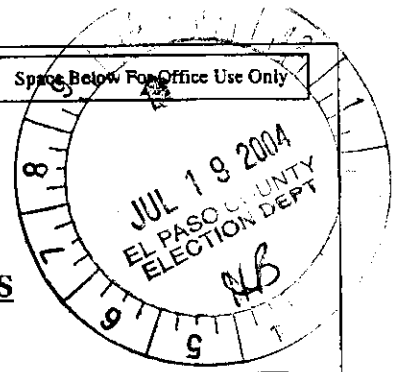


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	<b>PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE</b> <small>As Shown On Registration</small>
Address of Committee/Person:	<b>13825 OLD PUEBLO RD</b>
City, State & Zip Code:	<b>FOUNTAIN, CO 80817</b>
Committee Type:	<b>ISSUE</b>
Name and Address of Financial Institution:	<b>WELLS FARGO BANK, N.A.; COLORADO SPRINGS SOUTH PO BOX 5247 DENVER, CO 80274</b>

SOS ID NUMBER (state committees ONLY): N.A.

**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: APRIL 1, 2004 Through JULY 15, 2004  
date date

Declared Total Spending (if applicable) \$ N.A.  
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0.00
2 Total Monetary Contributions (line 11)	\$ 5600.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 5600.00
4 Total Monetary Expenditures (line 19)	\$ (4989.87)
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 610.13

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: ELIZABETH MILLER EVANS

Registered Agent's (Treasurer's) Signature: *Elizabeth Miller Evans* Date: 7-19-04

Print Candidate Name: NA

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

**DETAILED SUMMARY**

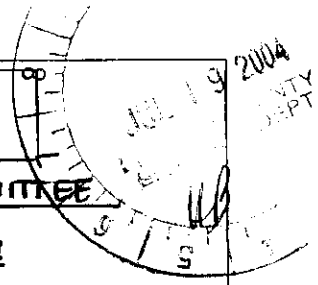
JUL 19 2004  
 COLORADO COUNTY  
 ELECTIONS DEPT

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

Current Reporting Period: APRIL 1, 2004 Through JULY 15, 2004  
 (REGISTRATION DATE)

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 0.00
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 4100.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 1500.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0.00
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0.00
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 5600.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 5600.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ (4989.87)
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ ( 0.00)
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ ( 0.00)
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ ( 0.00)
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ ( 0.00)
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ (4989.87)
20	<b>Total Spending</b> (Line 18 + line 19)	\$ (4989.87)

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



Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>4-21-04</u>	4. Name (Last, First): <u>MORRISON, MARCELLA</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>302 SUTHERLAND PLACE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # 2035</u>
	8. Employer (if applicable, mandatory): <u>CITY OF MANITOU SPRINGS</u>
	9. Occupation (if applicable, mandatory): <u>MAYOR</u>

1. Date Accepted <u>4-21-04</u>	4. Name (Last, First): <u>THRASHER, J. MARTIN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>3115 HODGEN ROAD</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80921</u>
	7. Description: <u>CHECK # 1310</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>ATTORNEY</u>

1. Date Accepted <u>5-4-04</u>	4. Name (Last, First): <u>EVANS, ELIZABETH</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>13825 OLD PUEBLO RD</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>FOUNTAIN, CO 80817</u>
	7. Description: <u>CHECK # 7522</u>
	8. Employer (if applicable, mandatory): <u>PENROSE - ST FRANCIS HEALTH SVCS</u>
	9. Occupation (if applicable, mandatory): <u>PROJECT DEVELOPMENT COORDINATOR</u>

1. Date Accepted <u>5-19-04</u>	4. Name (Last, First): <u>MARTINDALE, DAN</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>4524 CANYON WREN LANE</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80916</u>
	7. Description: <u>CHECK # 1173</u>
	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).

**TOTAL PAGE 1 = \$425.00**

\* DATE ACCEPTED NOTED AS DATE ON CHECK  
CHECKS RECEIVED IN ORDER PRESENTED  
IN THIS REPORT

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

JUL 19 2004  
10:11 AM  
10/11/04

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>5-12-04</u>	4. Name (Last, First): <u>SCOTT, JIM ALICE</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>430 WESTMARK AVE</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS CO 80906</u>
	7. Description: <u>CHECK # 3076</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>LEWIS, PATRICIA</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>3263 ATRIUM PT</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 1630</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>FEDER, ELIZABETH</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>328 SUTHERLAND PLACE</u>
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # 1236</u>
	8. Employer (if applicable, mandatory): <u>COLORADO COLLEGE</u>
	9. Occupation (if applicable, mandatory): <u>PROFESSOR</u>

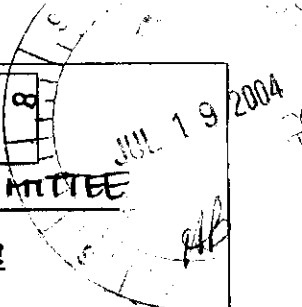
1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>BERTRONG, SHARON</u>
2. Contribution Amt. \$ <u>250.00</u>	5. Address: <u>3902 CORAL POINT</u>
3. Aggregate Amt. * \$ <u>250.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80917</u>
	7. Description: <u>CHECK # 2094</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT</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).

**TOTAL PAGE 2 = \$800.00**

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

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



Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 5-18-04	4. Name (Last, First): <u>BURMONT, FRED J.</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>PO BOX 966</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # 3042</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 5-18-04	4. Name (Last, First): <u>VERIO, KATHLEEN</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>164 A CLARKSLEY RD</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # 4080</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 5-18-04	4. Name (Last, First): <u>SANFORD, ROBERT</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>1515 HASTINGS DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
	7. Description: <u>CHECK # 7529</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 5-18-04	4. Name (Last, First): <u>SANFORD, LOIS</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6515 HASTINGS DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
	7. Description: <u>CHECK # 7528</u>
	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).

TOTAL PAGE 3 = \$200.00

page A-3 of 9  
7-19-04

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

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>GREENWOOD, DAPHNE</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>1029 N. SHERIDAN AVE</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80909</u>
	7. Description: <u>CHECK # 6496</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>ADAMS, BERNARD</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>90 ELSWORTH ST</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 10845</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>FISCHER, LINDSAY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>55 MARLAND ROAD</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 5172</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>ATTORNEY</u>

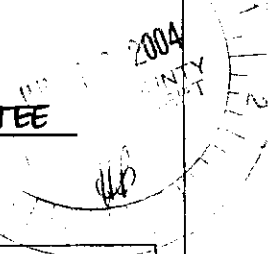
1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>MORRISON, HOWARD</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>302 SUTHERLAND PLACE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MONITOR SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # <del>3556</del> 2099</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>ATTORNEY</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).

TOTAL PAGE 4 = \$300.00

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

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



Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>JERVIK, LAUREN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>1570 BRANDING IRON</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS CO 80915</u>
	7. Description: <u>CHECK # 3556</u>
	8. Employer (if applicable, mandatory): <u>EL PASO CITY DEPT of HEALTH &amp; ENVIRONMENT</u>
	9. Occupation (if applicable, mandatory): <u>FINANCE MGR.</u>

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>FAKES - MARTIN, ROSEMARY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>8435 CHANCELDOR DRIVE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80920</u>
	7. Description: <u>CHECK # 5847</u>
	8. Employer (if applicable, mandatory): <u>ELPASO CITY DEPT. of HEALTH &amp; ENVIRONMENT</u>
	9. Occupation (if applicable, mandatory): <u>ADMINISTRATIVE DIRECTOR</u>

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>EASTON, BELLAH</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>344 SUTHERLAND PLACE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # 6477</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>BEAN, MOREY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>115 E. PIKES PEAK AVENUE, SUITE 201</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Description: <u>CHECK # 237</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>ARCHITECT</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).

**TOTAL PAGES = \$400.00**

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

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>RUSSELL, CHRISTINE</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>14 CROSSLAND ROAD</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK 2169</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT ALSO, MEMBER, EL PASO CITY BOARD OF HEALTH</u>

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>REYNOLDS, JUDITH</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>1106 N. CASCADE AVE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Description: <u>CHECK # 4796</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>PHYSICIAN</u>

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>KILLOREN, ROYANN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>103 CLIFF ROAD</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MONITON SPRINGS, CO 80829</u>
	7. Description: <u>CHECK 8206</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT ALSO, MEMBER, EL PASO COUNTY BOARD OF HEALTH</u>

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>MERRITT, EUGENE CHARLES</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>165 CLIBRIDGE PLACE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 2083</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory):

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TOTAL PAGE 6 = \$400.00



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

JUL 19 2004  
440

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>THATCHER, THERESE</u>
2. Contribution Amt. \$ <u>300.00</u>	5. Address: <u>3 BROADMOOR AVENUE</u>
3. Aggregate Amt. * \$ <u>300.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 4966</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT, PRESIDENT, EL PASO CITY BOARD OF HEALTH</u>

1. Date Accepted <u>5-18-04</u>	4. Name (Last, First): <u>VAN SANT, ARTHUR</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>4517 SONGLEN CIRCLE</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 5853</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>BUSINESS - VAN SANT &amp; CO</u>

1. Date Accepted <u>5-19-04</u>	4. Name (Last, First): <u>LEDWIG, FRANCES</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>2428 MARLBOROUGH PLACE</u>
3. Aggregate Amt. * \$ <u>25.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80909</u>
	7. Description: <u>CHECK # 12241</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>5-19-04</u>	4. Name (Last, First): <u>BEYNON, ESTHER</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>2560 HILL CIRCLE</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80904</u>
	7. Description: <u>CHECK # 6688</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	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).

**TOTAL PAGE 7 = \$725.00**

page A-7 of 9  
7-19-04

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

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

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>5-24-04</u>	4. Name (Last, First): <u>ZIELINSKI, AGNES ANN</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>910 S. 12TH STREET</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>CANON CITY, CO 81212</u>
	7. Description: <u>CHECK # 501</u>
	8. Employer (if applicable, mandatory): <u>EL PASO CITY DEPT HEALTH &amp; ENVIRONMENT</u>
	9. Occupation (if applicable, mandatory): <u>COMMUNITY PLANNER</u>

1. Date Accepted <u>5-19-04</u>	4. Name (Last, First): <u>KLEIN, WILLIAM</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>855 GOLD CAMP ROAD</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 0017485999</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>PHYSICIAN</u>

1. Date Accepted <u>5-22-04</u>	4. Name (Last, First): <u>LILY, TERENCE</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>150 MIRAMAR DRIVE</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>CHECK # 1641</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>6-7-2004</u>	4. Name (Last, First): <u>SCOTT, B.J.</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>2325 KITTRIDGE AVE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
	7. Description: <u>CHECK # 6857</u>
	8. Employer (if applicable, mandatory): <u>PEAK USTA HEALTH CENTER</u>
	9. Occupation (if applicable, mandatory): <u>CEO</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).

TOTAL PAGE 8 = \$600.00

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

JUL 15 2004  
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Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6-21-04</u>	4. Name (Last, First): <u>MAIO, JOSEPH</u>
2. Contribution Amt. \$ <u>150.00</u>	5. Address: <u>5271 CUFF POINT CIRCLE W</u>
3. Aggregate Amt. * \$ <u>150.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
	7. Description: <u>CHECK # 1300</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>7-5-04</u>	4. Name (Last, First): <u>JARBY, KENNETH</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>304 MICHIGAN AVENUE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>CHECK # 4293</u>
	8. Employer (if applicable, mandatory): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, mandatory): <u>ATTORNEY</u>

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$	5. Address: _____
3. Aggregate Amt. * \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. \$	5. Address: _____
3. Aggregate Amt. * \$	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).

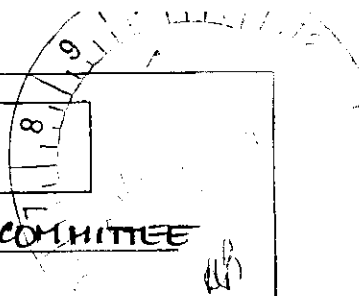
**TOTAL PAGE 9 = \$250.00**

**TOTAL CONTRIBUTIONS = 4100.00**

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7-19-04

**Schedule B - Itemized Expenditures Statement (\$20 or more)**

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



Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

**PLEASE PRINT/TYPE**

1. Date Expended <u>5-19-04</u>	4. Name: <u>RED ROCKS STRATEGIES, INC</u>
2. Amount \$ <u>1,500.00</u>	5. Address: <u>210 E. VERMILIO SUITE 20</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Purpose of Expenditure: <u>RETAINER FEE - CAMPAIGN STRATEGIST</u>

1. Date Expended <u>6-2-04</u>	4. Name: <u>RED ROCKS STRATEGIES, INC</u>
2. Amount \$ <u>1,500.00</u>	5. Address: <u>210 E. VERMILIO SUITE 20</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Purpose of Expenditure: <u>PAYMENT FOR SERVICES</u>

1. Date Expended <u>6-4-04</u>	4. Name: <u>POSTMASTER - US POSTAL SERVICE</u>
2. Amount \$ <u>74.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>PURCHASE STAMPS</u>

1. Date Expended <u>6-15-04</u>	4. Name: <u>SAFEWAY GROCERY</u>
2. Amount \$ <u>108.01</u>	5. Address: <u>2214 N. WANSATZ</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80907</u>
	7. Purpose of Expenditure: <u>PURCHASE REFRESHMENTS FOR FOCUS GPS</u>

1. Date Expended <u>6-16-04</u>	4. Name: <u>SAFEWAY GROCERY</u>
2. Amount \$ <u>68.43</u>	5. Address: <u>2214 N. WANSATZ</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80907</u>
	7. Purpose of Expenditure: <u>PURCHASE REFRESHMENTS FOR FOCUS GPS</u>

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7-19-04

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

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

PLEASE PRINT/TYPE

1. Date Expended <u>6-30-04</u>	4. Name: <u>RED ROCKS STRATEGIES, INC</u>
2. Amount \$ <u>1500.00</u>	5. Address: <u>210 E. VERMILIO SUITE 20</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Purpose of Expenditure: <u>PAYMENT FOR SERVICES</u>

1. Date Expended <u>7-8-04</u>	4. Name: <u>KINKO'S</u>
2. Amount \$ <u>239.46</u>	5. Address: <u>825 CITADEL DRIVE EAST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80901</u>
	7. Purpose of Expenditure: <u>PRINTING COSTS FOR FACT SHEET</u>

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

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

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

*all expenditures reported*

TOTAL EXPENDITURES = \$ 4989.87

**Schedule C - Loans**

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

**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): FEDER, ELIZABETH

Address: 328 SUTHERLAND PLACE

City/State/Zip: MANITOU SPRINGS, CO 80829

Original Amount of Loan: \$ 1500.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 1500.00

Total of All Loans This Reporting Period: \$ 1500.00  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 0.00  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0.00  
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 1500.00

TERMS OF LOAN: 5-4-04  
Date Loan Received

10-15-04  
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: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

**Returned Contributions**

*(Previously reported on Schedule A – Contributions accepted and then returned to donors)*

**NONE TO REPORT**

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: _____

**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)]

JUL 19 2024

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: <u>NONE TO REPORT</u>
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. *

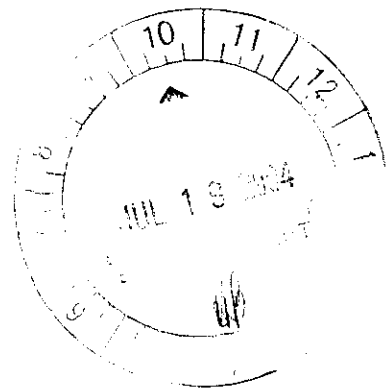
1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input 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."





**PHPI Account Activity April 1 through July 15, 2004**

			Checking	Savings
<b>Beginning Balance</b>			\$0.00	\$0
<b>Deposit</b>		<b>4-May-04</b>	\$1,800.00	\$100
	\$100 donation			
	\$100 donation			
	\$200 Donation			
	\$1,500 Loan			
<b>Expense</b>		<b>19-May-04</b>	(\$1,500.00)	
	Red Rocks Retainer			
<b>Deposit</b>		<b>21-May-04</b>	\$2,625.00	
	\$100 donation			
	\$300 donation			
	\$200 Donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$100 donation			
	\$50 donation			
	\$50 donation			
	\$50 donation			
	\$50 donation			
	\$250 donation			
	\$50 donation			
	\$50 donation			
	\$25 donation			
	\$25 donation			
	\$500 donation			
	\$25 donation			
<b>Deposit</b>		<b>2-Jun-04</b>	\$725.00	
	\$100 donation			
	\$200 donation			
	\$200 donation			
	\$200 donation			
	\$25 donation			
<b>Deposit</b>		<b>6/29/2004</b>	\$250.00	
	\$100 donation			
	\$150 donation			
<b>Deposit</b>		<b>7/15/2004</b>	\$100.00	
	\$100 donation			
<b>Expense</b>		<b>2-Jun-04</b>	(\$1,500.00)	
	Red Rocks Payment			
<b>Expense</b>		<b>4-Jun-04</b>	(\$74.00)	
	postage			
<b>Expense</b>		<b>15-Jun-04</b>	(\$108.04)	
	Safeway - focus gps			
<b>Expense</b>		<b>16-Jun-04</b>	(\$68.43)	
	Safeway - focus gps			
<b>Expense</b>		<b>6/30/2004</b>	(\$1,500.00)	
	Red Rocks Payment			
<b>Expense</b>		<b>7/8/2004</b>	(\$239.40)	
	Kinko's - printing			
<b>Total as of July 15, 2004</b>			<b>\$510.13</b>	<b>\$100.00</b>