO 80829</u>
	7. Purpose of Expenditure: <u>STAMPS FOR MAILERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: _____

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPER

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPER

1. <u>Date Expended</u> 9-3-09	4. Name (Last, First): <u>Smith, Chris</u>
2. <u>Date Returned</u>	5. Address: <u>704 W. Jackson St.</u>
3. <u>Amount</u>	6. City/State/Zip: <u>Co Spg Co 80907-5930</u>
\$ <u>175⁰⁰</u>	7. Comment (Optional): <u>Reimbursement of Sign Deposit</u>

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

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

Full Name of Committee/Person: Karen Cullen For Council
As Shown On Registration

Address of Committee/Person: 202/208 Ruxton Avenue

City, State & Zip Code: Manitou Spgs, CO 80829

Committee Type:

Name and Address of Financial Institution: The Bank at Broadmoor 3216 W. Colorado Ave, CO Spgs CO 80904

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)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: October 14, 2009 Through October 30, 2009
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)	\$ 1007.60
2 Total Monetary Contributions (line 11)	\$ 0.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1007.60
4 Total Monetary Expenditures (line 19)	\$ 0.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1007.60

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): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Karen Cullen

Candidates Signature: Karen A Cull Date: 10/29/09

RECEIVED OCT 30 2009

DETAILED SUMMARY

Full Name of Committee/Person: KAREN Cullen for Council

Current Reporting Period: October 14, 2009 Through October 30, 2009

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1007.60
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0.00
8	Loans Received (Please list on Schedule "C")	\$	0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	0.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	0.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$	0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	0.00
20	Total Spending (Line 18 + line 19)	\$	0.00

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

Full Name of Committee/Person:	KAREN Cullen For Council <small>As Shown On Registration</small>
Address of Committee/Person:	202/208 Ruxton Avenue
City, State & Zip Code:	Manitou Spr. CO 80829
Committee Type:	
Name and Address of Financial Institution	The Bank of Broadmoor 3216 W. Colorado Ave. C/S CO 80904

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)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: October 31, 2009 Through December 3, 2009
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)	\$ 1007.60
2 Total Monetary Contributions (line 11)	\$ 0.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1007.60
4 Total Monetary Expenditures (line 19)	\$ 1007.60
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

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): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: _____
Registered Agent's Signature: _____ Date: _____
Print Candidate Name: KAREN Cullen
Candidates Signature: Karen A Cullen Date: 12/3/09

RECEIVED DEC - 3 2009

DETAILED SUMMARY

Full Name of Committee/Person: KAREN Cullen For Council

Current Reporting Period: October 31, 2009 Through December 3, 2009

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1007.60
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0.00
8	Loans Received (Please list on Schedule "C")	\$	0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1007.60
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	1007.60
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	727.62
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$	0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	279.98
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1007.60
20	Total Spending (Line 18 + line 19)	\$	1007.60

Schedule B – Itemized Expenditures Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: KAREN Cullen For Council

PLEASE PRINT/TYPE

1. Date Expended <u>11/6/09</u>	4. Name: <u>Cliff House at Pikes Peak</u>
2. Amount <u>\$ 331.62</u>	5. Address: <u>306 Canon Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Manitou Spg CO 80829</u>
	7. Purpose of Expenditure: <u>Reception</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>12/2/09</u>	4. Name: <u>Pikes Peak Bulletin</u>
2. Amount <u>\$ 396.00</u>	5. Address: <u>441 129 Manitou Ave Ste 103</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Manitou Spg, CO 80829</u>
	7. Purpose of Expenditure: <u>AD</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Karen Cullen For Council I

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/31/09	4. Name (Last, First): <u>Karen Cullen</u>
2. <u>Date Returned</u> 12/3/09	5. Address: <u>208 Ruxton Ave</u>
3. <u>Amount</u> \$ 279.98	6. City/State/Zip: <u>Manitou Spg, CO 80829</u>
	7. Purpose: <u>returned</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____