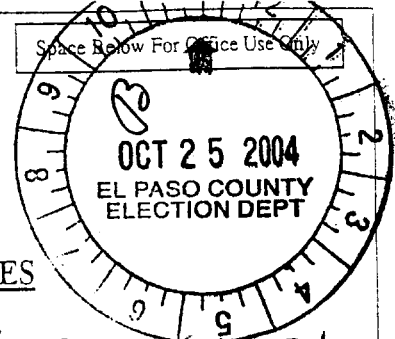


Colorado Secretary of State  
Elections Division  
1560 Broadway, Ste. 200  
Denver, CO 80202  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

Suzanne Schorsch

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: 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: October 8, 2004 Through October 24, 2004  
date date

Declared Total Spending (if applicable) \$ 1069.54  
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 839.91
2	Total Monetary Contributions (line 11)	\$ 250.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1089.91
4	Total Monetary Expenditures (line 19)	\$ 1069.54
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 20.37

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)

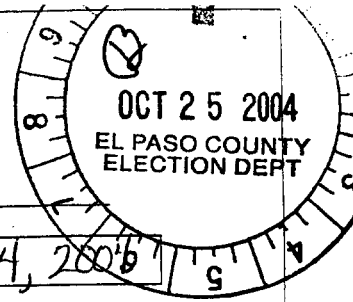
Print Registered Agent's (Treasurer's) Name: Suzanne M. Schorsch

Registered Agent's (Treasurer's) Signature: Suzanne Schorsch Date: 10/24/04

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

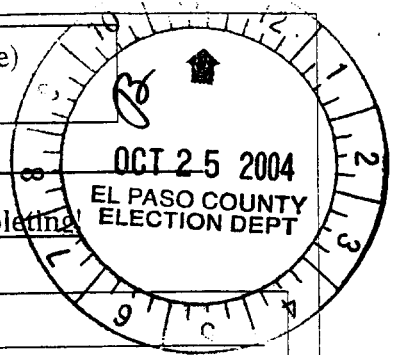


Full Name of Committee/Person: Committee to Pass 3A

Current Reporting Period: October 8, 2004 Through October 24, 2004

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	839.91
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	250.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	none
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	none
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	none
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	none
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	250.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	160.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	410.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	1069.54
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	—
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)	\$	1069.54
20	<b>Total Spending</b> (Line 18 + line 19)	\$	1069.54

**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> 10/19/04	4. Name (Last, First): <u>Brierton, Julia</u>
2. <u>Contribution Amt.</u> \$ 100 <sup>00</sup>	5. Address: <u>4199 Bay Water Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 100 <sup>00</sup>	6. City/State/Zip: <u>Colorado Springs CO 80920</u>
	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Monument Academy</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Staff-admin</u>

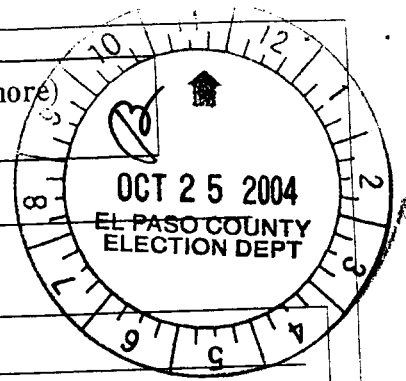
1. <u>Date Accepted</u> 10/19/04	4. Name (Last, First): <u>Beaudoin, Sonja</u>
2. <u>Contribution Amt.</u> \$ 50	5. Address: <u>15690 SPLIT CREEK DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 50	6. City/State/Zip: <u>Monument, CO 80132</u>
	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/19/04	4. Name (Last, First): <u>Genz, John</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>19750 Hidden Springs Glen</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>OG Holdings Inc.</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>President</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).

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> <u>10/18/04</u>	4. Name: <u>Sign Shop Ltd</u>
2. <u>Amount</u> \$ <u>777.04</u>	5. Address: <u>3505 E. Platte Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs CO 80909</u>
	7. Purpose of Expenditure: <u>signs</u>

1. <u>Date Expended</u> <u>10/19/4</u>	4. Name: <u>Tri Lakes Tribune</u>
2. <u>Amount</u> \$ <u>292.50</u>	5. Address: <u>PO Box 488 / 47 3rd Street</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Purpose of Expenditure: <u>mailing</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: _____

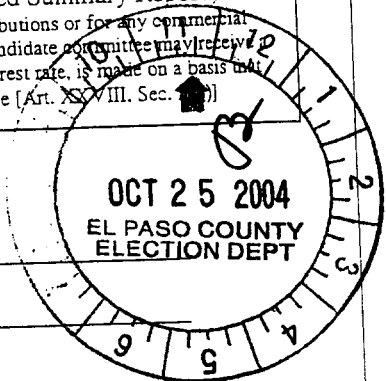
1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____

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: _____

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. 9(f)]



LOAN SOURCE

Name (Last, First or Institution): NONE

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_

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

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

Outstanding Balance: \$ \_\_\_\_\_

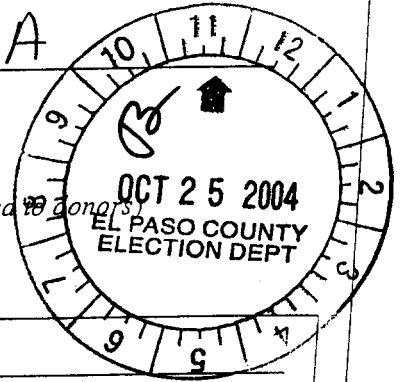
TERMS OF LOAN: \_\_\_\_\_  
Date Loan Received \_\_\_\_\_ Due Date for Final Payment: \_\_\_\_\_

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)*

**None**

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: _____

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

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

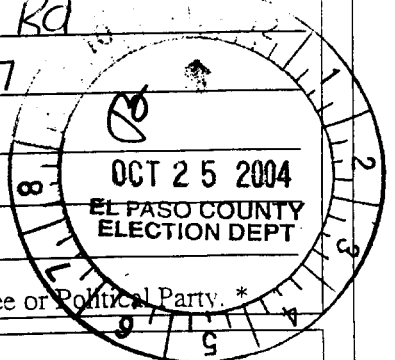
<u>Date Expended</u>	4. Name (Last, First): _____
<u>Date Returned</u>	5. Address: _____
<u>Amount</u>	6. City/State/Zip: _____
	7. Comment (Optional): _____

**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> 10/19/04	4. Name (Last, First): <u>Seymour George</u>
2. <u>Fair Market Value</u> \$ 160 <sup>00</sup>	5. Address: <u>1680 Garden of the Gods Rd</u>
3. <u>Aggregate Amt.</u> \$ 160 <sup>00</sup>	6. City/State/Zip: <u>Colo spgs CO 80907</u>
	7. Description: <u>29 reams of paper</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>X P E D X</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Owner</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 or candidate's agent."