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

www.sos.state.co.us

Fax:



POSTMARK

REPORT OF CONTRIBUTIONS

|   |   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |
|---|---|---|
| Full Name of Committee/Person:  | GROUP OF VOLONTEERS AT As Shown On Registration   | nd their thiends  |
| Address of Committee/Person:  | 6675 Jicarilla DRIV   |   |
| City, State & Zip Code:   | 100/3 Steartita paro  | 249   |
| * 7   | Black forest, CO 808  | 208   |
| Committee Type:   | Election committee  | FOR Board Re Cleetion   |
| Name and Address of Financial<br>Institution  |   |   |
| SOS ED NOM  | BEST (some operations ONLY):  | rla   |
| Type of Report  |   |   |
|   |   |   |
| Regularly Scheduled Filing.   | F   |   |
| Amended Filing. This amends pro   | evious report filed on (date)   |   |
| Submit changes or new information ONLY  | ?   |   |
| Termination Report. (Terminati  | ion Reports MUST Have a Monetary Balance of Zero  | in Line 5)  |
|   |   |   |
| Reporting Period Comme  | # 30 - 04 Through   | 5-4-04  |
|   |   | date  |
| Declared Total Spending (if applicable  | (e) \$ 280,00   |   |
| Art. XXVIII, Sec. 4(1)]   | - 280,  |   |
|   |   |   |
|   | <u> </u>  | Totals Detailed Summary Page  |
| 1 Funds on Hand at the Beginn   | ning of Reporting Period (monetary only)  | \$ 0  |
| 2 Total Monetary Contribution   | 18 (line 11)  | \$ 280,00   |
| 2 Total Monetary Contribution<br>3 Total of Monetary Contribut  | ns (line 11) ions & Beginning Amount (line 1 + line 2)  | \$ 0<br>\$ 280,00<br>\$ 280,00  |
| <ul> <li>Total Monetary Contribution</li> <li>Total of Monetary Contribut</li> <li>Total Monetary Expenditure</li> </ul>  | ns (line 11) ions & Beginning Amount (line 1 + line 2) s (line 19)  | \$ 280,00<br>\$ 280,00<br>\$ 280,00   |
| <ul> <li>Total Monetary Contribution</li> <li>Total of Monetary Contribut</li> <li>Total Monetary Expenditure</li> </ul>  | ns (line 11) ions & Beginning Amount (line 1 + line 2)  | \$ 0<br>\$ 280,00<br>\$ 280,00  |
| <ul> <li>Total Monetary Contribution</li> <li>Total of Monetary Contribut</li> <li>Total Monetary Expenditure</li> <li>Funds on Hand at the End of</li> </ul>   | ns (line 11) ions & Beginning Amount (line 1 + line 2) s (line 19)  | \$ 280,00<br>\$ 280,00<br>\$ 280,00   |
| <ul> <li>Total Monetary Contribution</li> <li>Total of Monetary Contribut</li> <li>Total Monetary Expenditure</li> <li>Funds on Hand at the End of</li> </ul>   | ns (line 11) ions & Beginning Amount (line 1 + line 2) s (line 19)  Representation (constry) (line 3 - line 3)  | \$ 280,00<br>\$ 280,00<br>\$ 280,00   |
| <ul> <li>Total Monetary Contribution</li> <li>Total of Monetary Contribut</li> <li>Total Monetary Expenditure</li> <li>Funds on Hand at the End of</li> </ul>   | ns (line 11) ions & Beginning Amount (line 1 + line 2) s (line 19)  | \$ 280,00<br>\$ 280,00<br>\$ 280,00   |
| <ul> <li>Total Monetary Contribution</li> <li>Total of Monetary Contribut</li> <li>Total Monetary Expenditure</li> <li>Funds on Hand at the End of</li> </ul>   | ns (line 11) ions & Beginning Amount (line 1 + line 2) s (line 19)  Representation (constry) (line 3 - line 3)  | \$ 280,00<br>\$ 280,00<br>\$ 280,00   |
| 2 Total Monetary Contribution 3 Total of Monetary Contribut 4 Total Monetary Expenditure 5 Funds on Hand at the End of  The appropriate officer shall   | ns (line 11) ions & Beginning Amount (line 1 + line 2) s (line 19)  Representation (constry) (line 3 - line 3)  | \$ 280,00<br>\$ 280,00<br>\$ 280,00   |
| 2 Total Monetary Contribution 3 Total of Monetary Contribut 4 Total Monetary Expenditure 5 Funds on Hand at the End of  The appropriate officer shall  Authorization (Must be completed by                              | ions & Beginning Amount (line 1 + line 2) s (line 19)  li impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]  either the Registered Agent OR the Candidate)                                  | \$ 280,000<br>\$ 280, |
| Total Monetary Contribution Total of Monetary Contribut Total Monetary Expenditure Funds on Hand at the End of The appropriate officer shall Authorization (Must be completed by Print Registered Agent's (Treasurer's) | ions & Beginning Amount (line 1 + line 2) s (line 19)  It impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]  either the Registered Agent OR the Candidate)  Name:  TERESA D'ANORES  atture: | \$ 280,000<br>\$ 280, |
| 2 Total Monetary Contribution 3 Total of Monetary Contribut 4 Total Monetary Expenditure 5 Funds on Hand at the End of  The appropriate officer shall   | ions & Beginning Amount (line 1 + line 2) s (line 19)  I impose a penalty of \$50 per day for each [Art, XXVIII Sec. 10(2)(a)]  either the Registered Agent OR the Candidate)  Name: TERESA D'ANDRES  atture:   | \$ 280,000<br>\$ 280, |

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

| Full Name of Committee/Person:     |  |
|------------------------------------|--|
| LIII LANGE OF CONTINUEDCO T CYCOTA |  |

| WARNING: Please read the instructi | n page for Schedule "A" before | completing! |
|------------------------------------|--------------------------------|-------------|
|------------------------------------|--------------------------------|-------------|

| EASE PRINT/TYPE        |  |
|------------------------|--|
| Date Accepted          | 4. Name (Last, First): James Gorman  |
| 4-30-04                | 5. Address: 13555 Pinery Lane  |
| Contribution Amt.      | 6 City/State/7in: Black Feest & 80908  |
| Ave Gock 501-          | 7. Description: Cash America 300, que Gack 50.00 unoses  |
| Aggregate Amt. *       | 8. Employer (if applicable, mandatory): Lackhara Martin  |
|                        | 9. Occupation (if applicable, mandatory); Engineers  |
| Date Accepted          | 4. Name (LA) State of Land Sta |
| 4.30.04                | 5. Address: 11115 Hungate Boad   |
| Contribution Amt.      | 6. City/State/Zip: Black Forest, Co 80908  |
| 30.00                  | 7. Description: CASH Benetica  |
| Aggregate Amt. *       | 8. Employer (if applicable, mandatory): LOKOOW ()  |
| -                      | 9. Occupation (if applicable, mandatory): <u>UNKAOWA</u>   |
| Date Actioned          | * Mana (col (col)  |
|                        | 5. Address:  |
| Conhibition Amt        | 6. City/State/Zip:   |
|                        | 7. Description:  |
| Agercante Ant.         | 8. Employer (if applicable, mandatory):  |
|                        | 9. Occupation (if applicable, mandatory):  |
| Date Assessed          |  |
| NAME OF TAXABLE PARTY. | 4. Name (Last, First):   |
|                        | 5. Address:  |
| Contribution Amt       | 6. City/State/Zip:   |
|                        | 7. Description:  |
| Agreeste Amt.          | 8. Employer (if applicable, mandasory):  |
| \                      | 9. Occupation (if applicable, mandatory):  |

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

Full Name of Committee/Person: Georp of Voluntuals and thorn Friends

| PLEASE PRINT/TYPE                     | ·  |
|---------------------------------------|--|
| 1. Date Expended                      |  |
| 4/30/04                               | 4. Name: BLACK FARST NEWS  |
| 2. Amount                             | 5. Address: 11425 Black Forest Read                                  |
| \$ 168.00                             | 6. City/State/Zip: Coloredo Springs, Co 80908                        |
| 3.Recipient is (optional):  Committee |  |
| Non-Committee                         | 7. Purpose of Expenditure: NEWSPAPES APVENTISEMENT - IN BLACK        |
|                                       |  |
| 1 Date Expended 4/30/04               | 4. Name: And Black Folkst Post Office                                |
| 2. Amount                             | 5. Address: 6835 White FOR LANE                                      |
| \$ 28,55                              | 6. City/State/Zip: Black FOREST, CO 80908                            |
| 3.Recipient is (optional):            |  |
| Committee Non-Committee               | 7. Purpose of Expenditure: Passage Foll Flyncs (26)                  |
| 72 Nor-Committee                      |  |
| 1. <u>Date Expended</u> 4/30/04       | 4. Name: OFFICE MAX  |
| 2. Amount                             | 5. Address: 7645 NORTH ACADEMY                                       |
| \$ 26.00                              | 6. CHYSURS Coloses Sorines, Co 80920                                 |
| 3.Recipient is (optional):            |  |
| Committee                             | 7. Purpose of Expenditure: FAX Contractage                           |
| Non-Committee                         |  |
| 1. Date Expended                      |  |
| 4/30/04                               | 4. Name: Watemart  |
| 2. Amount                             | 5. Address: Woodman / Powers Boulevard                               |
| \$ 58.00                              |  |
| 3.Recipient is (optional):            | * City/Squellip: Coloredo Services. Co 80920                         |
| Committee                             | 7. Purpose of Expenditure: Paper, Angel St Labels, Tage Loren Sunts, |
| Non-Committee                         | 7. Purpose of Expenditure Paper, Angeles Labels, Tage, Lotter Sunts, |
| N. Date Expended                      |  |
|                                       | 4. Name:   |
| 2. Amount                             | 5. Address:  |
| s                                     |  |
| 3.Recipient is optional):             | 6. City/State/Zip:   |
| Committee                             | 7. Purpose of Expenditure:   |
| Non-Committee                         |  |

## DETAILED SUMMARY

Full Name of Committee/Person: 6200p of Volontuses and them frances

Current Reporting Period:

Through

| Funds 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")            | s 280.00               |  |
| 7  | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)                              | \$                     |  |
| 8  | Loans Received (Please list on Schedule "C")   | s w/a                  |  |
| 9  | Total of Other Receipts (Interest, Dividends, etc.)  | s ~/A                  |  |
| 10   | Returned Expenditures (from recipient) (Please list on Schedule "D")                                 | s N/A                  |  |
| 11   | Total Monetary Contributions (Total of lines 6 through 10)   | s 280.00               |  |
| 12   | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)                      | s ~/~                  |  |
| 13   | Total Contributions (Line 11 + line 12)  | \$ 280.00              |  |
| 14   | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")             | \$ 280.00              |  |
| 15   | Total of Non-Iternized Expenditures (Expenditures of \$19.99 or Less)                                | s N/A                  |  |
| 16   | Loan Repayments Made (Please list on Schedule "C")   | s ~/A                  |  |
| 17.  | Returned Contributions (To donor) (Please list on Schedule "D")                                      | s N/A                  |  |
| 18   | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | s n/A                  |  |
| 19   | Total Monetary Expenditures (Total of lines 14 through 17)   | \$ 280.00<br>\$ 280.00 |  |
| 20   | Total Spending (Line 18 + line 19)   | \$ 280,00              |  |