

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



**REPORT OF CONTRIBUTIONS AND EXPENDITURES**

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

<b>Full Name of Committee/Person:</b>	Committee to Elect Steven K. Mulliken School Board Dist. 12 <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	240 Ivybrook Lane
<b>City, State &amp; Zip Code:</b>	Colorado Springs, CO 80906
<b>Committee Type:</b>	Candidate Committee
<b>Name and Address of Financial Institution</b>	Vectra Bank, 111 South Tejon, Colorado Springs, CO 80903

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)
- Check this box if this Report Contains Electioneering Communications Information

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)	\$ 419.05
2 Total Monetary Contributions (line 11)	\$ 20.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 439.05
4 Total Monetary Expenditures (line 19)	\$ 282.21
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 156.84

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: Steven K. Mulliken  
Registered Agent's (Treasurer's) Signature: [Signature] Date: 10/28/05  
Print Candidate Name: Steven K. Mulliken  
Candidates Signature: [Signature] Date: 10/28/05

**DETAILED SUMMARY**

**Full Name of Committee/Person:** Committe to Elect Steven K. Mulliken School Board Dist. 12

**Current Reporting Period:** October 7, 2005 **Through** October 23, 2005

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 419.05
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 20.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0.00
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0.00
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 20.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 20.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 282.12
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 0.00
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 0.00
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0.00
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 282.21
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 282.21

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

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

**Full Name of Committee/Person:** Committee to Elect Steven K. Mulliken School Board Dist. 12

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/07/05	4. Name (Last, First): <u>Winslow, Philip &amp; Ann</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>2 Poplar Street,</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Phil Winslow BMW</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Automobile Sales</u>

1. <u>Date Accepted</u> 10/22/05	4. Name (Last, First): <u>Dietrich, Gordon</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>5065 Farthing Drive</u>
3. <u>Aggregate Amt. *</u> \$ 20.00	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Boeing</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Engineer</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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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 B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Committee to Elect Steven K. Mulliken School Board Dist. 12

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 09/30/05	4. Name: <u>El Paso County Clerk</u>
2. <u>Amount</u> \$ 139.25	5. Address: <u>200 South Cascade Avenue</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
	7. Purpose of Expenditure: <u>Purchase CD with mailing labels</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/07/05	4. Name: <u>Mullen Advertising Company</u>
2. <u>Amount</u> \$ 362.00	5. Address: <u>255 Silver Spring Drive</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80919</u>
	7. Purpose of Expenditure: <u>Purchase of Yard Signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/23/05	4. Name: <u>Mother Nature Photography</u>
2. <u>Amount</u> \$ 50.00	5. Address: <u>P.O. Box 3003</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80934</u>
	7. Purpose of Expenditure: <u>Election photograph for advertisements</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/18/05	4. Name: <u>Cheyenne Edition</u>
2. <u>Amount</u> \$ 200.00	5. Address: <u>850 Arcturus Drive</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose of Expenditure: <u><del>Advertisement in Cheyenne Edition paper</del></u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/23/05	4. Name: <u>Mullen Advertising Company</u>
2. <u>Amount</u> \$ 32.21	5. Address: <u>255 Silver Spring Drive</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80919</u>
	7. Purpose of Expenditure: <u>Shipping costs for yard signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule C - Loans

Full Name of Committee/Person: Committee to Elect Steven K. Milliken - School Board Dist. 12

**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**      N/A

Name (Last, First or Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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: Committee to Elect Steven K. Mulliken School Board Dist. 12

**Returned Contributions**

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

N/A

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)*

N/A

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): _____

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**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: Steven K. Mulliken

Address of Candidate: 240 Ivybrook Lane

City, State, and Zip Code: Colorado Springs, CO 80906

Office: School Board District No.: 12 Elec./Yr. 2005

Reporting Period: Beginning Date August, 2005 Ending Date October 6, 2005

N/A

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: _____

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: \_\_\_\_\_

*Steven K. Mulliken*

Date: 11 Oct 05

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**NOTICE OF INDEPENDENT EXPENDITURE IN EXCESS OF ONE THOUSAND DOLLARS**  
(Article XXVIII, Sec. 5)

This report is due within 48 hours after obligating funds for such expenditure. Each independent expenditure shall require the delivery of a new notice.

N/A

Name of Person Responsible for Independent Expenditure (Please type or print legibly)

Full Address of Person Responsible for Independent Expenditure

Please print the name of the candidate the independent expenditure is intended to support or oppose.

Was independent expenditure used to: Support  Oppose

Name and Address of Vendor/Person Receiving Payment: \_\_\_\_\_

Detailed Description of the Independent Expenditure: \_\_\_\_\_

Date Funds Were Obligated: \_\_\_\_\_ Amount of Expenditure: \$ \_\_\_\_\_

I, \_\_\_\_\_, certify that I have examined this Notice of Independent Expenditure, and to the best of my knowledge and belief it is true and correct.

Printed Name of Disclosing Individual

Date



**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 to Elect Steven K. Mulliken - School Board Dist. 12  
N/A

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u>	6. City/State/Zip: _____
\$ _____	7. Description: _____
3. <u>Aggregate Amt.</u>	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. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u>	6. City/State/Zip: _____
\$ _____	7. Description: _____
3. <u>Aggregate Amt.</u>	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. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u>	6. City/State/Zip: _____
\$ _____	7. Description: _____
3. <u>Aggregate Amt.</u>	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. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
	5. Address: _____
2. <u>Fair Market Value</u>	6. City/State/Zip: _____
\$ _____	7. Description: _____
3. <u>Aggregate Amt.</u>	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, then 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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**NOTICE OF MAJOR CONTRIBUTOR**  
[C.R.S. 1-45-108(2.5)]

This report is mandatory for all committees and political parties for contributions of \$1000 or more (monetary or non-monetary) received within 30 days immediately preceding a primary or general election. This report shall be filed with the Secretary of State within 24 hours after receipt of the contribution.

Committee to Elect Steven K. Mulliken - School Board Dist. 12

**Name of Committee Receiving Contribution** (Please type or print legibly)

N/A

**Full Address of Committee Receiving Contribution**

**Full Name and Address of Contributor:**

**Check Only One:**  Monetary  Non-Monetary

**Date Contribution Was Made:** \_\_\_\_\_ **Amount of Contribution: \$** \_\_\_\_\_

**Brief Description of Non-Monetary Donation:**

Authorization (Must be completed by either the Registered Agent OR the Candidate)

Print Registered Agent's (Treasurer's) Name: Steven K. Mulliken

Registered Agent's (Treasurer's) Signature: [Signature] Date: 11 Oct 05

Print Candidate's Name: Steven K. Mulliken

Candidate's Signature: [Signature] Date: 11 Oct 05

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**ANNUAL DISCLOSURE BY PUBLIC OFFICEHOLDER  
REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS**  
(C.R.S. 24-6-203)

(Due on or before the 15<sup>th</sup> of January of each year for the preceding calendar year.)

Name of Officeholder: Steven K. Mulliken

Mailing Address (include city, state, and zip): 240 Ivybrook Lane, Colorado Springs, CO 80906

Official Title: School Board Member

Name of Person From Whom the Gift, Honoraria or Other Benefit Was Received  
N/A  
Amount or Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

Name of Person From Whom the Gift, Honoraria or Other Benefit Was Received  
\_\_\_\_\_  
Amount or Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

Name of Person From Whom the Gift, Honoraria or Other Benefit Was Received  
\_\_\_\_\_  
Amount or Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

Steven K. Mulliken  
Signature of Officeholder

11 Oct 05  
Date

Colorado Secretary of State  
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### CANDIDATE COMMITTEE FUNDS TRANSFER FORM

[C.R.S. 1-45-106(1)(a)(I)(B)]

*This form is used by candidate committees established by the same committee for a different public office intending to transfer existing funds from an existing committee as defined by Art. XXVIII, Sec. 2(3).*

Full Name of Committee: Committee to Elect Steven K. Mulliken - School Board Dist. 12

Address (Physical): 240 Ivybrook Lane, Colorado Springs, CO 80906

Mailing Address (if different from above): Same

Telephone Number: (719) 579-9115 FAX Number: (719) 635-8706

Purpose of Transfer: N/A

TRANSFERS THE FOLLOWING: (Check appropriate box(es) and fill in amount; then total)

Monetary Amount: \$ \_\_\_\_\_  Debt Balance: \$ \_\_\_\_\_  
 Loan Balance: \$ \_\_\_\_\_ TOTAL AMOUNT: \$ \_\_\_\_\_

TO

Full Name of Committee: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Purpose of Receipt: \_\_\_\_\_

Steven K. Mulliken  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Agent (Transferring Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Agent (Receiving Agent)

\_\_\_\_\_  
Date

**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: \_\_\_\_\_

PLEASE PRINT/TYPE

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. *

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. *

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. *

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. *

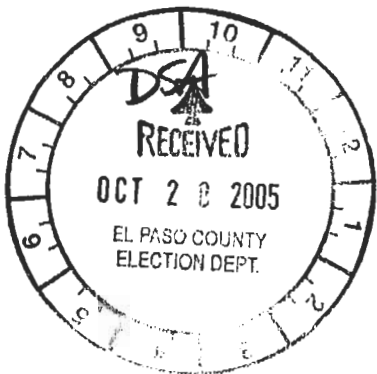
\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

28 oct 05  
COMMITTEE TO ELECT STEVEN K. MULLIKEN

I AM CORRECTING MY PRIOR  
REPORT (Period ending October 6, 2005).

There was an error in the total  
Amount of EXPENDITURES (stated  
as \$ 401.25, but should have been  
\$ 501.25 - due to a math error).

This also caused the funds on  
hand to have been overstated  
(should have been \$ 419.05,  
not \$ 519.05).



STEVEN K. MULLIKEN  
Steven K. Mulliken  
October 20, 2005