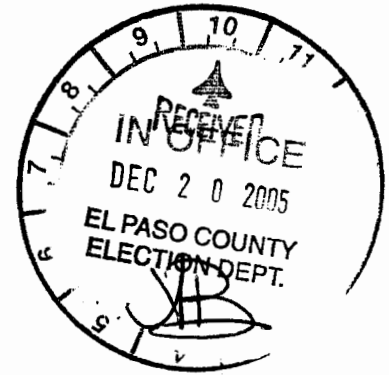


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us

Space Below For Office Use Only



CANDIDATE AFFIDAVIT
[Art. XXVIII, Sec. 2(2) & C.R.S. 1-45-110(1)]

- State Candidates File with the Secretary of State
- County Candidates File with the County Clerk
- School District Candidates File with the County Clerk
- Municipal Candidates File with the Municipal Clerk

This affidavit shall certify that I, Robert C. Bux, a member of the
Republican political party/organization (if applicable), am a candidate
for election [Art. XXVIII, Sec. 2(2)] for the office of El Paso County Coroner,
District # _____ (if applicable).

I further certify that I am familiar with the provisions of the Colorado Fair Campaign Practices Act (FCPA) as
required in §1-45-110 of the Colorado Revised Statutes.

Signature of Candidate *Robert C. Bux* Date 12-20-05

Physical Address of Candidate 1060 Skylight View, Colorado Springs, CO, 80906
(Street/City/St/Zip)

Mailing address Same as above

Telephone (A number where you may be contacted) 719-661-9891

E-Mail Address rcbuxmd@hotmail.com

STATE OF COLORADO
COUNTY OF El Paso

Before me, *Alissa Bohall*, a notary/officer duly authorized to administer oaths, in and
for said State, personally appeared Robert C. Bux, whose name is subscribed
to the foregoing Candidate Affidavit, and who affirms, that said statements are true and that he/she acknowledges
the execution of said instrument to be of their own free act and voluntary deed for the uses and purposes therein set
forth.

Subscribed and affirmed to before me this 20th day of December, 2005.

Alissa Bohall
(Notary/Official Signature)

(Commission Expires)



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COMMITTEE REGISTRATION FORM
(C.R.S. 1-45-108)

Committee Name: BUX for CORONER

Purpose/Office Sought: E1 Paso County Coroner

Check Only One Committee Type:

Candidate Committee Political Party Small Donor Committee

Political Committee Issue Committee

Is this an amendment*? YES NO

* Description of what is being amended. Pursuant to Rule 3.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form. _____

Contact Information:

Name of Person Acting As Registered Agent (Treasurer): Linda Carroll

Address (Physical): 1014 Zodiac Drive, Colorado Springs, CO, 80906

Address (Mailing): Same as above

Telephone No.: 719-238-6926

E-Mail: carroll16@mindspring.com

Affiliation (if applicable): _____

Check Only One Filing Type:

Manual Filer
 Electronic Filer

Check Only One Jurisdiction:

Federal State County
 Municipal Multi-County
 Other: _____

Authorization

Registered Agent's (Treasurer's) Signature: Linda Carroll Date: 12/20/05

Print Candidate Name: Robert C. Bux

Candidate Address (include mailing): 1060 Skylight View, Colorado Springs, CO, 80906

Candidate Signature: Robert C. Bux Date: 12/20/05