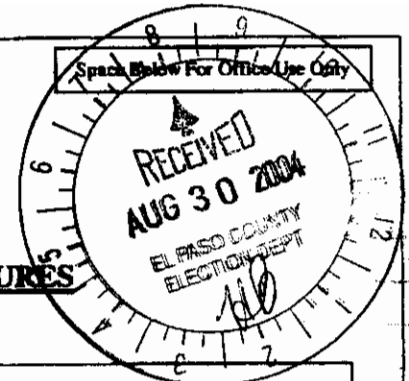


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-106)

Full Name of Committee/Person: Friends of District 11
As Shown On Registration

Address of Committee/Person: PMB 713, 3355 N. Academy Blvd.

City, State & Zip Code: Colorado Springs, CO 80917

Committee Type: _____

Name and Address of Financial Institution: American National Bank
3485 N. Academy, Colorado Springs, CO 80917

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: July 16, 2004 Through August 1, 2004
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)	\$ 11,032.85
2 Total Monetary Contributions (line 11)	\$ 1,200.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 12,232.85
4 Total Monetary Expenditures (line 19)	\$ 3,000.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 9,232.85

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)

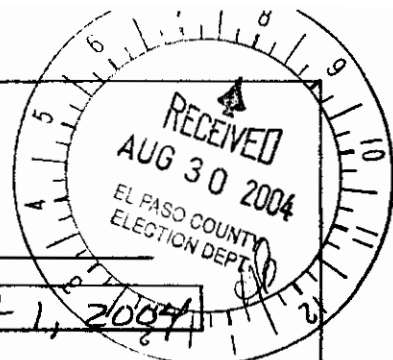
Print Registered Agent's (Treasurer's) Name: PATRICIA A. Nixon

Registered Agent's (Treasurer's) Signature: Patricia A. Nixon Date: Aug. 27, 2004

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

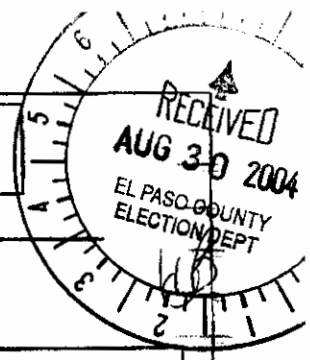


Full Name of Committee/Person: Friends of District 11

Current Reporting Period: July 16, 2004 Through August 1, 2004

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1,200 ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	-0-
8	Loans Received (Please list on Schedule "C")	\$	-0-
9	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)	\$	1,200 ⁰⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	-0-
13	Total Contributions (Line 11 + line 12)	\$	1,200 ⁰⁰
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	3,000 ⁰⁰
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)	\$	3,000 ⁰⁰
20	Total Spending (Line 18 + line 19)	\$	3,000 ⁰⁰

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



Full Name of Committee/Person: Friends of District 11

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>July 16</u>	4. Name (Last, First): <u>Wiedemann, Karen</u>
2. <u>Contribution Amt.</u> \$ <u>100⁰⁰</u>	5. Address: <u>2233 Collegiate Drive</u>
3. <u>Aggregate Amt. *</u> \$ <u>100⁰⁰</u>	6. City/State/Zip: <u>Colorado Springs, CO 80918</u>
	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): <u>D-11</u>
	9. Occupation (if applicable, mandatory): <u>Grandfriends Coordinator</u>

1. <u>Date Accepted</u> <u>July 24</u>	4. Name (Last, First): <u>Ridder, Norm</u>
2. <u>Contribution Amt.</u> \$ <u>1,000⁰⁰</u>	5. Address: <u>4987 Marieta Ct.</u>
3. <u>Aggregate Amt. *</u> \$ <u>1,000⁰⁰</u>	6. City/State/Zip: <u>Colorado Springs, CO 80918</u>
	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): <u>D-11</u>
	9. Occupation (if applicable, mandatory): <u>Superintendent</u>

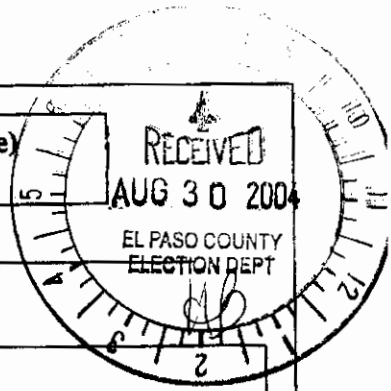
1. <u>Date Accepted</u> <u>Aug 1, 2004</u>	4. Name (Last, First): <u>Patton, Sandra</u>
2. <u>Contribution Amt.</u> \$ <u>100⁰⁰</u>	5. Address: <u>30 Kris Lane</u>
3. <u>Aggregate Amt. *</u> \$ <u>100⁰⁰</u>	6. City/State/Zip: <u>Manitou Springs, CO 80829</u>
	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): <u>D-11</u>
	9. Occupation (if applicable, mandatory): <u>Library/Media Services Director</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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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 District 11

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>July 17, 2004</u>	4. Name: <u>Red Rocks Strategies</u>
2. <u>Amount</u> <u>\$ 3,000⁰⁰</u>	5. Address: <u>210 E. Vermijo, Suite 20</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
	7. Purpose of Expenditure: <u>consulting</u>

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: _____

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: _____

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: _____

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: _____