

SUMMARY:	COLUMN A (This Period)	COLUMN B (Aggregate during Election Cycle)
 Funds on Hand Beginning of Reporting Period: 	\$ 6414-79	XXXXXXXXXXXX
2. Total Contributions (From Lo 13):	\$ 4000.00	\$ 13,600
3. Total Expenditures (From Ln 21):	\$ 6041.70	\$ 12,541.70
4. Funds on Hand at Close of Reporting Period:	\$ 58.30	XXXXXXXXXXX
5. Debts/Obligations Owed <u>by</u> the Committee:	\$ 3200	XXXXXXXXXXXXX
6. Picages Owed to the Committee:	\$	XXXXXXXXXXX

-OR-

: Termination Report

Is this report an amendment? Tyes Tho

DETAILED SUMMARY PAGE OF CONTRIBUTIONS AND EXPENDITURES

Page 2 NAME OF COMMITTEE:

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. 1)		
Contributions (other than loss)s from: Individuals/Persons (Not Political Committees) Total Itemized (Use spreadsheet for 7. Details "Schedule A"):	\$ 900	\$ #10400
Non-Itemized (Total all 8. Contributions Under \$20):	• 0	\$ &
9. Political Party Committees:	\$ 8	\$ 6
10. Other Political Committees:	6 0	8
11. All Loans Received (Schedule C):	\$ \$3200	\$ \$5208
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$ 6	\$ 0
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 4000	\$ #13,600
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	6041.70	\$ 13541.70
15. Total of Non-Itemized Expenditures:	\$ 6	\$ 0
16. Loan Repayments (Use "Schedule C"):	\$ 1500	\$ 1500
17. Refunds to Contributions:	XXXXXXXXX	XXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$ 0	\$ 0
19. Political Party Committees:	\$ 0	\$
20. Other Political Committees:	\$ 6	\$ 0
21. TOTAL EXPENDITURES: (Add all of the above items)	\$ 6041.70-	13541.70

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.

SRIC CHRISTEN

Type/Print Name of Agent

¹ The following is required for spreadsheet formen: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate for Election Cycle per Contributor. For Contributions of \$100 and over, include occupation/employer. For expenditures, include the purpose of the expenditure. See anached examples of Schedules A and H.



SCHEDULE A

CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [7(hru 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(*)(d).

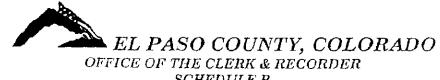
	Check ✓ appropriate box(es): □ Frimary □ General □ Other (Specify):	
CONTRIBUTORS MANIE (PRINT LAS FNAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER	
Ralph Bradon	DATE OF THIS CONTRIBUTION	AMT OF THIS CONTRIBUTION:
ADDRESS (NUMBERNSTREEPCLIV/STATE/ZIP) 3 225 (adam	Heighto Dr. CO. Spungs 80904 10/31, 03	\$ 100 .=
ACCOREGATE CONTRIBUTIONS DURING ELECTION CYCLE:		
\$ 100		
CONTRIBUTORS NAME (FRINT LAST NAME, FIRST NAME M.L.)	DCCUPATION/EMPLOYER	
ADDRESS (NIABBRUSTREEF/CITY/STATE/ZIP)	DATE OF THIS CONTRIBUTION	AME OF THIS CONTRIBUTION:
17 - 5 th St aggregate contributions during election cycle	Co Springs CO 80906 10/31 03	\$ 100.00
\$ 100 .33		
CONTRIBUTORS NAME (PRINTILAS) NAME, FIRST NAME (M.)	OCCUPA HON/EMPLOVER	
Red Noland	DATE OF HIS CONTRIBUTION	AMT OF THIS CONTRIBUTION.
ADDRESS (MUNIBELSTREEDIN STATE-ZIP) 3975 South		\$ 50 .00
AGGREGATE CONTRIBUTIONS DURING BLECTION CYCLE.	10/31	
30		

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE	PAGE D OF D 3	
CONTRIBUTIORS NAME (FRINT LAST NAME, FIRST NAME, N.I.) BOD OS Jouwe ADDRESS. (NUMBER-STREET/CITY-STATE ZIP) COGREGATE CONTRIBUTIONS DURING ELECTION CYCLE: S	Date of this contribution $\frac{10/31}{0}$	AMTOF THIS CONTRIBUTION:
OCCUPATION EMPLOYER MATRION SONDER MAIN UDDRESS (NUMBER/STREET/CTITY/STATE/2P) 1809 U. Tejon Go Spring, (880) AGGREGATE CONTRIBUTIONS DERING ELECTION CYCLE: \$ DO 92	DATE OF THIS CONTRIBUTION 70 7 /6/31 , 63	AMT OF THES CONTRIBUTION
CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) Lent A. OR ADDRESS IN MERCHANTATEZED 20 Reach tree Circle Castle Rock, Co. 80k AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE: \$ 50.00	DATE OF THIS CONTRIBUTION 34 1431, 53	AMFOR THIS CONTRIBUTION:
CONTRIBUTORS NAME (PROVI LAST NAME, FIRST NAME ML) OCCUPATION WEMPLOYER DAVIO JEN KINS UDDRESS (NEMBER-STREE FCITY/STATE 2IP) PO BOX 790 Man Aou Springs, (0.80804) AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE: \$ 160 . 50	DATE OF THIS CONTRIBUTION 15/3/ , 0.3	AMT OF THIS CONTRIBUTION:

CONTRIBCTORS NAME (PRINTIAST NAME, BIRST NAME, M.I.) OCCUPATION EMPROYER	
Bill Arenstners	
ADDRESS: (NUMBER'S TREEDOMY STATE/OF) DATE OF THIS CONTRIBUTION	AMI OF THIS CONTRIBUTION
1625 Brondway, Suite 780 10/37 ,63 AGGREGATE CONTRIBUTIONS DERING ELECTION CYCLE: Demen, 60.80202	\$ 100 00
AGGREGATE CONTRIBUTIONS DERENG ELECTION CYCLE:	- <u> </u>
\$ 100 .60 Demon, Co. 80d02	
CONTRIBUTORS HAVE (PRINTLAST NAME, FIRST HAME, ML): OCCUPATION/EMPLOYER	
\\a+- 11 \\\a	
ADDRESS IN A BERTSTREE DOLLY STATE ZIPL DATE OF THUS CONTRIBUTION	AMI OF THIS CONTRIBUTION:
	\$ 50 00
5176 MAKK DAblony Blvd Co Springs, Co. 10/31, 03	Ψ <u></u>
\$ 60 00	
CONTRESUTORS NAME (TRINT LAST MANE, FIRST NAME, MIL) GCCUPATION/EMPLOYER	
ADDRESS (NUMBER-STREETCITY'S CATE/OF THE CONTRIBUTION	AMI OF HER CONTRIBUTION.
10008 Clovencuest Dr. 6 Spring 10. 10/3/, 03	\$ 50 .00
$\nabla A = A$	
\$ 50.00	
CONTRIBUTORS NAME (FRINT LAST NAME, FIRST MAME, M.L.) OCCUPATION EMPLOYER	
Westwing Homes	
ADDRESS, (NUMBER/STREET CITY/STATE 2D)	AMT OF THIS CONTRIBUTION
POBOX 8034 G Springs 60.80967 10/31, 03	\$ 50.∞
Addition to the contrast texting effect texting effect to the	
$ \P - \Theta - $	

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE

PAGE DE OF DE



SCHEDULE B EXPENDITURES

(This schedule should reflect each item [14 thru 20] 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 1-15-111(1)(d).

Check - appropriate box(es): Primary General KOther (Specify):	
PAYMENT TO: (PRINT NAME) ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE
FURNOSE OF THIS EXPERIMENTED 3019 N. Academy (D. Spring 829/9	\$ 122 . 45
TOM USE OF THIS EXPERIENTURE:	DATE OF EXPENDITURE:
PAY ment for senerces (consultants)	11/22 , D3
PAYMENT TO: (PRINT NAME) ADDRESS: INUMBERSTREET/CITY/STATE/ZIT : POSTAL ABBREVIATIONS REQUIRED)	ANDUNT OF EXPENDITURE:
Things Remembered Chapel Wills Mall Co Springs, 10.	\$ 141.17
- bift to consultants	11/21,03
PAYMENT TO: (PRINT NAME) ADDRESS: (NUMBER'S TREET/CHYSTATE/ZIP : POSTAL AUBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
FURPOSE OF THIS EXPENDITURE: 6011 Range wood DR. Co Springs (D. 209/8	\$ 9 .10
gift to consoltants	10/02,03
PAYMENT TO (PRINT NAME) ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
Boanders 1710 BRIANJOLE Blish Co Springs CO. 80900	DATE OF EXPENDITURE
gift to consultants	4/21 93

PAGE 1

	SCHEDULE B: EXPENDITURES CONTINUATION PAGE PAGE DID OF DID	
PAYMENT 19. O'RINENALIIS Bob Gandnen	address (NUMBERSTREEDCITY.STATISZEP: POSTAL ABBREVIATIONS REQUIRED) 5540 Toch (entan Dr. Surte 202 (8) Sprins (0). 80919 olling, yand signs, pastage, 8 labes	\$ 1990 · 88 64 · 04 · 03
PAYMENT TO: (PRINT NAME)	nisten 49.71 Sand Hill Pr 6 Spins 60 80918 Ne imbarsenent	S 1500. © BATE OF EXPENDITURE. 12/11, C3
FORPOSE OF THE EXPLEMENTE:	ADDRESS MUMILIANSTREED TO STATE FORTAL ABBREVIATIONS REQUIRED (O Spuns CO)	S 989. 30 DATE OF EXPLIDITURE
PAYMENT TO: IPRINT HAME) (Hadd (a) PURTOSE OF THIS EXPENDITURE:	ADDRESS: INUMBERSTREET/CITY/STATISZIP: POSTAL ABBREVIATIONS REQUIRED 1 MINUMICATIONS PO Box 27629 Albequenque NM. 8705	AMOUNT OF EXPENDITURE.
PAYMENT TO: (PRIME MAME) FURPOSE OF THIS EXPENDITURE:	ADDRESS (NUMBERSTREENCHY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE: DATE OF EXPENDITURE: 2

6041.70



SCHEDULE C: LOANS

Name of Committee (In Full):
Full Name, Address and Zip Code of Loan Source: Gric Cheisten 497! Sand Hill Dr. Co. Springs Co. 809/8 Opinion Lant of Loan Computative Royments to Date: Halance Outstanding Close of this
Original Amt. of Loan: Cumulative Payments to Date: Balance Outstanding Close of this Period:
#3200 #3200 #3d00
Election: Primary General Other (Specify):
Terms: Date Incurred: 10/3/03 Date Due: 1/30/04 Interest Rate: \(\frac{1}{2}\) \%
List All Endorsers or Guarantors (If Any):
1. Name/Address/Zip:
Name of Employer: Occupation: Amount Guaranteed Outstanding: \$
2. Name/Address/Zip:
Name of Employer: Occupation: Amount Guaranteed Outstanding: \$
3. Name/Address/Zip:
Name of Employer:Occupation:Amount Guaranteed Outstanding: \$
Amount Guaranteed Outstanding: \$
(If there are additional Guarantors, please attach additional page using the above format.)
(Loans received this reporting period are reported on line 11 of the Detailed Summary Page.) (Loan payments made this reporting period are reported on line 16 of the Detailed Summary Page.)



EL PASO COUNTY, COLORADO OFFICE OF THE CLERK & RECORDER

STATEMENT OF ITEMIZED CONTRIBUTIONS IN KIND

Name of Committee (in Full): Committee to Elect Eric Chresten
Address: 4971 Sand Hill DR 6 Springs (0 8 0918 559-203
(Street) (City/State/Zip) (Phone)
Reporting Date: (If any reporting date falls on a weekend, the filing may be made the next business day.)
(Date) : 21 days prior to the election. Covering the period from the initial filing to 5 days prior to this filing.
(Date) : Friday before the election. Covering the period from 5 days prior to the previous filing to 5 days prior to this filing.
(Date) : 30 days after the election. Covering the period from 5 days prior to the previous filing to 5 days prior to this filing.
: November 1 of off-year. Covering the period from 5 days prior to the previous filing to November 1.
Full Name, Address and Zip of Contributor: Fair Market Value: Date Received: 1. Steve School \$7000 (0/10/3)
N. (as cade bue #400 4/5 (o. 8090 Contribution in kind for: Primary General Gother (Specify): 10/08/03
+ 11000 cm.a. +-
2. Alex (agribers \$ 4000 \$ 4000 \$ 511 16th St-#300 Denver (0. 8000)
Contribution in kind for: Primary General Cother (Specify): 10/08/03.
Contribution in kind for: Derimary General Mother (Specify): 11/6/63
Contribution in kind for: Primary General Cother (Specify):
I certify that I have examined this statement of contribution in kind and to the best of my knowledge and belief it is true, correct and complete.
(Type or Print Name of Agent) (Signature of Agent) (Date)
(Type or Print Name of Agent) (Signature of Agent) (Date) Note: Willful or intentional submission of false, erroneous or incomplete information may be sanctioned as provided by law.

as provided by law.



STATEMENT OF ITEMIZED CONTRIBUTIONS IN KIND

Name of Committee (in Full):	Feet E	the Christe	<u> </u>
Address: 4971 Sand Will	1) K 6	Springs (8)	80918 (718) 558-2033
(Street) (City	/State/Zip)	J	(Phone)
Reporting Date: (If any reporting date: business day.)	falls on a week	end, the filing may l	pe made the next
(Date) : 21 days prior to the electric days prior to this file		the period from the	initial filing to 5
(Date) : Friday before the election previous filing to 5			s prior to the
(Date) : 30 days after the election previous filing to 5	n. Covering th days prior to th	e period from 5 days nis filing.	s prior to the
(Date) : November 1 of off-year. previous filing to No		period from 5 days pr	rior to the
Full Name, Address and Zip of Contril 1. Plax Crawley	\$	Market Value: Da	
511 16th St #300 Denver	(a. 800)	Other (Specify):	and A
Contribution in kind for: Primary 2.	\$	Other (Specify):	——————
Contribution in kind for: U Primary 3.		Other (Specify):	
Contribution in kind for: Primary 4.	© General	U Other (Specify):	
Contribution in kind for: ☐ Primary	□ General	□ Other (Specify):	
I certify that I have examined this statement o belief it is true, correct and complete.	f contribution in	kind and to the best o	of my knowledge and
(Type or Print Name of Agent) Note: Willful or intentional submission of false	(Signature of		(Date)