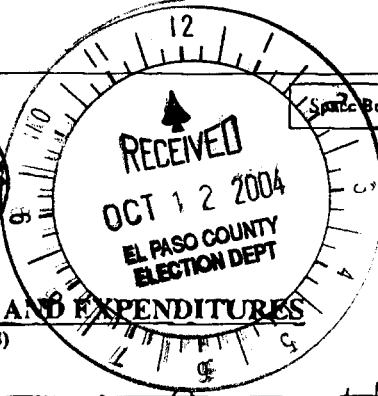


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only

FAX

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

Full Name of Committee/Person: Committee for Responsible Gov.
As Shown On Registration

Address of Committee/Person: 3942 Palmer Park

City, State & Zip Code: Colorado Springs, CO 80915

Committee Type: Campaign

Name and Address of Financial Institution: TCF Bank 2870 New Center Plaza Colorado Springs CO 80928

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: _____ **Through** 12 Oct 2004

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)	\$ 24,716.85
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 24,716.85
4 Total Monetary Expenditures (line 19)	\$ 7,377.19
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 17,035.06

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: [Signature] Date: 10-12-04

Print Candidate Name: Bob Nuth

Candidate's Signature: [Signature] Date: 10/12/04

DETAILED SUMMARY

Full Name of Committee/Person:

Committee for Responsible Gov

Current Reporting Period:

Through

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	3,716.85
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	0
8	Loans Received (Please list on Schedule "C")	\$	21,000
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	24,716.85
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	18,100.00
13	Total Contributions (Line 11 + line 12)	\$	26,526.85
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	7,777.79
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)	\$	7,777.79
20	Total Spending (Line 18 + line 19)	\$	7,777.79

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

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

Full Name of Committee/Person: Committee for Responsible Gov

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9-5-04</u>	4. Name (Last, First): <u>EBERHART, DOUGLAS</u>
2. Contribution Amt. \$ <u>150.00</u>	5. Address: <u>1913 PAYTON CIRCLE</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRGS, CO 80915</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>EBERHART WILSON & CO</u>
	9. Occupation (if applicable, mandatory): <u>TRANSPORTATION SPECIALIST</u>

1. Date Accepted <u>9-9-04</u>	4. Name (Last, First): <u>MURPHY, CHARLES</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>2245 BROADWAY</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRGS, CO 80904</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>DEVELOPER</u>

1. Date Accepted <u>9-30-04</u>	4. Name (Last, First): <u>O'SULLIVAN, RAYMOND</u>
2. Contribution Amt. \$ <u>2500.00</u>	5. Address: <u>3935 HILL CIRCLE</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRGS, CO 80904</u>
	7. Description: <u>4840 SANTIAGO WAY</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10-1-04</u>	4. Name (Last, First): <u>SILLIMAN, MARK E.</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>4840 SANTIAGO WAY</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRGS, CO 80917</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>ENGINEER</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 Responsible Gov

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10-4-04</u>	4. Name (Last, First): <u>NULL, JAMES</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>1012 ACACIA DR</u>
3. Aggregate Amt.* \$	6. City/State/Zip: <u>COLO SPRGS, CO 80907</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>UCCS</u>
	9. Occupation (if applicable, mandatory): <u>PROFESSOR</u>

1. Date Accepted <u>9-30-04</u>	4. Name (Last, First): <u>DURHAM, MARK</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>5110 SMOKEHOUSE LN</u>
3. Aggregate Amt.* \$	6. City/State/Zip: <u>COLO SPRGS, CO 80917</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>DEVELOPER</u>

1. Date Accepted <u>10-01-04</u>	4. Name (Last, First): <u>Null Brian</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: _____
3. Aggregate Amt.* \$ <u>50.00</u>	6. City/State/Zip: <u>St Louis Columbia MO</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Self Employed</u>
	9. Occupation (if applicable, mandatory): <u>CEO</u>

1. Date Accepted <u>10-01-04</u>	4. Name (Last, First): <u>Pritchett Catherine</u>
2. Contribution Amt. \$ <u>46.85</u>	5. Address: _____
3. Aggregate Amt.* \$ <u>46.85</u>	6. City/State/Zip: <u>St Louis, MO</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Route Route</u>
	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: Committee or Responsible Org

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8-30-04</u>	4. Name (Last, First): <u>RUSSEL, ROBERT</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>1150 CREE DRIVE</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRNGS, CO 80915</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>8-30-04</u>	4. Name (Last, First): <u>OHLE, ERNEST</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: <u>2010 DEVON STREET</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRGS, CO 80909</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>8-30-04</u>	4. Name (Last, First): <u>JAMES, ANN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>2010 DEVON STREET</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>COLO SPRGS, CO 80909</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>NONE</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</u>

1. Date Accepted <u>8-30-04</u>	4. Name (Last, First): <u>PATTON, SANDRA</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>30 KRIS LN</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: _____
	8. Employer (if applicable, mandatory): <u>D-11 School</u>
	9. Occupation (if applicable, mandatory): <u>TEACHER</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 for Responsible Gov

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9-03-04	4. Name: <u>TCF BANK</u>
2. <u>Amount</u> \$ 7.99	5. Address: <u>2870 New Center Pt</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Sprgs Co 80922</u>
	7. Purpose of Expenditure: <u>Check printing charge</u>

1. <u>Date Expended</u> 9-14	4. Name: <u>Jamyne FRASER</u>
2. <u>Amount</u> \$ 210 ⁰⁰ / _{xx}	5. Address: <u>2550 BRADY DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Sprgs Co 80917</u>
	7. Purpose of Expenditure: <u>Paper Supplies</u>

1. <u>Date Expended</u> 9-24	4. Name: <u>Jamyne FRASER</u>
2. <u>Amount</u> \$ 200 ⁰⁰ / _{xx}	5. Address: <u>2550 BRADY DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Springs Co 80917</u>
	7. Purpose of Expenditure: <u>Paper Supplies</u>

1. <u>Date Expended</u> 9-30	4. Name: <u>Comp USA</u>
2. <u>Amount</u> \$ 2147.87	5. Address: <u>7690 W. Academy</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Sprgs Co 809</u>
	7. Purpose of Expenditure: <u>LASER printers, Toner, paper</u>

1. <u>Date Expended</u> 9-30	4. Name: <u>Signs Shop Limited</u>
2. <u>Amount</u> \$ 266.00	5. Address: <u>PLATT PL</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Springs Co 80915</u>
	7. Purpose of Expenditure: <u>Signs</u>

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

Full Name of Committee/Person: Committee for Responsible Gov

PLEASE PRINT/TYPE

1. Date Expended <u>10-01-04</u>	4. Name: <u>office Depot # 439</u>
2. Amount \$ <u>114.27</u>	5. Address: <u>1750 E. Woodmen Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COlo Spgs CO</u>
	7. Purpose of Expenditure: <u>Paper Product</u>

1. Date Expended <u>10-04-04</u>	4. Name: <u>office Depot # 244</u>
2. Amount \$ <u>180.93</u>	5. Address: <u>1045 N. Academy</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COlo Spgs</u>
	7. Purpose of Expenditure: <u>Print Paper</u>

1. Date Expended <u>10-04-04</u>	4. Name: <u>office Depot # 244</u>
2. Amount \$ <u>133.32</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Print Paper</u>

1. Date Expended <u>10-04-04</u>	4. Name: <u>Total 4069 Sham Roc</u>
2. Amount \$ <u>20.75</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COlo Spgs CO</u>
	7. Purpose of Expenditure: <u>Vol BRS To Yoder-RTN-Calhan RTN</u>

1. Date Expended <u>10-04-04</u>	4. Name: <u>KINKO # 0448</u>
2. Amount \$ <u>17.41x</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COlo Spgs CO</u>
	7. Purpose of Expenditure: <u>PRINTING SERVICES</u>

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

Full Name of Committee/Person: Committee for Responsible Gov

PLEASE PRINT/TYPE

1. Date Expended <u>10-04-04</u>	4. Name: <u>Office Depot # 244</u>
2. Amount <u>\$ 5.32</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Pencil</u>

1. Date Expended <u>10-05-04</u>	4. Name: <u>Office Depot # 244</u>
2. Amount <u>\$ 516⁷¹/XX</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>PRINTER</u>

1. Date Expended <u>10-05-04</u>	4. Name: <u>Office Depot # 244</u>
2. Amount <u>\$ 466⁷¹</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>printer</u>

1. Date Expended <u>10-05-04</u>	4. Name: <u>Xtreme Games</u>
2. Amount <u>\$ 100⁰⁰/XX</u>	5. Address: <u>3924 Palmer Park</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Cdo Springs Co</u>
	7. Purpose of Expenditure: <u>2 months T-1 INTERNET SERVICE</u>

1. Date Expended <u>10-06-04</u>	4. Name: <u>Samye FRASER</u>
2. Amount <u>\$ 750⁰⁰/XX</u>	5. Address: <u>2550 BRADY DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Cdo Springs Ca 80914</u>
	7. Purpose of Expenditure: <u>Postal India</u>

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

Full Name of Committee/Person: Committee for Responsible Gov

PLEASE PRINT/TYPE

1. Date Expended <u>10-06-04</u>	4. Name: <u>STAPLES # 1349</u>
2. Amount <u>\$ 157.43</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip _____
	7. Purpose of Expenditure <u>Paper</u>

1. Date Expended <u>10-06-04</u>	4. Name: <u>KINKO'S # 0448</u>
2. Amount <u>\$ 30.12</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip _____
	7. Purpose of Expenditure <u>Paper Services</u>

1. Date Expended <u>10-07-04</u>	4. Name: <u>CLAIR ROLLA</u>
2. Amount <u>\$ 1371²³/_{xx}</u>	5. Address: <u>7550 BRADY DR</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Springs, Co 80917</u>
	7. Purpose of Expenditure: <u>Sign Blanks / Invitations</u>

1. Date Expended <u>10-07</u>	4. Name: <u>Papa John's # 0171</u>
2. Amount <u>\$ 17⁰¹/_{xx}</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip _____
	7. Purpose of Expenditure: <u>Volunteers Lunch</u>

1. Date Expended <u>10-08-04</u>	4. Name: <u>El Paso Co Clerk & Recorder</u>
2. Amount <u>\$ 750</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Springs, Co</u>
	7. Purpose of Expenditure: <u>Data purchase</u>

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

Full Name of Committee/Person: Committee for Responsible Gov

PLEASE PRINT/TYPE

1. Date Expended <u>10-08-04</u>	4. Name: <u>RANCHLAND News</u>
2. Amount <u>\$ 42.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Ad</u>

1. Date Expended <u>10-11-04</u>	4. Name: <u>office MAX</u>
2. Amount <u>\$ 135.00</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. Date Expended <u>10-11-04</u>	4. Name: <u>USPS 0723550615</u>
2. Amount <u>\$ 74.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>STAMPS</u>

1. Date Expended <u>10-11-04</u>	4. Name: <u>STAPLES #1349</u>
2. Amount <u>\$ 63.73</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>paper</u>

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: _____

Schedule C - Loans

Full Name of Committee/Person: Committee For Responsible Government

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(c)). 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: Colorado Springs, Colorado 80917
Original Amount of Loan: \$ 6,000 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 6,000 Total of All Loans This Reporting Period: \$ 6,000
(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 Total Repayments Made: \$ 0
(Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____ Date Loan Received _____ Indefinite 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: COMMITTEE FOR RESPONSIBLE 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(A)).

LOAN SOURCE

Name (Last, First or Institution): ROLLA, CLAIR

Address: 2550 BRADY DR

City/State/Zip: COLO SPRGS, CO 80917

Original Amount of Loan: \$ 15,000.00 Interest Rate: 0

Loan Amount Received This Reporting Period: \$ 15,000.00 Total of All Loans This Reporting Period: \$ 15,000.00
(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: \$ 15,000.00

TERMS OF LOAN: 10-4-04
Date Loan Received

INDEFINITE
Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

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 for Responsible Gov

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10-8-04	4. Name (Last, First): <u>Guman Bill</u>
2. <u>Fair Market Value</u> \$ 1500.00	5. Address: <u>815 N. Weber</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Arlo Spgs, CO 80903</u>
	7. Description: <u>Pencils</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Developer</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): <u>Justin</u>
2. <u>Fair Market Value</u> \$ 300.00	5. Address:
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip:
	7. Description: <u>office space</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>CPRM</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Management</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 9-20-04	4. Name (Last, First): <u>Ed Birchum</u>
2. <u>Fair Market Value</u> \$ 10.00	5. Address:
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip:
	7. Description: <u>Copier</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self employed</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, this 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."

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 Elections Division
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 Denver, CO 80202
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 Fax: (303) 869-4861
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Below Space for Office Use Only

STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
 [C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

(For use by a candidate who has not received any contributions, but has made expenditures of personal funds.)

Name of Candidate: Bob Null
 Address of Candidate: 3942 Palmer Park Blvd.
 City, State, and Zip Code: colo Spgs, CO 80915
 Office: County Commission District No.: 2 Elec./Yr.: 2004
 Reporting Period: Beginning Date — Ending Date 12/04/04

1. <u>Date Expended</u> 8-22-04	3. Name: <u>TCF Bank</u>
2. <u>Amount</u> \$ 50.00	4. Address: <u>2870 New Ctr Pointe</u>
	5. City, State, Zip: <u>colo Spgs CO 80922</u>
	6. Purpose of Expense: <u>Open Bank Account</u>

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: [Signature] Date: 12/12/04