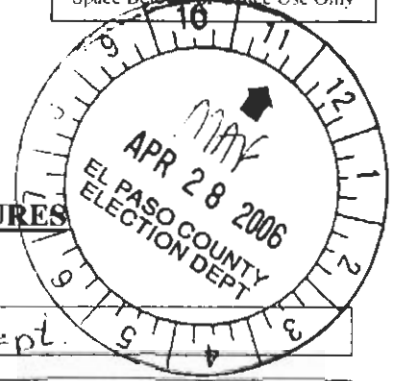


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



Space Below for Office Use Only



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

<b>Full Name of Committee/Person:</b>	Friends of Falcon Fire Dept. <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	12053 Comepart Rd
<b>City, State &amp; Zip Code:</b>	Falcon, Co 80831
<b>Committee Type:</b>	Election Issue
<b>Name and Address of Financial Institution</b>	Farmers State Bank

**SOS ID NUMBER** (state committees ONLY):

**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)

**Reporting Period Covered:**  **Through**   
date date

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

		Totals Detailed Summary Page
1	<b>Funds on Hand at the Beginning of Reporting Period</b> (monetary only)	\$2,054.45
2	<b>Total Monetary Contributions</b> (line 11)	\$ - 0 -
3	<b>Total of Monetary Contributions &amp; Beginning Amount</b> (line 1 + line 2)	\$2,054.45
4	<b>Total Monetary Expenditures</b> (line 19)	\$ - 0 -
5	<b>Funds on Hand at the End of Reporting Period</b> (monetary) (line 3 - line 4)	\$2,054.45

**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)

Print Registered Agent's (Treasurer's) Name: Lynne Bliss

Registered Agent's (Treasurer's) Signature: Lynne Bliss Date: 28 Apr 2006

Print Candidate Name: \_\_\_\_\_

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

**DETAILED SUMMARY**

Full Name of Committee/Person: Friends of Falcon Fire Dept.

Current Reporting Period:  Through

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$ 2,054.45
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0
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.)	\$ 0
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)	\$ 0
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 0
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0
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)	\$ 0
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 0

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

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

Full Name of Committee/Person: Friends of Falcon Fire Dept.

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

PLEASE PRINT/TYPE

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: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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: _____
	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 Falcon Fire Dept.

**PLEASE PRINT/TYPE**

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

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

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

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

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

**Schedule C - Loans**

Full Name of Committee/Person: Friends of Falcon Fire Dept.

**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): \_\_\_\_\_

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)

*None*  
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 Falcon Fire Dept.

**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): _____
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: _____

*None*

**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): _____
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 Falcon Fire Dept.

PLEASE PRINT/TYPE

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: _____
	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: _____
	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: _____
	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: _____
	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."