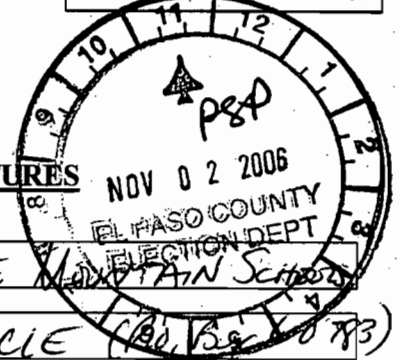


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

**Full Name of Committee/Person:** FRIENDS OF CHEYENNE MOUNTAIN SCHOOL  
As Shown On Registration

**Address of Committee/Person:** 375 CARDIFF CIRCLE (180, Bg, 80783)

**City, State & Zip Code:** COLO SPRGS CO. 80906

**Committee Type:** ISSUE CMTE

**Name and Address of Financial Institution:** US BANK 2308 E. Pikes Peak Ave CSC 80919

**SOS ID NUMBER (state committees ONLY):** N/A

**Type of Report**

- Regularly Scheduled Filing.**
- Amended Filing.** This amends previous report filed on (date)   
Submit changes or new information ONLY
- Termination Report.** (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information**

**Reporting Period Covered:**  Through   
Date Date

**Declared Total Spending (if applicable)** [Art. XXVIII, Sec. 4(1)]  
\$

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 9469.15
2 Total Monetary Contributions (line 11)	\$ 1495.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 10964.15
4 Total Monetary Expenditures (line 19)	\$ 6901.27
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 4062.88

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.  
[Art. XXVIII Sec. 10(2)(a)]

**Authorization** (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: BRIAN BURNETT

Registered Agent's Signature: [Signature] Date: 11/2/06

Print Candidate Name: N/A

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: FRIENDS OF CHEYENNE MTN SCHOOLS

Current Reporting Period: 10/13/06 Through 10/29/06

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	9469.15
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	1495.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	- 0 -
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	- 0 -
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	- 0 -
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	1495.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	500.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	1995.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	6901.27
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	0
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	6901.27
20	<b>Total Spending</b> (Line 18 + line 19)	\$	6901.27

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

[C.R.S. 1-45-108(1)(a)]

**Full Name of Committee/Person:** FRIENDS OF CHEYENNE MTN SCHOOLS

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/17/06	4. Name (Last, First): <u>Parker, Mr &amp; Mrs Steve</u>
2. <u>Contribution Amt.</u> \$ <u>20 -</u>	5. Address: <u>64 Elm Ave</u>
3. <u>Aggregate Amt. *</u> \$ <u>20 -</u>	6. City/State/Zip: <u>Colo Spg Co 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 1857</u>
	8. Employer (if applicable, mandatory): <u>/</u>
	9. Occupation (if applicable, mandatory): <u>/</u>

1. <u>Date Accepted</u> 10/17/06	4. Name (Last, First): <u>McDermott, Mr. David</u>
2. <u>Contribution Amt.</u> \$ <u>100 -</u>	5. Address: <u>36 Maple Ave</u>
3. <u>Aggregate Amt. *</u> \$ <u>120 -</u>	6. City/State/Zip: <u>Colo Spg, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 6717</u>
	8. Employer (if applicable, mandatory): <u>Self-employed</u>
	9. Occupation (if applicable, mandatory): <u>Attorney</u>

1. <u>Date Accepted</u> 10/17/06	4. Name (Last, First): <u>Thomas, Mrs. Mrs. Parry</u>
2. <u>Contribution Amt.</u> \$ <u>25</u>	5. Address: <u>8 Chase Lane</u>
3. <u>Aggregate Amt. *</u> \$ <u>145 -</u>	6. City/State/Zip: <u>Colo Spg CO 80902</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 9051</u>
	8. Employer (if applicable, mandatory): <u>/</u>
	9. Occupation (if applicable, mandatory): <u>/</u>

1. <u>Date Accepted</u> 10/17/06	4. Name (Last, First): <u>Colorado Education Assn.</u>
2. <u>Contribution Amt.</u> \$ <u>250 -</u>	5. Address: <u>1500 Grant St</u>
3. <u>Aggregate Amt. *</u> \$ <u>395 -</u>	6. City/State/Zip: <u>Denver CO 80203</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 1863</u>
	8. Employer (if applicable, mandatory): <u>/</u>
	9. Occupation (if applicable, mandatory): <u>/</u>

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

[C.R.S. 1-45-108(1)(a)]

**Full Name of Committee/Person:** Friends of Cheyenne Mtn Schools

**WARNING: Please read the instruction page for Schedule "A" before completing!**

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 10/11/06	4. Name (Last, First): <u>The Lamar Companies</u>
2. <u>Contribution Amt.</u> \$ 200 -	5. Address: <u>P.O. Box 66338</u>
3. <u>Aggregate Amt. *</u> \$ 595 -	6. City/State/Zip: <u>Baton Rouge, LA 70896</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 1822059</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>/</u>

1. <u>Date Accepted</u> 10/17/06	4. Name (Last, First): <u>Hybl, Mr &amp; Mrs Kyle</u>
2. <u>Contribution Amt.</u> \$ 50 -	5. Address: <u>25 Lowick Dr</u>
3. <u>Aggregate Amt. *</u> \$ 645 -	6. City/State/Zip: <u>Colo Spg Co 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 9808</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>/</u>

1. <u>Date Accepted</u> 10/29/06	4. Name (Last, First): <u>Grot Mr. Richard</u>
2. <u>Contribution Amt.</u> \$ 10 -	5. Address: <u>1945 Avalon Ct</u>
3. <u>Aggregate Amt. *</u> \$ 655 -	6. City/State/Zip: <u>Colo Spg Co 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 1253</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>/</u>

1. <u>Date Accepted</u> 10/29/06	4. Name (Last, First): <u>Mr. &amp; Mrs. Joseph Lee</u>
2. <u>Contribution Amt.</u> \$ 100 -	5. Address: <u>2990 Electra Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 755 -	6. City/State/Zip: <u>Colo Spg Co 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 2004</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Self-Employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Atty</u>

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: \_\_\_\_\_

*Friends of Cheyenne Mtn Schools*

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <i>10/29/02</i>	4. Name (Last, First): <i>Card, Mr &amp; Mrs James</i>
2. <u>Contribution Amt.</u> \$ <i>50 -</i>	5. Address: <i>1590 Sausalito Dr</i>
3. <u>Aggregate Amt. *</u> \$ <i>805 -</i>	6. City/State/Zip: <i>Colo Spg, CO 80907</i>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <i>chk # 1811</i>
	8. Employer (if applicable, mandatory): <i>/</i>
	9. Occupation (if applicable, mandatory): <i>/</i>

1. <u>Date Accepted</u> <i>10/29/02</i>	4. Name (Last, First): <i>Chabica, Mr. Mark</i>
2. <u>Contribution Amt.</u> \$ <i>50 -</i>	5. Address: <i>222 Cobblestone Dr</i>
3. <u>Aggregate Amt. *</u> \$ <i>855 -</i>	6. City/State/Zip: <i>Colo Spg CO 80906</i>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <i>Check # 2801</i>
	8. Employer (if applicable, mandatory): <i>/</i>
	9. Occupation (if applicable, mandatory): <i>/</i>

1. <u>Date Accepted</u> <i>10/29/02</i>	4. Name (Last, First): <i>Rawson, Mr. Steven</i>
2. <u>Contribution Amt.</u> \$ <i>100</i>	5. Address: <i>21 Cypress Ln</i>
3. <u>Aggregate Amt. *</u> \$ <i>955 -</i>	6. City/State/Zip: <i>Colo Spg, CO 80906</i>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <i>Check # 4417</i>
	8. Employer (if applicable, mandatory): <i>Self - Employed</i>
	9. Occupation (if applicable, mandatory): <i>Business Owner</i>

1. <u>Date Accepted</u> <i>10/29/02</i>	4. Name (Last, First): <i>Cohen, Mr Paul</i>
2. <u>Contribution Amt.</u> \$ <i>150 -</i>	5. Address: <i>5 Heather Cir</i>
3. <u>Aggregate Amt. *</u> \$ <i>1105 -</i>	6. City/State/Zip: <i>Colo Spg, CO 80906</i>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <i>Check # 7340</i>
	8. Employer (if applicable, mandatory): <i>Self - employed</i>
	9. Occupation (if applicable, mandatory): <i>Commercial Real Estate Investor</i>

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

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Friends of Cheyenne Mtn Schools

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/29/02	4. Name (Last, First): <u>Barton Mr Chris</u>
2. <u>Contribution Amt.</u> \$ <u>20 -</u>	5. Address: <u>15 Friendship Ln</u>
3. <u>Aggregate Amt. *</u> \$ <u>1125 -</u>	6. City/State/Zip: <u>COlo Spr, CO 80904</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Chk # 2823</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>/</u>

1. <u>Date Accepted</u> 10/29/02	4. Name (Last, First): <u>Schucke Mrs Deidre</u>
2. <u>Contribution Amt.</u> \$ <u>100 -</u>	5. Address: <u>11 Pine Road</u>
3. <u>Aggregate Amt. *</u> \$ <u>1245 -</u>	6. City/State/Zip: <u>COlo Spr, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash - \$20 Check # 100 # 3874</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Self-Employed</u>

1. <u>Date Accepted</u> 10/29/02	4. Name (Last, First): <u>CUEA</u>
2. <u>Contribution Amt.</u> \$ <u>250 -</u>	5. Address: <u>P.O. Box 460</u>
3. <u>Aggregate Amt. *</u> \$ <u>1495 -</u>	6. City/State/Zip: <u>Florence, CO 81226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 1059</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>/</u>

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</u> \$	5. Address:
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip:
<input type="checkbox"/> Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ):

\* 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)]

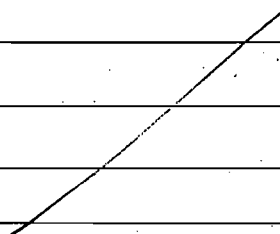

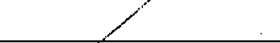
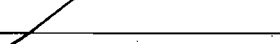
**Full Name of Committee/Person:** Friends of Cheyenne Mtn Schools

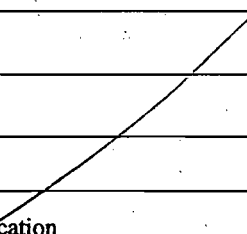
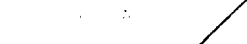


PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/29/06	4. Name: <u>Sarah B. Jack &amp; Assoc</u>
2. <u>Amount</u> \$ 1960.58	5. Address: <u>1779 Courtyard Hts.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spr, CO 80902</u>
	7. Purpose of Expenditure: <u>Yard Sign</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/29/06	4. Name: <u>Sarah B. Jack &amp; Assoc</u>
2. <u>Amount</u> \$ 4440.69	5. Address: <u>1779 Courtyard Hts</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spr CO 80902</u>
	7. Purpose of Expenditure: <u>Mailing Services - Mail Lit</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/29/06	4. Name: <u>Sarah B. Jack</u>
2. <u>Amount</u> \$ 500	5. Address: <u>1779 Courtyard Hts</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spr CO 80902</u>
	7. Purpose of Expenditure: <u>Consulting Fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: 
2. <u>Amount</u>	5. Address: 
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: 
	7. Purpose of Expenditure: 
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: 
2. <u>Amount</u>	5. Address: 
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: 
	7. Purpose of Expenditure: 
	<input type="checkbox"/> Check box if Electioneering Communication

**Schedule C - Loans**

Full Name of Committee/Person: FRIENDS OF CHEYENNE Mtn SCHOOLS

**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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_  
Total of All Loans This Reporting Period: \$ \_\_\_\_\_  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ \_\_\_\_\_

Interest Amount Paid This Reporting Period: \$ \_\_\_\_\_

Amount Repaid This Reporting Period: \$ \_\_\_\_\_  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)  
Total Repayments Made: \$ \_\_\_\_\_  
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ \_\_\_\_\_

TERMS OF LOAN: \_\_\_\_\_  
Date 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**

Full Name of Committee/Person: FRIENDS OF CHEYENNE MTPNSCHOOLS

**Returned Contributions**

*(Previously reported on Schedule A – Contributions accepted and then returned to donors)*

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>NONE</u>
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

**Returned Expenditures**

*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)*

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): <u>NONE</u>
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	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 Committee/Person:** FRIENDS OF CHEYENNE MOUNTAIN SCHOOLS

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10/29/00	4. Name (Last, First): <u>HBA of Colorado Spp</u>
2. <u>Fair Market Value</u> \$ 500	5. Address: <u>4585 Hilton Place #100</u>
3. <u>Aggregate Amt.</u> \$ 500-	6. City/State/Zip: <u>Colo Spp, CO 80907</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>\$500 Gift in kind</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>/</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

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

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> 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."