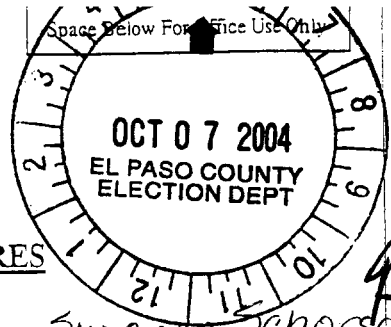


Colorado Secretary of State
Elections Division
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person: Committee to Pass 3A / Treasurer
As Shown On Registration

Address of Committee/Person: 220 Medford Drive

City, State & Zip Code: Colorado Springs CO 80921

Committee Type: County - Issue Committee

Name and Address of Financial Institution: 1st National Bank - 625 Hwy 105 - Monument CO 80132

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: September 1, 2004 Through October 7, 2004
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)	\$ 850.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 850.00
4 Total Monetary Expenditures (line 19)	\$ 10.09
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 839.91

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: Suzanne M. Schorsch

Registered Agent's (Treasurer's) Signature: Suzanne M Schorsch Date: 10/7/04

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Committee to Pass 3A

Current Reporting Period: Sept 1, 04 Through October 7, 04

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0.00
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	850.00
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)	\$	850.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	21.28
13	Total Contributions (Line 11 + line 12)	\$	871.28
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	10.09
16	Loan Repayments Made (Please list on Schedule "C")	\$	none
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	10.09
20	Total Spending (Line 18 + line 19)	\$	10.09

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

Full Name of Committee/Person: Committee to Pass 3A

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/24/14	4. Name (Last, First): <u>Gipson-Laura</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>17340 E Caribou Dr</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check #2360</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/24/14	4. Name (Last, First): <u>Schorsch, Suzanne</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>220 Medford Dr</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Colorado Springs CO 80921</u>
	7. Description: <u>check #4446</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/24/14	4. Name (Last, First): <u>Holt, Charles</u>
2. <u>Contribution Amt.</u> \$ 200. ⁰⁰	5. Address: <u>305 Doral Way</u>
3. <u>Aggregate Amt. *</u> \$ 200. ⁰⁰	6. City/State/Zip: <u>Colorado Springs CO 80921</u>
	7. Description: <u>check # 988</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Monument Academy</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Principal</u>

1. <u>Date Accepted</u> 10/5/04	4. Name (Last, First): <u>Watts, David</u>
2. <u>Contribution Amt.</u> \$ 50. ⁰⁰	5. Address: <u>18710 White Fawn Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 50. ⁰⁰	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check 4367</u>
	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).

Total page 350

schedule A page 1

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

Full Name of Committee/Person: Committee to Pass 3A

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/5/14	4. Name (Last, First): <u>Garvin, Honi</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>3775 Sunview Ct</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check 1633</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10/5/14	4. Name (Last, First): <u>Hawk, Dean</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>17155 Colonial Park D.</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check 1918</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Rock family Church</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Pastor</u>

1. <u>Date Accepted</u> 10/5/14	4. Name (Last, First): <u>Riesling, Melissa</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>1285 Bowstring Road</u>
3. <u>Aggregate Amt. *</u> \$ 200	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check 3073</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Therapist</u>

1. <u>Date Accepted</u> 10/7/14	4. Name (Last, First): <u>Marotta, Basil</u>
2. <u>Contribution Amt.</u> \$ 150	5. Address: <u>17340 E Caribou Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 150	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check 1634</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Jericho Ministries</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Founder-ministrywork</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 Pass 3A

PLEASE PRINT/TYPE

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

NONE

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

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

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

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

Schedule C - Loans

Full Name of Committee/Person: Committee to PASS 3A

LOANS - Loans Owed by the Committee
(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

None

Name (Last, First or Institution): _____
Address: _____
City/State/Zip: _____
Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____
Principal Amount Paid This Reporting Period: \$ _____
Interest Amount Paid This Reporting Period: \$ _____
Amount Repaid This Reporting Period: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total of All Loans This Reporting
Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Total Repayments Made: \$ _____
(Sum of Schedule C pages, Place on line 16 of
Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received Date Due for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Committee to Pass 3A

Returned Contributions

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

PLEASE PRINT/TYPE

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: _____

NONE

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): _____

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 Pass 3A

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 9/28/04	4. Name (Last, First): <u>Schorsch, Suzanne</u>
2. <u>Fair Market Value</u> \$ <u>21²⁸</u>	5. Address: <u>220 Medford Drive</u>
3. <u>Aggregate Amt.</u> \$ <u>21²⁸</u>	6. City/State/Zip: <u>Colorado Springs CO 80921</u>
	7. Description: <u>donation of paper; printing cost for flyer</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Global Mapping</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>ministry</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. *

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."