



**EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER**

**REGISTRATION OF POLITICAL, ISSUE AND POLITICAL
PARTY COMMITTEES** [CRS 1-45-109]

Full Organization Name: EL PASO COUNTY DEMOCRATIC PARTY

Street Address of Committee: 25 N. IOWA AVE Co. Springs, CO 80909
(Number & Street Name) (City/State/Zip)

Mailing Address (If Different from Above):

Telephone Number: (719) 473 - 8713

Fax Number: (719) 473 - 0110 (If Applicable)

Name/Address/Phone of Person Authorized to act as Registered Agent for
Committee:

Joseph M. Morrow Jr. 25 N. Iowa Ave Co. Springs Ca 80909
(Full name) (Address/City/State/Zip) (Phone) (Fax: If applic.)

List All Affiliated Candidates and Committees (if applicable):

Purpose or Nature of Interest of the Committee or Party:

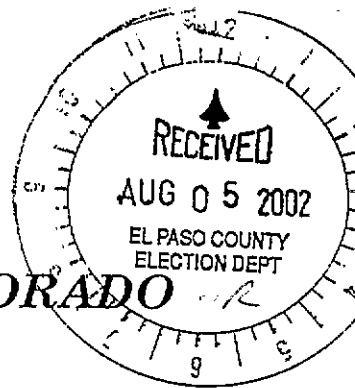
Promote Democratic Party

[Signature]
Signature of Authorized Agent

4 Aug 2002
Date



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 (In Full):

El Paso County Democratic Party

ADDRESS OF COMMITTEE:

25 N. Iowa Ave Co. Springs Co. 80909
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Wells Fargo Bank
(Name) (Number/Street/City/State/Zip)

TYPE OF REPORT:

_____ : 21 days prior to the election. Covering the period from the initial filing
(Date) to 5 days prior to this filing.

_____ : Friday before the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

_____ : 30 days after the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

_____ : November 1 of off-year. Covering the period from 5 days prior to the
(Date) previous filing to November 1.

: Termination Report -OR- Is this report an amendment? Yes No

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ 8225.90	XXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 613.00	\$ 29011.65
3. Total Expenditures (From Ln 21):	\$ 4000.00	\$ 25,135.91
4. Funds on Hand at Close of Reporting Period:	\$ 4838.90	XXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$	XXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$	XXXXXXXXXXXXXX

CONTINUE TO PAGE 2

**DETAILED SUMMARY PAGE
OF CONTRIBUTIONS AND EXPENDITURES**

Page 2

NAME OF COMMITTEE: _____

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. ¹)	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees) 7. Total Itemized (Use spreadsheet for Details "Schedule A"):	\$ 613.00	\$ 29011.65
8. Non-Itemized (Total all Contributions Under \$20):	\$	\$
9. Political Party Committees:	\$	\$
10. Other Political Committees:	\$	\$
11. All Loans Received (Schedule C):	\$	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 613.00	\$ 29011.65
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 4000.00	\$ 25,135.91
15. Total of Non-Itemized Expenditures:	\$	\$
16. Loan Repayments (Use "Schedule C"):	\$	\$
17. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$	\$
19. Political Party Committees:	\$	\$
20. Other Political Committees:	\$	\$
21. TOTAL EXPENDITURES: (Add all of the above items)	\$ 4000.00	\$ 25,135.91

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 Report of Contributions and Expenditures and to the best of my knowledge and belief it is true, correct and complete.

Joseph M. Morrow Jr.
Type/Print Name of Agent

[Signature]
Signature of Agent

4 Aug 2002
Date

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

CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [7 thru 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:
DEM CLUB	EL PASO COUNTY DEM PARTY
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF CONTRI:
25 N IOWA C/S CO 80909	
AMT OF THIS CONTRIBUTION:	
	\$ 500.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	
\$ 1500.00	

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
DIRECTORS CLUB	EL PASO COUNTY DEM PARTY
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF CONTRI:
25 N IOWA C/S CO 80909	
AMT OF THIS CONTRIBUTION:	
	\$ 113.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	
\$ 1985.55	

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF CONTRI:
AMT OF THIS CONTRIBUTION:	
	\$.00
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	
\$.00	



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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Check α appropriate boxes: Primary General Other (Specify):

PAYMENT TO: (PRINT NAME) MARINDO CO SENATE 11	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) 25 N IOWA C/S CO 80909	AMOUNT OF EXPENDITURE: \$ 2000.00
PURPOSE OF EXPENDITURE: SDI CAMPAIGN		DATE OF EXPENDITURE

PAYMENT TO: (PRINT NAME) WIN WITH WYNN	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) 25 N IOWA C/S CO 80909	AMOUNT OF EXPENDITURE: \$ 1000.00
PURPOSE OF EXPENDITURE: HD 17 CAMPAIGN		DATE OF EXPENDITURE

PAYMENT TO: (PRINT NAME) COMM TO ELECT MM	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED) 25 N IOWA C/S CO 80909	AMOUNT OF EXPENDITURE: \$ 1000.00
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE

PAYMENT TO: (PRINT NAME)	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: \$
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE