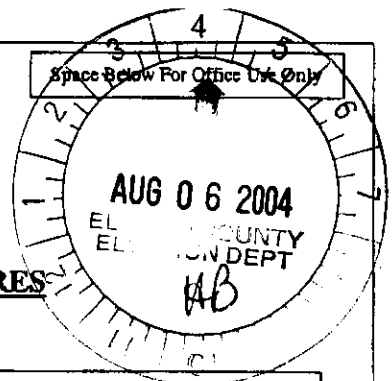


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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

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

SOS ID NUMBER (state committees ONLY): NA

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

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ 4989.87

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 610.13
2	Total Monetary Contributions (line 11)	\$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 610.13
4	Total Monetary Expenditures (line 19)	\$ 0.00
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: 8-5-04

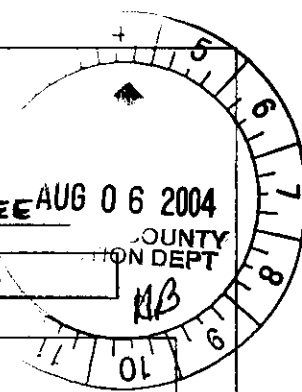
Print Candidate Name: NA

Candidates Signature: NA Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE AUG 06 2004

Current Reporting Period: JULY 16-2004 Through AUGUST 1, 2004



	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 610.13
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 0.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0.00
8	Loans Received (Please list on Schedule "C")	\$ 0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0.00
13	Total Contributions (Line 11 + line 12)	\$ 0.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0.00
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0.00
20	Total Spending (Line 18 + line 19)	\$ 0.00

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

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

AUG 06 2004

ELECTOR COUNTY
ELECTION DEPT

MB

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

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

PLEASE PRINT/TYPER

1. Date Accepted	4. Name (Last, First): <u>NONE TO REPORT THIS PERIOD</u>
2. Contribution Amt. \$	5. Address: <u>JULY 16, 2004 – AUGUST 1, 2004</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>me</u>
	7. Description:
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</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, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</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, <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).

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

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

AUG 06 2004

COUNTY DEPT

HB

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

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: <u>NONE TO REPORT THIS PERIOD</u>
2. <u>Amount</u> \$	5. Address: <u>JULY 16, 2004 - AUGUST 1, 2004</u>
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: _____

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: _____

Schedule C - Loans

AUG 06 2004

COUNTY DEPT

UB

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): NO NEW LOANS OR PAYMENTS THIS PERIOD

Address: JULY 16, 2004 TO AUGUST 1, 2004

City/State/Zip: ome

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____ Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____ Total Repayments Made: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages. Place on line 16 of Detailed Summary)

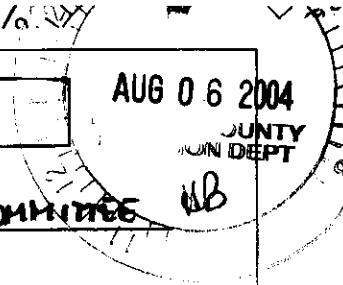
Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received 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)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>NONE TO REPORT THIS PERIOD</u>
2. <u>Date Returned</u>	5. Address: <u>JULY 16, 2004 TO AUGUST 1, 2004</u>
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)]

AUG 06 2004

COUNTY
 NON DEPT

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

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>NONE TO REPORT THIS PERIOD</u>
2. <u>Fair Market Value</u> \$	5. Address: <u>JULY 16, 2004 TO AUGUST 1, 2004</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."