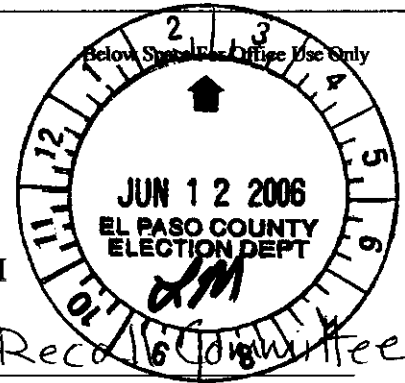


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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

Committee Name: End the District 11 Chaos Recall Committee

Purpose/Office Sought: Recall Erichristen and Sandy Shakes

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): MARY ELLEN McNALLY
Address (Physical): 3150 Sheiks Pl., Colorado Springs, CO 80904
Address (Mailing): PO Box 1164, Colorado Springs, CO 80901
Telephone No.: 719-473-0241 E-Mail: annodan@aol.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: Mary Ellen McNally Date: 6/6/06

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature: _____ Date: _____