Colorado Secretary of State
Elections Division
1560 Broadway, Stg. 200
Denver, CO 80202
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www.sos.state.co.us



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

| <u> </u>  |   |                          |                                    |
|---|---|--------------------------|------------------------------------|
| Full Name of Committee/Person:  | Friends of Fale                                       | con Tile                 | Doct - String                      |
|   | As Shown On Registration                              | , , , , ,                | Vigori / min                       |
| Address of Committee/Person:  | 12725 - Vocales                                       | in Zel                   |                                    |
| City, State & Zip Code:   | E/6-t, co   | 8010                     | 4                                  |
| Committee Type:   | Elections 7   | sone                     |                                    |
| Name and Address of Financial<br>Institution                                |   |                          | 1wn, CO ECE31                      |
| SOS ID NUMBI  | ER (state committees ONLY):                           | ****                     |                                    |
| Type of Report  | L   |                          |                                    |
|   |   |                          |                                    |
| Regularly Scheduled Filing.   |   | ×                        |                                    |
| Amended Filing. This amends previous Submit changes or new information ONLY | ous report filed on (date)                            |                          |                                    |
| Termination Report. (Termination  | Reports MUST Hove a Moneton                           | Ralance of Zoro          | m Line 5)                          |
|   | responsive to the state a language                    | Darance of Zero          | in Line 3)                         |
| eporting Period Covered: /o-  | 30-2004   | Through                  | December 2, Zco4                   |
| and a limit of a second   | date  |                          | date                               |
| eclared Total Spending (if applicable)<br>rt. XXVIII, Sec. 4(1)]            | \$  |                          |                                    |
|   |   |                          | Totals Detailed Summary Page       |
| Funds on Hand at the Beginning  | of Reporting Period (mone                             | etary only)              | \$ 6,8/4.21                        |
| Total Monetary Contributions  | ine 11)   | July Carry)              |                                    |
| Total of Monetary Contribution  |   | - 1 ( E O)               |                                    |
| ,                                     |   | e 1 + line 2)            |                                    |
| 7   |   |                          | \$ 14,209.76                       |
| Funds on Hand at the End of Re  | porting Period (monetary) (li                         | me 3 – line 4)           | \$ < 8,395.55>                     |
| The appropriate officer shall in  | npose a penalty of \$50 per<br>{Art. XXVIII Sec. 10(2 | day for each (<br>!)(a)] | day that a report is filed late.   |
| uthorization (Must be completed by either                                   | er the Registered Agent OR the Ca                     | ndidate)                 |                                    |
| int Registered Agent's (Treasurer's) Nar                                    | 7   | 2.7                      |                                    |
| egistered Agent's (Treasurer's) Signature                                   |   | 21                       | Date: 11-30-64                     |
| nt Candidate Name:  |   |                          |                                    |
| mdidates Signature:   |   |                          | Date:                              |
|   |   | Colorado                 | Secretary of State Form Rev. 01/04 |

## **DETAILED SUMMARY**

Full Name of Committee/Person: French files Tin

**Current Reporting Period**:

10-30-2004

Through

| Funds | s on hand at the beginning of reporting period (Monetary Only)                                       | \$<br>6,814-21                       |
|-------|--|--------------------------------------|
| 6     | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please first on Schedule "A")           | \$<br>2,000.00                       |
| 7     | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)                              | \$<br>0.00                           |
| 8     | Loans Received (Please list on Schedule "C")   | \$<br>0.00                           |
| 9     | Total of Other Receipts (Interest, Dividends, etc.)  | \$<br>0.00                           |
| 10    | Returned Expenditures (from recipient) (Please list on Schedule "D")                                 | \$<br>0.00                           |
| 11    | Total Monetary Contributions (Total of lines 6 through 10)   | \$<br>2,000.00                       |
| 12    | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)                      | \$<br>0.00                           |
| 13    | Total Contributions (Line 11 + line 12)  | \$<br>2,000.00                       |
| 14    | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")             | \$<br>9,184.76                       |
| 15    | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)                                 | \$<br>0.00                           |
| 16    | Loan Repayments Made (Please list on Schedule "C")   | \$<br>5,025.00                       |
| 17    | Returned Contributions (To donor) (Please list on Schedule "D")                                      | \$<br>0.00                           |
| 18    | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$<br>0.00                           |
| 19    | Total Monetary Expenditures (Total of lines 14 through 17)   | \$<br>0.00<br>14,209.76<br>14,209.76 |
| 20    | Total Spending (Line 18 + line 19)   | \$<br>14.209.76                      |

|                                 | [C.R.S. 1-45-108(1)(a)]  |
|---------------------------------|--|
| Full Name of Com                |  |
| WARNIN                          | G: Please read the instruction page for Schedule "A" before completing                         |
| PLEASE PRINT/TYPE               | , / / P(a) \2\1. /   |
| 1. <u>Date Accepted</u> 11-8-04 | 4. Name (Last, First): Falcon Vol. Fire Department Minbuship  5. Address: 7030 M. Meridian Rel |
| 2. Contribution Amt. \$         | 6. City/State/Zip: Talcon, CO ECE31 7. Description: Check                                      |
| 3. Aggregate Amt. *             | 8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):             |
|                                 |  |
| 1. Date Accepted  11-19-09      | 4. Name (Last, First): D. R. Horton  5. Address: 11031 Shuiden Blod                            |
| 2. Contribution Amt. \$         | 6. City/State/Zip: Westminster, Co   |
| 1,000                           | 7. Description: chech  |
| 3. Aggregate Amt. * \$          | 8. Employer (if applicable, mandatory):  |
|                                 | 9. Occupation (if applicable, mandatory):  |
| 1. Date Accepted                | 4. Name (Last, First):   |
| 2. Contribution Amt.            | 5. Address:  |
| \$                              | 6. City/State/Zip:   |
| 3. Aggregate Amt. *             | 7. Description:  |
| \$                              | 8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):             |
|                                 |  |
| 1. Date Accepted                | 4. Name (Last, First):   |
|                                 | 5. Address:  |
| 2. Contribution Amt. \$         | 6. City/State/Zip:   |
|                                 | 7. Description:  |
| 3. Aggregate Amt. *             | 8. Employer (if applicable, mandatory):  |
| \$                              | 9. Occupation (if applicable, mandatory):  |

Schedule A – Itemized Contributions Statement (\$20 or more)

\* 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. 2(3); Political Committee Art. XXVIII, Sec. 2(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

|  | Schedule B – Itemized Expenditures Statement (\$20 or me [C.R.S. 1-45-108(1)(a)] | ore)                                    |
|--|--|---|
| Full Name of Commit                                  | tee/Person:  | - NON TECENTED                          |
| PLEASE PRINT/TYPE  1. Date Expended                  |  | THE TOWN OWN TOWN                       |
| 10-27-04  2. Amount                                  | 4. Name: The Sign Shop   | *************************************** |
| \$329.12   | 5. Address: 3505 Plette The  6. City/State/Zip: Color-lo Sp-y, Co                | 01 1 6                                  |
| 3.Recipient is (optional):  Committee  Non-Committee | 7. Purpose of Expenditure: Sign ~  |   |
| 1. Date Expended //-8-04                             | 4. Name: El Page County GIS  |   |
| 2. Amount  | 5. Address: 325 S. Cescade   |   |
| \$ 75,00<br>3.Recipient is (optional):               | 6. City/State/Zip: Colorado Sprip, Co  |   |
| Committee Non-Committee                              | 7. Purpose of Expenditure: Mep.  |   |
| 1. <u>Date Expended</u> //-/9-04                     | 4. Name: Red Rochs Strategias  |   |
| 2. <u>Amount</u><br>\$ 8, 780.64                     | 5. Address: Zlo & Vunijo 720   |   |
| 3.Recipient is (optional):                           | 6. City/State/Zip: Colonello Sorial Co   |   |
| ☐ Committee☐ Non-Committee                           | 7. Purpose of Expenditure: Jurices Kindul.                                       |   |
| 1. <u>Date Expended</u>                              | 4. Name:   |   |
| 2. Amount  | 5. Address:  |   |
| \$ 3.Recipient is (optional):                        | 6. City/State/Zip:   |   |
| Committee Non-Committee                              | 7. Purpose of Expenditure:   | i l                                     |
| 1. Date Expended                                     | 4. Name:   |   |
| 2. Amount  | 5. Address:  |   |
| \$ 3.Recipient is (optional):                        | 6. City/State/Zip:   |   |
| Committee  Non-Committee                             | 7. Purpose of Expenditure:   |   |
|  |  |   |

|  | Schedule C - Loans   | The state of the s |
|--|--|--|
| Full Name of Committee/Person:   |  | Free to the total of the total  |
| (Use a separate schedule for each los<br>[No information copied from such reports shall b<br>purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding<br>loan from a financial institution organized under st | NS - Loans Owed by the Committee on. This form is for line item 8 and 16 of a sold or used by any person for the purpose of soli any other section of this article to the contrary, a carate or federal law if the loan bears the usual and curinstrument, and is subject to a due date or amortization. | the Detailed Summary Report.) citing contributions or for any commercial indidate's candidate committee may receive a  |
| LOAN SOURCE  |  |  |
| Name (Last, First or Institution):   | nell, L. A.  |  |
| Address: 12725 W   | Goodlehe Rel   |  |
| Address: 12725 L City/State/Zip: 8/6L  | 4 CO 80/04   |  |
| Original Amount of Loan: \$ 20,0   | Interest Rate: _   | 6%   |
| Loan Amount Received This Reporting P  | eriod: \$  | All Loans This Reporting Period: \$  |
| Principal Amount Paid This Reporting P   | eriod: \$ <u>\(\square\),000.00</u>  |  |
| Interest Amount Paid This Reporting Per  | iod: \$ 25,00  |  |
| Amount Repaid This Reporting Period: (Amount Repaid is sum of Principal & Interest entered of  | \$5,025,00 Total Rep<br>in Detail Summary) (Sum of   | payments Made: \$ \( \frac{20}{125.00} \) Schedule C pages, Place on line 16 of Detailed Summary)  |
| Outstanding Bal  | ance: \$   |  |
| TERMS OF LO  | AN: G-21-64 Date Loan Received   | //- Z - Z co 4  Due Date for Final Payment   |
| LIST ALL ENDORS  | ERS OR GUARANTORS OF THI   | S LOAN   |
| Full Name  | Address, City, State, Zip  | Amount Guaranteed  |
|  |  |  |
|  |  |  |

| Full Name | Address, City, State, Zip | Amount Guaranteed |
|-----------|---------------------------|-------------------|
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           | 1                 |

|                         | Schedule D – Returned Contributions & Expenditures  |
|-------------------------|---|
| Full Name of Co         | ommittee/Person: Friends of Falcon Fine Degartuft   |
| (Pi                     | Returned Contributions reviously reported on Schedule A – Contributions accepted and then returned to donors  YPE |
| DI EAGE DEPARTMENT      | SO COUNTY   |
| PLEASE PRINT/I          | YPE   |
| 1. Date Accepted        | 4. Name (Last, First):  |
| 2. Date Returned        | 5. Address:   |
| 3. Amount               | 6. City/State/Zip:  |
| \$                      | 7. Purpose:   |
|                         |   |
| 1. Date Accepted        | 4. Name (Last, First):  |
| 2. Date Returned        | 5. Address:   |
| 3. Amount               | 6. City/State/Zip:  |
| \$                      | 7. Purpose:   |
| PLEASE PRINT/T          |   |
| 1. <u>Date Expended</u> | 4. Name (Last, First):  |
| 2. Date Returned        | 5. Address:   |
| 3. Amount               | 6. City/State/Zip:  |
| \$                      | 7. Comment (Optional):  |
| 1. Date Expended        | 4. Name (Last, First):  |
| 2. Date Returned        | 5. Address:   |
| 3. Amount               | 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)] |
|-------------------------|---|
| Full Name of Con        | nmittee/Person:   |
| PLEASE PRINT/TYPE       | NOWECENETI  |
| 1. Date Provided        | 4. Name (Last, First):  |
|                         | 5. Address:   |
| 2. Fair Market Value    | 6. City/State/Zip:  |
| \$                      | 7. Description:   |
| 3. Aggregate Amt.       | 8. Employer (if applicable, mandatory):   |
| \$                      | 9. Occupation (if applicable, mandatory):   |
|                         | 10. Check box if Coordinated with a Candidate Candidate Committee or Political Party. *                       |
| 1. Date Provided        | 4. Name (Last, First):  |
|                         | 5. Address:   |
| 2. Fair Market Value    | 6. City/State/Zip:  |
| \$                      | 7. Description:   |
| 3. Aggregate Amt.       | 8. Employer (if applicable, mandatory):   |
| \$                      | 9. Occupation (if applicable, mandatory):   |
|                         | 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *                       |
| 1. <u>Date Provided</u> | 4. Name (Last, First):  |
|                         | 5. Address:   |
| 2. Fair Market Value    | 6. City/State/Zip:  |
| \$                      | 7. Description:   |
| 3. Aggregate Amt.       | 8. Employer (if applicable, mandatory):   |
| \$                      | 9. Occupation (if applicable, mandatory):   |
|                         | 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *                       |
| 1. Date Provided        | 4. Name (Last, First):  |
|                         | 5. Address:   |
| 2. Fair Market Value    | 6. City/State/Zip:  |
| \$                      | 7. Description:   |
| 3. Aggregate Amt.       | 8. Employer (if applicable, mandatory):   |
| \$                      | 9. Occupation (if applicable, mandatory):   |
|                         | 10.  Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *                      |

\* 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."