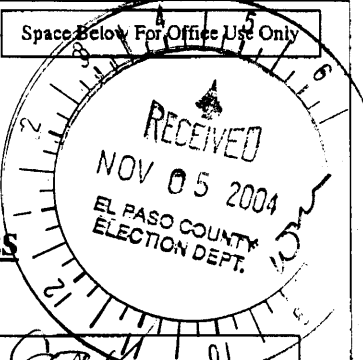


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



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

**Full Name of Committee/Person:** Combo Resp Corp  
As Shown On Registration

**Address of Committee/Person:** 3192 Palmer Park Blvd

**City, State & Zip Code:** Colorado Springs CO 80917

**Committee Type:** Candidate

**Name and Address of Financial Institution:** TCF - Constitution Ave COS 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:** 22 Oct 04 Through 29 Oct 04  
date date

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

		Totals Detailed Summary Page
1	<b>Funds on Hand at the Beginning of Reporting Period</b> (monetary only)	\$ 2800.00
2	<b>Total Monetary Contributions</b> (line 11)	\$ 8870.00
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1 + line 2)	\$ 11670.00
4	<b>Total Monetary Expenditures</b> (line 19)	\$ 3235.15
5	<b>Funds on Hand at the End of Reporting Period</b> (monetary) (line 3 - line 4)	\$ 8434.85

**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: CLAIR ROLLA

Registered Agent's (Treasurer's) Signature: Clair Rolla Date: 10/28/04

Print Candidate Name: Robert Lee Hill

Candidates Signature: [Signature] Date: 10/28/04

**Schedule A - Itemized Contributions Statement (\$20 or more)**

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Committee Resp Gov

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

**PLEASE PRINT/TYPE**

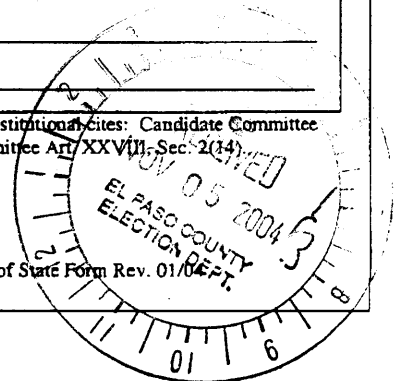
1. <u>Date Accepted</u> 25 Oct 04	4. Name (Last, First): <u>Petersen, W. Scott</u>
2. <u>Contribution Amt.</u> \$ <u>200.00</u>	5. Address: <u>6953 E BIRCHWOOD PL</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>ENGLEWOOD, CO 80112</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Growth Phipps Con</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Contractor</u>

1. <u>Date Accepted</u> 28 Oct 04	4. Name (Last, First): <u>Smelser, GAIL</u>
2. <u>Contribution Amt.</u> \$ <u>20.00</u>	5. Address: <u>102 Commercial ST</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Ramah, CO 80832</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>City Ramah</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 28 Oct 04	4. Name (Last, First): <u>Chase Martin A</u>
2. <u>Contribution Amt.</u> \$ <u>250.00</u>	5. Address: <u>4535 Purcell DR</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, CO 80922</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Chase Martin Contractor</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 28 Oct 04	4. Name (Last, First): <u>Realty Development Services Inc</u>
2. <u>Contribution Amt.</u> \$ <u>1000</u>	5. Address: <u>25 North Tejon ST, Suite 300</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs CO 80903</u>
	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 A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Committee for Rep. GJK

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

PLEASE PRINT/TYPE

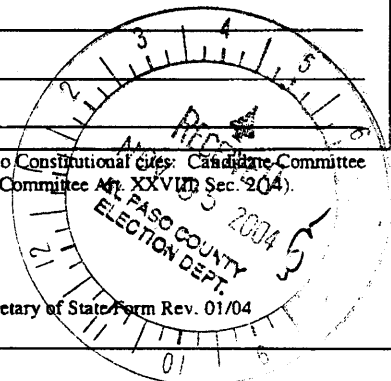
1. Date Accepted <u>28 Oct 04</u>	4. Name (Last, First): <u>Noyes, Richard H</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: <u>1601 Constellation DR</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CO Springs 80906</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>28 Oct 04</u>	4. Name (Last, First): <u>Jerry Kalston</u>
2. Contribution Amt. \$ <u>200</u>	5. Address: <u>5485 Apalosa DR</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CO Sprgs CO 80917</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>D-11</u>
	9. Occupation (if applicable, mandatory): <u>Teacher</u>

1. Date Accepted <u>28 Oct 04</u>	4. Name (Last, First): <u>GEWITZ KYLE J</u>
2. Contribution Amt. \$ <u>100</u>	5. Address: <u>6145 Perfect View</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CO Springs CO 80917</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>CO State District</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$	5. Address: _____
3. Aggregate Amt. * \$	6. City/State/Zip: _____
	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 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(4).



**Schedule B - Itemized Expenditures Statement (\$20 or more)**

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Committee Rep Gov

PLEASE PRINT/TYPE

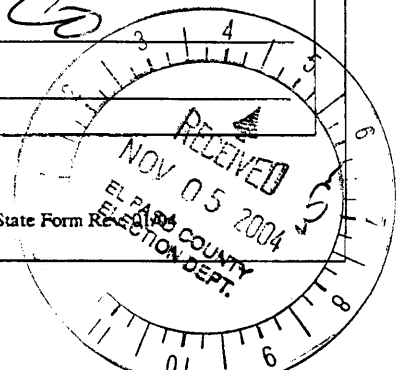
1. <u>Date Expended</u> 22 Oct 04	4. Name: <u>Taste Buds</u>
2. <u>Amount</u> \$ 39.03	5. Address: <u>520 Bradys Ave</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Calhan Co 80808</u>
	7. Purpose of Expenditure: <u>Pies for Meeting</u>

1. <u>Date Expended</u> 22 Oct 04	4. Name: <u>Ranchland News</u>
2. <u>Amount</u> \$ 315.00	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Calhan Co</u>
	7. Purpose of Expenditure: <u>Ad</u>

1. <u>Date Expended</u> 22 Oct 04	4. Name: <u>Robinson BRICK</u>
2. <u>Amount</u> \$ 430.92	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Springs Co</u>
	7. Purpose of Expenditure: <u>Tables</u>

1. <u>Date Expended</u> 25 Oct 04	4. Name: <u>Canoco</u>
2. <u>Amount</u> \$ 33.97	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Sign Crew Fuel</u>

1. <u>Date Expended</u> <del>25 Oct 04</del>	4. Name: <u>Albertsons #828</u>
2. <u>Amount</u> \$ 45.88	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Springs Co</u>
	7. Purpose of Expenditure: _____



Schedule B - Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Monte Rasmussen Gov

PLEASE PRINT/TYPE

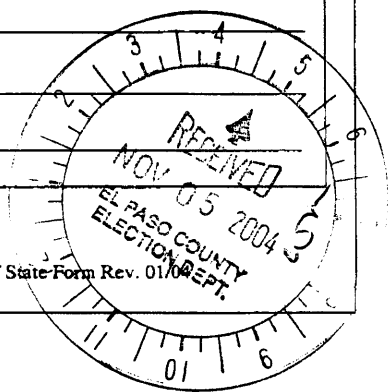
1. Date Expended <u>25 Oct 04</u>	4. Name: <u>Copy it 2</u>
2. Amount <u>\$ 1033.14</u>	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>cdo Springs Co</u>
	7. Purpose of Expenditure: <u>Rock Cards</u>

1. Date Expended <u>26 Oct 04</u>	4. Name: <u>Deerren Richardson</u>
2. Amount <u>\$ 1028.00</u>	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colman Co</u>
	7. Purpose of Expenditure: <u>T-shirts partial Payment</u>

1. Date Expended <u>10-29-04</u>	4. Name: <u>Deerren Richardson</u>
2. Amount <u>\$ 313.25</u>	5. Address: _____
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colman Co</u>
	7. Purpose of Expenditure: <u>T-shirts Final</u>

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: _____

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: _____



**Schedule C - Loans**

Full Name of Committee/Person: Com for Resp Gov

**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**

Name (Last, First or Institution): Null, Robert  
Address: 4870 Santiago Way  
City/State/Zip: Colo Spg & CO 80917  
Original Amount of Loan: \$ 3000 Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ 3000

Total of All Loans This Reporting Period: \$ 7000  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

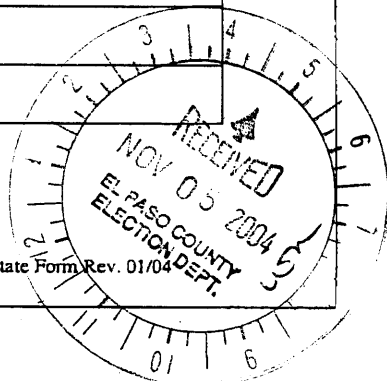
Total Repayments Made: \$ 0  
(Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 3000

TERMS OF LOAN: 29 Oct 04 TBD  
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 C - Loans**

Full Name of Committee/Person: Cross for Rosp Gov

**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**

Name (Last, First or Institution): Rolla Chia

Address: 2530 BRADY DR

City/State/Zip: Colo Springs 80917

Original Amount of Loan: \$ 4000 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 4000 Total of All Loans This Reporting Period: \$ 7000  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0  
(Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 7000

TERMS OF LOAN: 29 Oct  
Date Loan Received

5 Nov 04  
Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed

