

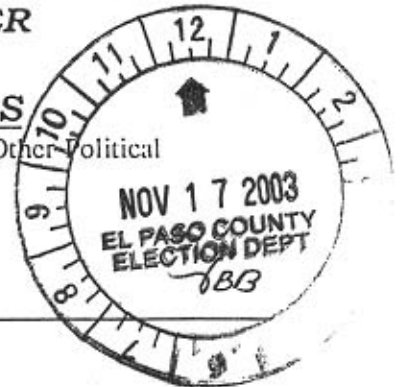


EL PASO COUNTY, COLORADO

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):

Friends of District 11

ADDRESS OF COMMITTEE:

PMB 213, 3355 N. Academy Blvd Colorado Springs, CO 80917
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Western National Bank 3485 N. Academy Blvd. Colorado Springs, CO
(Name) (Number/Street/City/State/Zip) 80917

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.

NOV 3 2003 : November 1 of off-year. Covering the period from 5 days prior to the
(Date) previous filing to November 1.

: Termination Report

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:	\$ 10,427.40	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 2,500.00	\$ 77,992.80
3. Total Expenditures (From Ln 21):	\$ 1,064.10	\$ 65,870.81
4. Funds on Hand at Close of Reporting Period:	\$ 11,463.30	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ -0-	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ -0-	XXXXXXXXXXXXXXXX

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) Total Itemized (Use spreadsheet for Details "Schedule A"):		
7.	\$ 2,500 ⁰⁰	\$ 77,715 ⁰⁰
8. Non-Itemized (Total all Contributions Under \$20):	\$ -0-	\$ 277 ⁸⁰
9. Political Party Committees:	\$ -0-	\$ -0-
10. Other Political Committees:	\$ -0-	\$ -0-
11. All Loans Received (Schedule C):	\$ -0-	\$ -0-
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$ -0-	\$ -0-
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$	\$ 77,992 ⁸⁰
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 1,064 ¹⁰	\$ 65,870 ⁸¹
15. Total of Non-Itemized Expenditures:	\$ -0-	\$ -0-
16. Loan Repayments (Use "Schedule C"):	\$ -0-	\$ -0-
17. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$ -0-	\$ -0-
19. Political Party Committees:	\$ -0-	\$ -0-
20. Other Political Committees:	\$ -0-	\$ -0-
21. TOTAL EXPENDITURES: (Add all of the above items)	\$ 1,064 ¹⁰	\$ 65,870 ⁸¹

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.

PATRICIA A. Nixon
Type/Print Name of Agent

Patricia A. Nixon 11-17-03
Signature of Agent Date

¹ The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate for Election Cycle 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 [7thru 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 appropriate box(es): Primary General Other (Specify):

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
<u>Intel Corporation</u>		<u>6/03/03</u>	
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
<u>P.O. Box 1000 Hillsboro, OR 97123-1000</u>		<u>2,500, 00</u>	<u>\$2,500.00</u>
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
<u>\$ 2,500.00</u>			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
			\$ _____.
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____.			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
			\$ _____.
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____.			

SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE

PAGE OF

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER	
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
_____		_____ , _____	\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER	
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
_____		_____ , _____	\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER	
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
_____		_____ , _____	\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER	
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:
_____		_____ , _____	\$ _____ . _____
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
\$ _____ . _____			



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.)

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 appropriate box(es): Primary General Other (Specify):

PAYMENT TO: (PRINT NAME) <u>Voters Network</u> PURPOSE OF THIS EXPENDITURE: <u>8.5. Nevada, Suite 402, Colorado Springs, CO 80903</u>	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) <u>(phone calls automated)</u>	AMOUNT OF EXPENDITURE: <u>\$ 216 .54</u> DATE OF EXPENDITURE: <u>Dec 4, 2002</u>
PAYMENT TO: (PRINT NAME) <u>Coaltrain Liguors</u> PURPOSE OF THIS EXPENDITURE: <u>Campaign election party</u>	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) <u>330 W. Uintah Colorado Springs CO 80903</u>	AMOUNT OF EXPENDITURE: <u>\$ 156 .97</u> DATE OF EXPENDITURE: <u>Jan 3, 03</u>
PAYMENT TO: (PRINT NAME) <u>Muir Agency</u> PURPOSE OF THIS EXPENDITURE: <u>election advertising</u>	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) <u>685 Southpointe Ct. Colorado Springs, CO 80906</u>	AMOUNT OF EXPENDITURE: <u>\$ 595 .35</u> DATE OF EXPENDITURE: <u>Dec 18, 2002</u>
PAYMENT TO: (PRINT NAME) <u>Western National Bank</u> PURPOSE OF THIS EXPENDITURE: <u>Bank charges and fees</u>	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) <u>3495 N. Academy Blvd. Colo. Spgs. CO 80917</u>	AMOUNT OF EXPENDITURE: <u>\$ 95 .24</u> DATE OF EXPENDITURE: <u>11-4, 03</u>

SCHEDULE B: EXPENDITURES CONTINUATION PAGE

PAGE OF

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

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

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

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

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