

Space Below For Office Use Only

Colorado Secretary of State
Elections Division
1360 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



**CANDIDATE STATEMENT OF NON-RECEIPT OF CONTRIBUTIONS
OR
NON-EXPENDITURE OF FUNDS**
[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

This form is for the use of candidates that do not have a campaign committee and have not received contributions nor made expenditures. No expenditures have been made on behalf of the candidate.

Name of Candidate: Jim Sikes

Address of Candidate: 760 Calle Entrada

City, State, Zip: Fountain Co 80817

Reporting Period: Beginning Date 4-1-04 Ending Date 4-21-04

CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD

\$ 0.00

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD

\$ 0.00

I, Jim Sikes, affirm that no person received contributions on my behalf nor made any expenditures on my behalf. No contributions have been pledged to me nor on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my behalf during this election reporting period.

Candidate Signature: Jim Sikes Date: 4-21-04

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STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

(For use by a candidate who has not received any contributions, but has made expenditures of personal funds.)

Name of Candidate: Jim Sikes

Address of Candidate: 760 Calle Entrada

City, State, and Zip Code: Fountain Co 80817

Office: Board Director District No: n/a Elec. Yr: 2004

Reporting Period Beginning Date 4-1-04 Ending Date 4-30-04

| | |
|--|---|
| 1. Date Expended <u>4-23-04</u> <u>4-27-04</u> | 3. Name: <u>Ink Fountain</u> |
| 2. Amount <u>\$ 83.70</u> | 4. Address: <u>709 Dale St</u> |
| | 5. City, State, Zip: <u>Fountain Co 80817</u> |
| | 6. Purpose of Expense: <u>Campaign flyers</u> |

| | |
|------------------------------------|---|
| 1. Date Expended <u>4-26-04</u> | 3. Name: <u>Fountain Valley News</u> |
| 2. Amount <u>\$ 25.00</u> | 4. Address: <u>120 E Ohio</u> |
| | 5. City, State, Zip: <u>Fountain Co 80817</u> |
| | 6. Purpose of Expense: <u>AD</u> |

| | |
|------------------------------------|---|
| 1. Date Expended <u>4-30-04</u> | 3. Name: <u>A-N-T Signs</u> |
| 2. Amount <u>\$ 40.00</u> | 4. Address: <u>323 Mt View Ln</u> |
| | 5. City, State, Zip: <u>Fountain Co 80817</u> |
| | 6. Purpose of Expense: <u>Signs</u> |

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: Jim Sikes Date: 4-30-04