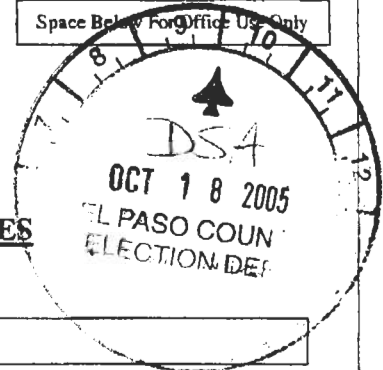


Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	<i>Friends of Falcon Fire</i> As Shown On Registration
Address of Committee/Person:	<i>12725 Woodlake Rd</i>
City, State & Zip Code:	<i>Elbert, CO 80106</i>
Committee Type:	<i>Election Issue Committee</i>
Name and Address of Financial Institution	<i>Farmers Bank, Falcon, CO</i>

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
date date

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)	\$ <i>100.00</i>
2 Total Monetary Contributions (line 11)	\$ <i>7,500.00</i>
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <i>7,600.00</i>
4 Total Monetary Expenditures (line 19)	\$ <i>5,545.55</i>
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <i>2,054.45</i>

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: *A. Deane*

Registered Agent's (Treasurer's) Signature: *[Signature]* Date: *10-17-05*

Print Candidate Name: _____

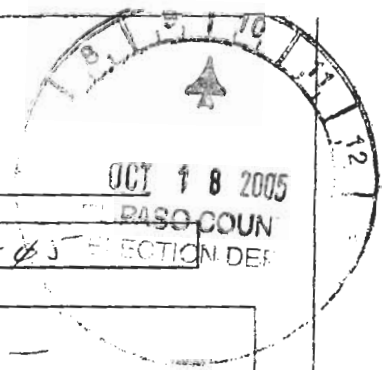
Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Friends of Falcon Fire

Current Reporting Period: 01-01-2005

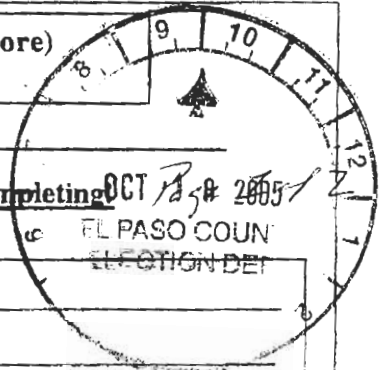
Through 10-17-05



	Funds on hand at the beginning of reporting period (Monetary Only)	\$	100 -
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	7,500 -
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	ϕ
8	Loans Received (Please list on Schedule "C")	\$	ϕ
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	ϕ
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	7,500.
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	ϕ
13	Total Contributions (Line 11 + line 12)	\$	7,500
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	5,545.55
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	ϕ
16	Loan Repayments Made (Please list on Schedule "C")	\$	ϕ
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	ϕ
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	ϕ
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	5,545.55
20	Total Spending (Line 18 + line 19)	\$	5,545.55

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

Full Name of Committee/Person: Friends of Falcon Fire



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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 3-16-05	4. Name (Last, First): <u>Sand Creek South</u>
2. <u>Contribution Amt.</u> \$ 250-	5. Address: <u>90 S. Cascade</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

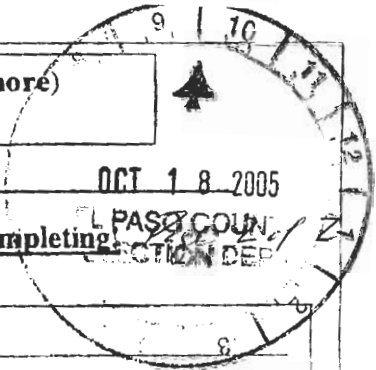
1. <u>Date Accepted</u> 3-16-05	4. Name (Last, First): <u>Sand Creek North</u>
2. <u>Contribution Amt.</u> \$ 250-	5. Address: <u>90 S. Cascade</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 5-4-05	4. Name (Last, First): <u>GTL, Inc</u>
2. <u>Contribution Amt.</u> \$ 1,000-	5. Address: <u>PO Box 80036</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>San Diego, CA</u>
	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 6-27-05	4. Name (Last, First): <u>Elite Properties</u>
2. <u>Contribution Amt.</u> \$ 1,000-	5. Address: <u>6385 Corporate Drive</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colorado Springs, CO</u>
	7. Description: <u>donation</u>
	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: Friends of Felan Fire

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8-20-05	4. Name (Last, First): <u>GTK, Inc</u>
2. <u>Contribution Amt.</u> \$ 5,000	5. Address: <u>PO Box 80036</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>San Diego, CA</u>
	7. Description: <u>donation</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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>): _____

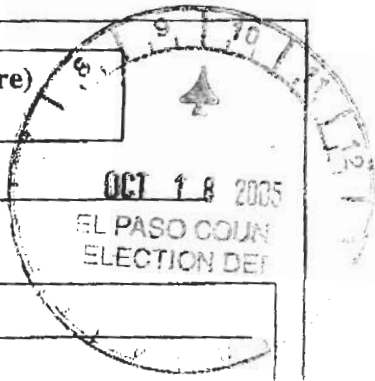
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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 Door 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: Friends of Felon Fire

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>3-18-2005</u>	4. Name: <u>Real Rock Strategies</u>
2. <u>Amount</u> \$ <u>500</u>	5. Address: <u>270 E. Sunjio</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
	7. Purpose of Expenditure: <u>Payment on account</u>

1. <u>Date Expended</u> <u>5-8-2005</u>	4. Name: <u>Real Rock Strategies</u>
2. <u>Amount</u> \$ <u>1,000</u>	5. Address: <u>see above</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>payment on account</u>

1. <u>Date Expended</u> <u>5-30-05</u>	4. Name: <u>A. Donnell</u>
2. <u>Amount</u> \$ <u>50.00</u>	5. Address: <u>12725 Woodlake Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Elbert, CO 80106</u>
	7. Purpose of Expenditure: <u>Reimbursement - Committee Fund</u>

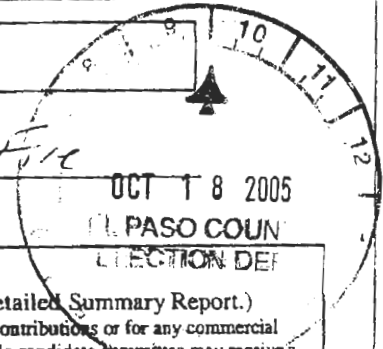
1. <u>Date Expended</u> <u>8-24-05</u>	4. Name: <u>Real Rock Strategies</u>
2. <u>Amount</u> \$ <u>3,995.55</u>	5. Address: <u>see above</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>payment on account</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: _____

Schedule C - Loans

Full Name of Committee/Person: _____

Friends of Falcon Fire



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): _____

Address: _____

City/State/Zip: _____

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

[Handwritten signature]

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: \$ _____

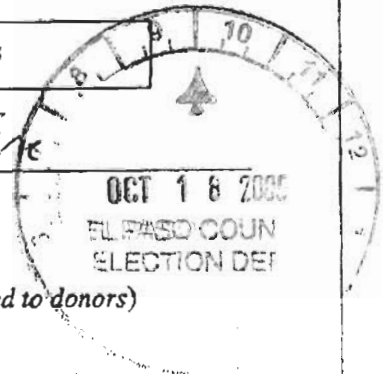
TERMS OF LOAN: _____
Date Loan Received Due Date for Final Payment

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: Friends of Falcon Fire



Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

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

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

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