Colorado Secretary of State

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Elections Division
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OCT 3 0 2006

EL PASO COUNTY
ELECTION DEPT

Colorado Secretary of State Form Rev 06/05

#### REPORT OF CONTRIBUTIONS AND EXPENDITURES (C.R.S. 1-45-108)

Full Name of Committee/Person:	Falcon Incorporation Committee	
	As Shown On Registration	1.
Address of Committee/Person:	6010 North Curtis Road	
City, State & Zip Code:	Falcon, CO 80831	
Committee Type:	Issue Committee	
Name and Address of Financial Institution	Farmers State Bank 7025 Meridian Rd, Falcon, CO 8083	31
SOS ID NUMB	ER (state committees ONLY):	
	212 (51415 001141111505 01121).	<u> </u>
Type of Report		
,		
Regularly Scheduled Filing.		
	<b>7.</b>	
Amended Filing. This amends previ	ous report filed on (date)	
Submit changes or new information ONLY		•
Termination Report. (Termination	Reports MUST Have a Monetary Balance of Zero	o in Line 5)
T		
Check this box if this Report Co	ontains Electioneering Communications	Information
		the second of th
Reporting Period Covered: 10/27	/2005 Through	10/27/2006
		•
Declared Total Spending (if applicable)	date	date
Art. XXVIII, Sec. 4(1)]	\$1,200.00	
		Totals Detailed Summary Page
	g of Reporting Period (monetary only)	\$ 0
2 Total Monetary Contributions		\$ 1,820.00
3 Total of Monetary Contribution	ns & Beginning Amount (line 1 + line 2)	\$ 1,820.00
4 Total Monetary Expenditures (	ine 19)	\$ 1,200.00
5 Funds on Hand at the End of R	eporting Period (monetary) (line 3 – line 4)	\$ 620.00
	· · · · · · · · · · · · · · · · · · ·	
The appropriate officer shall in	mpose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	n day that a report is filed late.
Authorization (Must be completed by eith	ner the Registered Agent OR the Candidate)	
rint Registered Agent's (Treasurer's) Na	me: Thomas Cline	· · · · · · · · · · · · · · · · · · ·
Registered Agent's (Treasurer's) Signatur	e The second	Date: <u>10/27/06</u>
rint Candidate Name:		
Candidates Signature:		Date:

### **DETAILED SUMMARY**

Full Name of Committee/Person: Falcon Incorporation Committee

Current Reporting Period: 10/27/2005 Through 10/27/2006

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1,820.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
گیشم ه مرا <b>9</b>	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1,820.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 1,820.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1,200.00
20	Total Spending (Line 18 + line 19)	\$ 1,200.00

## Schedule A – Itemized Contributions Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]

Full Name of Comm	nittee/Person: Falcon Incorporation Committee
WARNING	G: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/TYPE	or reduce read the insertation page for senedate in before completing.
1. Date Accepted	
11/07/2005	4. Name (Last, First): T&J SERVICES INC
2. Contribution Amt.	5. Address: 6010 N Curtis Road
\$500.00	6. City/State/Zip: Falcon, CO 80831
3. Aggregate Amt. * \$500.00	7. Description: Contribution
	8. Employer (if applicable, mandatory): SELF
☐ Check box if Electioneering Communication	9 Occupation (if applicable, mandatory): Income Tax Service
Date Accepted	
11/07/2005	4. Name (Last, First): SCHERMER ENTERPRISES
2. Contribution Amt.	5. Address: 12750 Smith Road
\$300.00	6. City/State/Zip: Falcon, CO 80831
3. <u>Aggregate Amt.</u> * \$800.00	7. Description: Contribution
☐ Check box if	8. Employer (if applicable, mandatory): SELF
Electioneering Communication	9 Occupation (if applicable, mandatory): Construction
1. Date Accepted	
06/29/2006	4. Name (Last, First): MOUNTAIN VIEW ELECTRIC ASSN
2. Contribution Amt.	5. Address: <u>PO Box 1600</u>
\$1,000.00	6. City/State/Zip: <u>Limon, CO 80828-1600</u>
3. Aggregate Amt. * \$1,800.00	7. Description: <u>Contribution</u>
☐ Check box if	8. Employer (if applicable, mandatory): SELF
Electioneering Communication	9. Occupation (if applicable, mandatory):Electric Assocition
- , .	
1. <u>Date Accepted</u> 10/16/2006	4. Name (Last, First): JIM OZBURN
2. Contribution Amt.	5. Address: 11150 Hwy 24
\$20.00	6. City/State/Zip:Falcon, CO 80831
3. <u>Aggregate Amt.</u> * \$1,820.00	7. Description: Contribution
☐ Check box if	8. Employer (if applicable, mandatory): SELF
Electioneering	9. Occupation (if applicable, mandatory): Campground/Gas Station

Communication

\* 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)]

**3** 

Full Name of Committe	ee/Person: Falcon Incorporation Committee
PLEASE PRINT/TYPE	
1. <u>Date Expended</u> 10/16/2006	4. Name: 4M GROUP, INC
2. <u>Amount</u>	5. Address: 7643 McLaughlin Rd. #204
\$1,200.00  3. Recipient is (optional):	6. City/State/Zip: Falcon, CO 80831
☐ Committee	7. Purpose of Expenditure: Surveying Services
× Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3 Recipient is (optional):	6. City/State/Zip:
☐ Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3 Recipient is (optional):  Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name:
2. Amount	5. Address:
\$ 3. Recipient is (optional):	6. City/State/Zip:
Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication
1 Date Expended	4. Name:
2. Amount	5. Address:
\$ 3 Recipient is (optional):	6. City/State/Zip:
☐ Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

### Schedule C - Loans

Full Name of Committee/Person: Falcon Incorporation Committee

#### **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							-
Name (Last, First or Institution):	NONE		- <u></u>			,	_
Address:	-						_
City/State/Zip:			· .		· .		·.·
Original Amount of Loan: \$	· · · · · · · · · · · · · · · · · · ·	. '	Interest	Rate: _		•	<u> </u>
							٠.
Loan Amount Received This Re	eporting Period:	\$		•	Period:	his Reporting  \$ of Detailed Sum	•
Principal Amount Paid This Re	porting Period:	<b>.</b> .\$					
Interest Amount Paid This Rep	orting Period:	\$				. :	
Amount Repaid This Reporting (Amount Repaid is sum of Principal & Inte		\$ Summary	)	Total Re (Sum o	payments M f Schedule C po Detailed	ade: \$ ages, Place on lin summary)	ne 16 of
Outsta	nding Balance:	<b>\$</b>					
TERM	IS OF LOAN:	Date	e 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

**\$**.

	Determed Contributions	
(Proving	Returned Contributions  ly reported on Schedule A – Contributions accepted and then returned to donors)	
(1 / 2 1/04	y reported on benedite A - Controllions decepted and then returned to donors)	
EASE PRINT/TYPE		
Date Accepted	4. Name (Last, First):	
Date Returned	5. Address:	
Amount	6. City/State/Zip:	
	7. Purpose:	
Date Accepted		
Date Accepted	4. Name (Last, First):	
Date Returned	5. Address:	
Amount	6. City/State/Zip:	
	7. Purpose:	
		. · ,
Drawiose	Returned Expenditures	
	reported on Schedule $B$ – Expenditures returned or refunded to the committee)	•
EASE PRINT/TYPE		
EASE PRINT/TYPE		•
EASE PRINT/TYPE Date Expended	reported on Schedule B – Expenditures returned or refunded to the committee)	
(Previous  EASE PRINT/TYPE Date Expended  Date Returned  Amount	reported on Schedule B – Expenditures returned or refunded to the committee)  4. Name (Last, First):	
EASE PRINT/TYPE  Date Expended  Date Returned	4. Name (Last, First):  5. Address:	
EASE PRINT/TYPE Date Expended  Date Returned  Amount	4. Name (Last, First):  5. Address:  6. City/State/Zip:	
Date Returned  Amount	4. Name (Last, First):  5. Address:  6. City/State/Zip:	
EASE PRINT/TYPE Date Expended  Date Returned	4. Name (Last, First):  6. City/State/Zip: 7. Comment (Optional):  4. Name (Last, First):	
Date Expended  Amount  Date Expended	4. Name (Last, First):  5. Address:  6. City/State/Zip:  7. Comment (Optional):	

Statement of Non-Monetary Contributions
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

PLEASE PRINT/TYPE	
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
<b>\$</b>	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. <u>Date Provided</u>	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
	8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

<sup>\*</sup> 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."