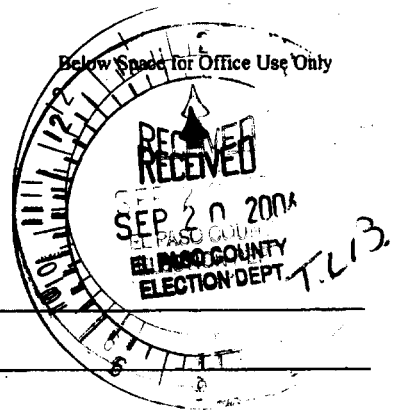


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



COMMITTEE REGISTRATION FORM
(C.R.S. 1-45-108)

Committee Name: Committee to Pass 3A

Purpose/Office Sought: Pass 3A

Check Only One Committee Type:

Candidate Committee Political Party Small Donor Committee

Political Committee Issue Committee

Is this an amendment*? YES NO

* Description of what is being amended. Pursuant to Rule 23.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form.

Contact Information:

Name of Person Acting As Registered Agent (Treasurer): Schorsch, SUZANNE

Address (Physical): 220 Medford DRIVE 80921

Address (Mailing): Same

Telephone No.: 719-488-0256 E-Mail: _____

Affiliation (if applicable): _____

Check Only One Filing Type:

Manual Filer
 Electronic Filer

Check Only One Jurisdiction:

Federal State County
 Municipal Multi-County
 Other: _____

Authorization:

Registered Agent's (Treasurer's) Signature: Suzanne Schorsch Date: 9/20/04

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature: _____ Date: _____