



EL PASO COUNTY, COLORADO

OFFICE OF THE CLERK & RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. FILE IN DUPLICATE.

NAME OF COMMITTEE (I		
Commitment Porti	ds	<u> </u>
ADDRESS OF COMMITTE	□ •	
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7110 Ashley Dr. Co	101000 Prings (O) OC)/
(Number/Street/City/State/Zip)		
NAME AND ADDRESS OF	TITALANGELY TAXONTOTON	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME AND ADDRESS OF		
Wells Forgo 500 N. (rele Dr. Colo Spss C	0 80909
(Name)	(Number/Street/Ci	ty/State/Zip)
MXDE OF DEDOM		
TYPE OF REPORT:		
	to the election. Covering the	period from the initial filing
(Date) to 5 days	prior to this filing.	
11/2/2001 · Friday before	the election. Covering the pe	wind from 5 days prior to the
(Data) pravious	filing to 5 days prior to this f	iling. $10/(2/200) - 10/29/200/$
(Date) previous	ning to 5 days prior to this i	iming. / 5 / 1 2/1001
: 30 days after	the election. Covering the pe	riod from 5 days prior to the
· · · · · · · · · · · · · · · · · · ·	filing to 5 days prior to this f	- -
(2400)	miling to o days prior to time r	,
: November 1	of off-year. Covering the perio	od from 5 days prior to the
	filing to November 1.	The state of the s
Last series		
☐: Termination Report -C	OR- Is this report an	amendment? ☐ Yes ☐ No
•	•	
SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1 D 1 II 1D 1 III		
Funds on Hand Beginning of Reporting Period:	1818,307.17	XXXXXXXXXXX
2. Total Contributions (From Ln	\$ 0.5	\$ 5000
13):	150,00	\$ 52,766.51
3. Total Expenditures (From Ln	\$ 12 600 10	\$ 3/60/61
21): 4. Funds on Hand at Close of	0 2.60	36,876.61
Reporting Period:	\$ 32.050.17	AAAAAAAAAA
5. Debts/Obligations Owed <u>by</u>	\$	XXXXXXXXXXXX
the Committee:		
6. Pledges Owed <u>to</u> the	S	XXXXXXXXXXX

CONTINUE TO PAGE 2

Committee:

DETAILED SUMMARY PAGE OF CONTRIBUTIONS AND EXPENDITURES

Page 2

NAME OF COMMITTEE:

CONTRIBUTIONS: (Please provide	COLUMN A	COLUMN B
spreadsheet format for detail items. ()	(Total This Report)	(Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees)	(Lotter I mo reciporo)	(Oatendar Tear)
Total Itemized (Use spreadsheet for 7. Details "Schedule A"):	\$ 25750,00	\$ 51,500.00
Non-Itemized (Total all 8. Contributions Under \$20):	\$ _	\$ 10,38
9. Political Party Committees:	\$ -	\$ -
10. Other Political Committees:	\$	\$ 12.56.13
11. All Loans Received (Schedule C):	\$ -	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 25750.00	\$ 52766,51
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 11985.35	\$ 36790.30
15. Total of Non-Itemized Expenditures:	\$ 14.65	\$ 35.71
16. Loan Repayments (Use 'Schedule C"):	\$	\$ -
17. Refunds to Contributions:	XXXXXXXXX	XXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$	\$ _
19. Political Party Committees:	\$	\$
20. Other Political Committees:	\$	\$
21. TOTAL EXPENDITURES: (Add all of the above items)	12002.00	36,826,01

OFFSETS TO OPERATING EXPENDITURES(An offset to expenditures means a payment made by a third person to a third party for the benefit of any committee or party. Such goods and services are used directly or indirectly by the committee or party for its purposes. Use a similar spreadsheet for reporting these offsets. LISTING ONLY. DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES.

	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Total Itemized Offsets (\$20 and over):	\$	\$
Total Non-Itemized Offsets:	\$	\$

I certify that I have examined this Repo	ort of Contributions an	ıd Expenditures	and to the
best of my knowledge and belief it is true, Stophen F. Cufler	2412)26	A 11	12/2001
Type/Print Name of Agent	Signature of Agent	Da	.te

¹ The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate Year to Date per Contributor. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.

EL PASO COUNTY, COLORADO

OFFICE OF THE CLERK & RECORDER

SCHEDULE A

(This schedule should reflect each item [7thru 12] of the Detailed Summary Page) 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. CRS 1-45-111(1)(d). Check α appropriate box(es): □ Primary □ General □ Other (Specify):
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION EMPLOYER: ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) OCCUPATION EMPLOYER: DATE OF CONTRI: AMT OF THIS CONTRIBUTION:
AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$\incidentarrow{\text{Contributions}}{\text{Contributions}}\$
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATIONEMPLOYER: MODIFICIANT OF THIS CONTRIBUTION: ADDRESS: (NUMBERSTREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION: AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$ 1500.00
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATIONEMPLOYER: STRUCTURAL MANAGEMENT CONTRIBUTION: ADDRESS: (NUMBERSTREET/CITY/STATE/ZIP) AMT OF THIS CONTRIBUTION: AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$\text{1} \text{2} \text{3} \text{3} \text{3} \text{3} \text{3} \text{4} \text{5} \text{5} \text{5} \text{3} \text{3} \text{4} \text{5}

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE PAGE [2] OF [2]	
CONTRIBUTORS NAME (PRINTIPAST NAME, FIRST NAME, MIL) OCCUPATION EMPLOYER:	
CONTRIBUTORS NAME (PRINTIPAST NAME, FIRST NAME, M.I.) OCCUPATION EMPLOYER: ADAPESS (NUMBER STREET MITTY STATE / ZIP) OCCUPATION EMPLOYER: DATE OF CONTRI:	AMT OF THIS CONTRIBUTION:
4555 HULTOM PARKWAY GOLO SPES CO 80907 DOLO 101901	\$ 5000.00
\$500.00	
CONTRIBUTOR'S NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:	
OSPREY CM IMC DO DO DO DO DO DO DO DATE OF CONTRI:	AMT OF THIS CONTRIBUTION:
PCBOXCADOCOLOSPESCONSO962000000000000000000000000000000000000	
\$0000.00	
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:	
SKYWALKOEVELCPMENTOCOP DO DO DO DO DO DATE OF CONTRI:	ANT OF THIS CONTRIBUTION:
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	\$10000.00
\$Deec.ea	
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:	
	AMT OF THIS CONTRIBUTION:
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: DIMILASICADE AVE COLOSPES COMENTA DE CONTRI:	\$ 5 5 6 6 6
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	•
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COTONICO DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA D	SCHEDULE A: CONTRIBUTIONS CONTINUAT	ON PAGE PAGE [A]	of 03	
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CONTRIBUTORS NAME (PRINT LAST NAME, FIRST	ANE, M.I.) OCCUPATION ENDLOYER: OPPENT OF THE PROPERTION OF THE PROPERTY OF TH		DATE OF CONTRI:	AMT OF THIS CONTRIBUTION:
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST N CONTRIBUTORS NAME (PRINT LAST NAME, FIRST N ADDRESS: (NUMBER/STREET, CITY/STATE/ZIP) GIGOSSISYRACUS AGGREGATE YEAR TO DATE CONTRIBUTIONS:	OCCUPATIONEMPLOYER: THERE IT PORTOREMPLOYER:) 	DATE OF CONTRI:	AMT OF THIS CONTRIBUTION:
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST N. ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) AGGREGATE YEAR TO DATE CONTRIBUTIONS:	OCCUPATIONEMPLOYER:		DATE ÔF CONTRI:	AMI OF THIS CONTRIBUTION:

EL PASO COUNTY, COLORADO

OFFICE OF THE CLERK & RECORDER

SCHEDULE B

EXPENDITURES

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)

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<i>,</i>	Check α appropriate boxes: 🛘 Primary 🗹 General 🗘 Other (Specify):	
PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
FALCOM DISTRICT 49	ICSSO WICHMEN FAUCOMOUNSOSIMONI] \$003YO.95
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
COPYING A LABOR CHAR		
PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
SHENSHREHHEIMEREUHHE	SPERTAL PROPERTY COLOUS PARTICIONS PROPERTY	8 \$0/564.46
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
GRUUNDSWELLICIMMI		
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
PHONEI BANKS DODO		102961
PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE