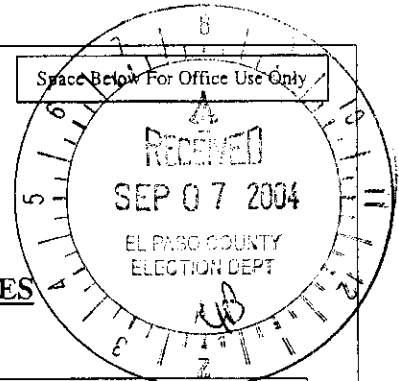


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



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

|  |   |
|--|---|
| Full Name of Committee/Person:             | <b>PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE</b><br><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, NA; COLORADO SPRINGS SOUTH<br/>PO BOX 5247 DENVER, CO 80274</b>            |

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: **AUGUST 2, 2004** Through **AUGUST 31, 2004**  
date date

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

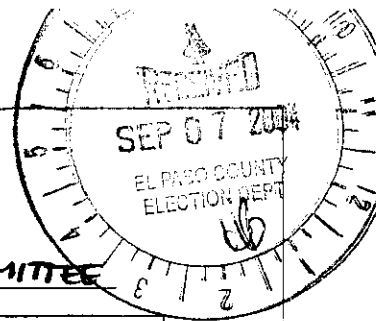
|   |   | Totals Detailed Summary Page |
|---|---|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only)        | \$ <b>610.13</b>             |
| 2 | Total Monetary Contributions (line 11)                                    | \$ <b>400.00</b>             |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$ <b>1010.13</b>            |
| 4 | Total Monetary Expenditures (line 19)                                     | \$ <b>121.23</b>             |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ <b>888.90</b>             |

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: **9-7-04**  
 Print Candidate Name: **na**  
 Candidates Signature: **na** Date: \_\_\_\_\_

**DETAILED SUMMARY**

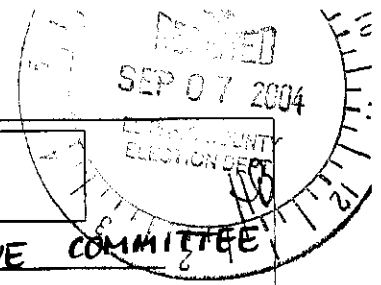


Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

Current Reporting Period: AUGUST 2, 2004 Through AUGUST 31, 2004

|    |  |                    |
|----|--|--------------------|
|    | <b>Funds on hand at the beginning of reporting period</b> (Monetary Only)                                      | \$ <u>610.23</u>   |
| 6  | <b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")            | \$ <u>400.00</u>   |
| 7  | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              | \$ <u>0.00</u>     |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$ <u>0.00</u>     |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$ <u>0.00</u>     |
| 10 | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | \$ <u>0.00</u>     |
| 11 | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | \$ <u>400.00</u>   |
| 12 | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | \$ <u>0.00</u>     |
| 13 | <b>Total Contributions</b><br>(Line 11 + line 12)  | \$ <u>400.00</u>   |
| 14 | <b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")             | \$ <u>96.96</u>    |
| 15 | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)                                 | \$ <u>24.27</u>    |
| 16 | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$ <u>0.00</u>     |
| 17 | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")                                      | \$ <u>0.00</u>     |
| 18 | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) | \$ <u>0.00</u>     |
| 19 | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | \$ <u>\$121.23</u> |
| 20 | <b>Total Spending</b><br>(Line 18 + line 19)   | \$ <u>\$121.23</u> |

**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><br><b>8-5-04</b>                             | 4. Name (Last, First): <u>THATCHER, THERESE M.</u>             |
| 2. <u>Contribution Amt.</u><br>\$ <b>200.00</b>                      | 5. Address: <u>3 BROADMOOR AVENUE</u>                          |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>500.00</b><br>(for Ms. Thatcher) | 6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>           |
|  | 7. Description: <u>CHECK # 5012</u>                            |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>retired</u> |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____        |

|   |  |
|---|--|
| 1. <u>Date Accepted</u><br><b>8-12-04</b>       | 4. Name (Last, First): <u>BATZHELDER, LUCIA B.</u>             |
| 2. <u>Contribution Amt.</u><br>\$ <b>200.00</b> | 5. Address: <u>590 BRANDYWINE DRIVE</u>                        |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>200.00</b>  | 6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>           |
|   | 7. Description: <u>CHECK # 1456</u>                            |
|   | 8. Employer (if applicable, <u>mandatory</u> ): <u>retired</u> |
|   | 9. Occupation (if applicable, <u>mandatory</u> ): _____        |

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

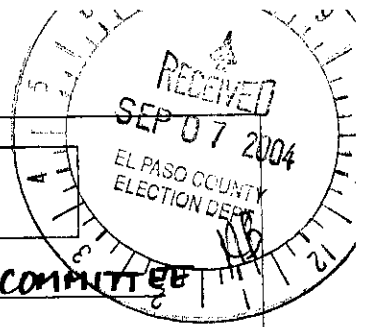
|                                   |   |
|-----------------------------------|---|
| 1. <u>Date Accepted</u>           | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$ | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$  | 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).

TOTAL CONT. THIS REPORTING PERIOD = \$400.00

pg. A-1 of 1

**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. <u>Date Expended</u><br><u>8-16-04</u>   | 4. Name: <u>ELIZABETH MILLER EVANS</u> <u>check 1009</u>                   |
| 2. <u>Amount</u><br>\$ <u>65.37</u>   | 5. Address: <u>13825 OLD PUEBLO RD</u>                                     |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>FOUNTAIN, CO 80817</u>                               |
|   | 7. Purpose of Expenditure: <u>REIMBURSE FOR PRINTING SUPPLIES/ COPIING</u> |

|   |   |
|---|---|
| 1. <u>Date Expended</u><br><u>8-18-04</u>   | 4. Name: <u>OFFICE MAX #917</u> <u>CHECK 1010</u>                     |
| 2. <u>Amount</u><br>\$ <u>31.59</u>   | 5. Address: <u>1640 CHEYENNE MTN</u>                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>CO SPGS CO 80906</u>                            |
|   | 7. Purpose of Expenditure: <u>PURCHASE PAPER &amp; PRINT SUPPLIES</u> |

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

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

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

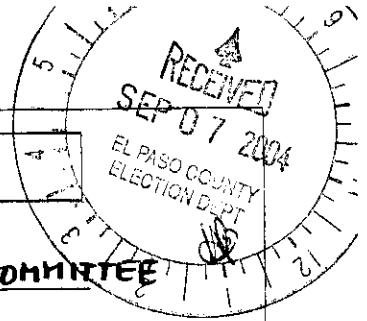
TOTAL EXPENDITURES OVER \$20 = \$96.96

TOTAL EXPENDITURES = \$121.23

AUGUST 2- 31, 2004

Page B-1 of 1

**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): NO NEW LOANS OR PAYMENTS TO REPORT

Address: THIS PERIOD: AUGUST 2-31, 2004

City/State/Zip: EME

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: \$ \_\_\_\_\_  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

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

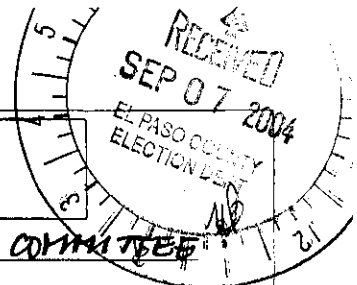
Outstanding Balance: \$ \_\_\_\_\_

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 |
|-----------|---------------------------|-------------------|
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |
|           |                           |                   |





**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: 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><br>\$ | 5. Address: <u>AUGUST 2 - AUGUST 31, 2004. me</u>  |
| 3. <u>Aggregate Amt.</u><br>\$    | 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><br>\$ | 5. Address: _____  |
| 3. <u>Aggregate Amt.</u><br>\$    | 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><br>\$ | 5. Address: _____  |
| 3. <u>Aggregate Amt.</u><br>\$    | 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><br>\$ | 5. Address: _____  |
| 3. <u>Aggregate Amt.</u><br>\$    | 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."