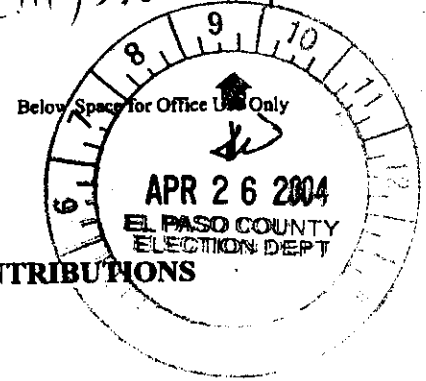


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Fax: (719) 520-7327



**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 Taylor
Address of Candidate: 8180 Wildridge Road
City, State, Zip: Colorado Springs, CO 80908
Reporting Period: Beginning Date 2/25/04 Ending Date 4/9/04

CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD

\$ 0.00

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD

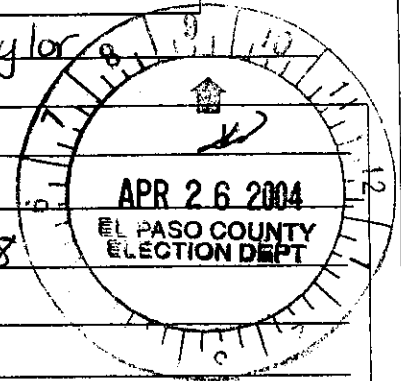
\$ 0.00

I, Jim Taylor, 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: [Signature] Date: 4/12/04

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: Committee to Elect Jim Taylor



PLEASE PRINT/TYPER

1. <u>Date Provided</u> 4/25/04	4. Name (Last, First): <u>Cooper, Preston</u>
2. <u>Fair Market Value</u> \$ <u>9.11 7.34 2004</u>	5. Address: <u>13650 Holmes Rd.</u>
3. <u>Aggregate Amt.</u> \$ <u>9.11 7.34 2004</u>	6. City/State/Zip: <u>Colorado Springs, CO 80908</u>
	7. Description: <u>tri-fold brochure</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input checked="" 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."