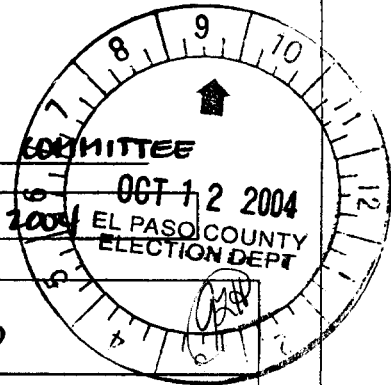


DETAILED SUMMARY

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

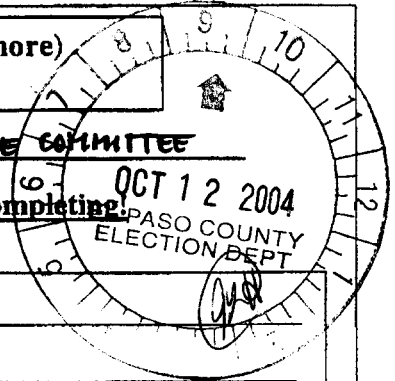
Current Reporting Period: SEPTEMBER 1, 2004

Through OCTOBER 7, 2004



	Funds on hand at the beginning of reporting period (Monetary Only)	\$	888.90
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	10,990.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	10.00
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)	\$	11,000.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	11,000.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	10,590.52
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	16.00
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)	\$	10,606.52
20	Total Spending (Line 18 + line 19)	\$	10,606.52

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> 9-3-04	4. Name (Last, First): <u>PLUNKETT, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>2234 AFTON WAY</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>CO SPCS, CO 80101</u>
	7. Description: <u>check # 5175</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>EL PASO CITY DEPT HEALTH & ENV.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PUBLIC HEALTH WORKER</u>

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>HYDE, ANNE</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>505 CRISTAL HILLS BOULEVARD</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>MANITON SPRINGS, CO 80829</u>
	7. Description: <u>check # 4016</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>COLORADO COLLEGE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PROFESSOR</u>

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>JOHNSON, MARK</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>328 SUTHERLAND PLACE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>MANITON SPRINGS, CO 80829</u>
	7. Description: <u>check # 3209</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>COLORADO COLLEGE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PROFESSOR</u>

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>MERRITT, CHARLES</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>165 CLIBRIDGE PLACE</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>CO SPCS, CO 80906</u>
	7. Description: <u>check # 2205</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</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).

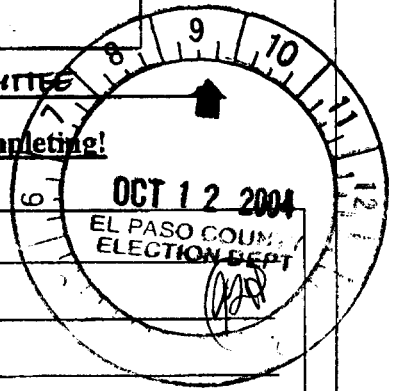
TOTAL PAGE A1 = 400.00

PAGE A-1 of 7

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> 9-17-04	4. Name (Last, First): <u>OLSOVSKY, MARY</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>3040 ORION DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>CO SPGS, CO 80906</u>
	7. Description: <u>check # 2320</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>CS SPRINGS SENIOR MEDICINE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PHYSICIAN</u>

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>HUNT ZINGER, SARAH</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>1103 N. ARCADIA ST</u>
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: <u>CO SPGS, CO 80903</u>
	7. Description: <u>check # 4083</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>COLORADO COLLEGE</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PROFESSOR</u>

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>LOO, KATHERINE</u>
2. <u>Contribution Amt.</u> \$ 500.00	5. Address: <u>PO BOX 2337</u>
3. <u>Aggregate Amt. *</u> \$ 500.00	6. City/State/Zip: <u>CO SPGS, CO 80901</u>
	7. Description: <u>check # 3577</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>ADAMS, DEBORAH</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>37 LAKE AVENUE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>CO SPGS, CO 80906</u>
	7. Description: <u>check # 6016</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>ATTY</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 A2 = 850.00

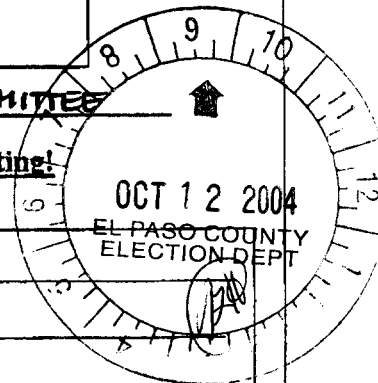
PAGE A-2 of 7

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> 9-17-04	4. Name (Last, First): <u>HENDERSON, JAMES P.</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>531 CRYSTAL HILLS BWD</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>check # 8059</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>UNIVERSITY of COLORADO</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>ADMINISTRATOR</u>

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>LUCARD, ANDREA</u>
2. <u>Contribution Amt.</u> \$ 75.00	5. Address: <u>225 N. EL PASO ST</u>
3. <u>Aggregate Amt. *</u> \$ 75.00	6. City/State/Zip: <u>CO SPRS, CO 80903</u>
	7. Description: <u>Check # 4950</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>WATERS, PATRICIA</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>838 E. SAINT VRAIN ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>CO SPRS, CO 80903</u>
	7. Description: <u>check # 2177</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9-17-04	4. Name (Last, First): <u>KASSOVER, PHILIPPA</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>2001 N. CASCADE AVE</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>CO SPRS, CO 80907</u>
	7. Description: <u>check # 5417</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>KEYSTONE SYMPODIA</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>FUNDRAISER</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).

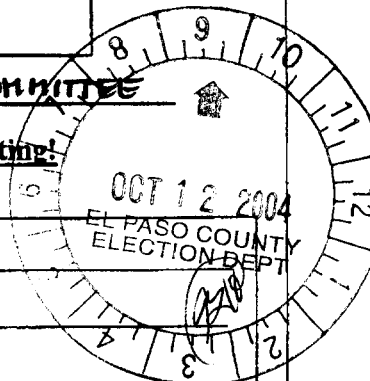
TOTAL PAGES 3 = 225.00

PAGE A3 of 7

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> 9-17-04	4. Name (Last, First): <u>MCMULLEN, RICHARD BARD, MD</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>405 SOUTHFIELD ROAD</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>CO SPGS, CO 80919</u>
	7. Description: <u>check # 13318</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF EMPLOYED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PHYSICIAN</u>

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>TOLLEPSON, DEAN</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>1110 MCARTHUR AVE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>CO SPGS, CO 80909</u>
	7. Description: <u>check #1891</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>COMMUNITY MINISTERS</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CHAPLAIN</u>

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>POPKIN, ERIC</u>
2. <u>Contribution Amt.</u> \$ 30.00	5. Address: <u>1312 N. COLONA ST.</u>
3. <u>Aggregate Amt. *</u> \$ 30.00	6. City/State/Zip: <u>CO SPGS, CO 80903</u>
	7. Description: <u>check # 770</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>FELDMAN, LAURA</u>
2. <u>Contribution Amt.</u> \$ 60.00	5. Address: <u>PO BOX 38357</u>
3. <u>Aggregate Amt. *</u> \$ 60.00	6. City/State/Zip: <u>CO SPGS, CO 80937</u>
	7. Description: <u>check 1336</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).

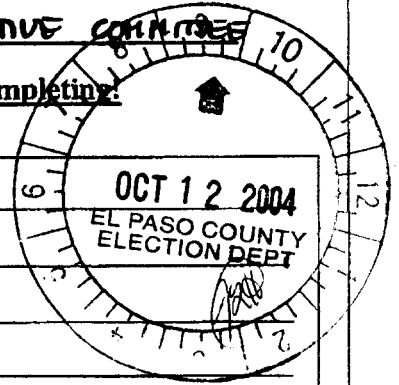
TOTAL PAGE A-4 = 440.00

PAGE 4 of 7

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> 10-1-04	4. Name (Last, First): <u>THATCHER, GREGORY</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>4135 STONEHAVEN DR</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>CO SPCS, CO 80906</u>
	7. Description: <u>CHECK # 1525</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>HUNTLEY THATCHER ELSWORTH, LTD</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SELF EMPLOYED</u>

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>MOEN, GEORGIA</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>1220 N. EL PASO ST</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>CO SPCS, CO 80903</u>
	7. Description: <u>CHECK # 3760</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>BRESNAHAN, EILEEN</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>1011 N. CEDAR ST.</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>CO SPCS, CO 80903</u>
	7. Description: <u>CHECK # 1494</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>LAATA INVESTMENTS</u>
2. <u>Contribution Amt.</u> \$ 5000.00	5. Address: <u>2315 BEVARGATE PARKWAY SUITE 100</u>
3. <u>Aggregate Amt. *</u> \$ 5000.00	6. City/State/Zip: <u>CO SPCS, CO 80920</u>
	7. Description: <u>CHECK # 21420</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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TOTAL PAGE 45 = 5175.00

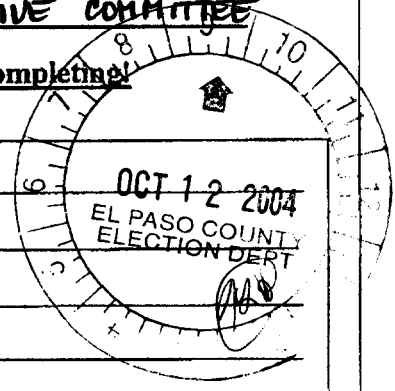
Schedule A - Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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> 10-1-04	4. Name (Last, First): <u>TRANSIT MIX CONCRETE CO</u>
2. <u>Contribution Amt.</u> \$ 1000.00	5. Address: <u>PO BOX 1030</u>
3. <u>Aggregate Amt. *</u> \$ 1000.00	6. City/State/Zip: <u>CO SPGS, CO 80901</u>
	7. Description: <u>check # 00114072</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____



1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>CO SPGS SENIOR MEDICINE LLP</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>3225 INTERNATIONAL CIRCLE</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>CO SPGS, CO 80910</u>
	7. Description: <u>check # 4773</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>NOLL, SUE ELIZABETH</u>
2. <u>Contribution Amt.</u> \$ 30.00	5. Address: <u>1428 ALAMO AVE</u>
3. <u>Aggregate Amt. *</u> \$ 30.00	6. City/State/Zip: <u>CO SPGS, CO 80907</u>
	7. Description: <u>check # 3418</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10-1-04	4. Name (Last, First): <u>HARVEY, PAUL</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>1346 N. WEBER</u>
3. <u>Aggregate Amt. *</u> \$ 20.00	6. City/State/Zip: <u>CO SPGS, CO 80903</u>
	7. Description: <u>check 1292</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

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TOTAL PAGE AL = 1250.00

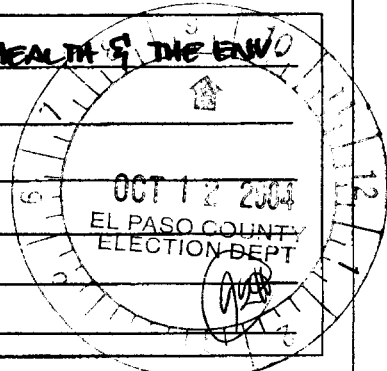
Schedule A – Itemized Contributions Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

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> 10-4-04	4. Name (Last, First): <u>COLORADO FOUNDATION FOR PUBLIC HEALTH & THE ENV</u>
2. <u>Contribution Amt.</u> \$ 2500.00	5. Address: <u>1395 VALKENBURG DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 2500.00	6. City/State/Zip: <u>CO SPGS, CO 80907</u>
	7. Description: <u>check # 1711</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____



1. <u>Date Accepted</u> 10-7-04	4. Name (Last, First): <u>MARTIN, JAN</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>1082-D FDNTHORE DR</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>CO SPGS, CO 80904</u>
	7. Description: <u>check # 5418</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>CONSULTANT</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>MARTIN BUSINESS GROUP</u>

1. <u>Date Accepted</u> 10-7-04	4. Name (Last, First): <u>SCIALO, JOSEPH</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>208 N. 33RD ST</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>CO SPGS, CO 80904</u>
	7. Description: <u>check # 1775</u>
	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> \$	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>): _____

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TOTAL PAGE 7 = \$2650.00

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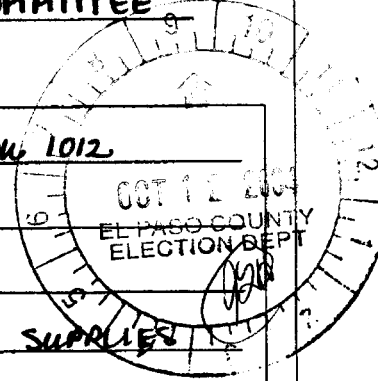
TOTAL CONTRIBUTIONS \$20 OR OVER = \$10,990

TOTAL CONTRIBUTIONS = \$11,000

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> <u>9-1-04</u>	4. Name: <u>OFFICE MAX</u> Check 1012
2. <u>Amount</u> \$ <u>46.76</u>	5. Address: <u>1640 CHEYENNE MOUNTAIN</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80906</u>
	7. Purpose of Expenditure: <u>PAPER, ENVELOPES, PRINTING SUPPLIES</u>

1. <u>Date Expended</u> <u>9-3-04</u>	4. Name: <u>INK FOUNTAIN</u> Check 1008
2. <u>Amount</u> \$ <u>120.64</u>	5. Address: <u>PO BOX 505</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FOUNTAIN, CO 80817</u>
	7. Purpose of Expenditure: <u>PRINTING CHARGES FOR BUSINESS REPLY ENVELOPES</u>

1. <u>Date Expended</u> <u>9-3-04</u>	4. Name: <u>US POSTAL SERVICE</u> Check 1013
2. <u>Amount</u> \$ <u>111.00</u>	5. Address: <u>NORTH END STATION</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80907</u>
	7. Purpose of Expenditure: <u>PURCHASE 3 ROLLS (of 100) STAMPS</u>

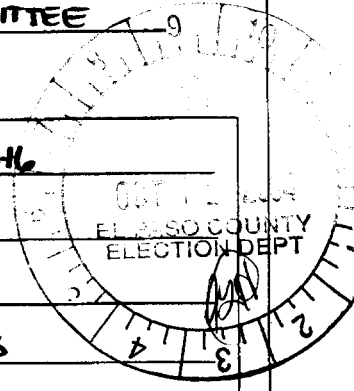
1. <u>Date Expended</u> <u>9-3-04</u>	4. Name: <u>OFFICE MAX</u> Check 1014
2. <u>Amount</u> \$ <u>44.52</u>	5. Address: <u>1640 CHEYENNE MOUNTAIN</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80906</u>
	7. Purpose of Expenditure: <u>PAPER & POSTER SUPPLIES</u>

1. <u>Date Expended</u> <u>9-17-04</u>	4. Name: <u>CHIKATI DESIGNS</u> Check 1015
2. <u>Amount</u> \$ <u>525.00</u>	5. Address: <u>1015 N. WEBER</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80903</u>
	7. Purpose of Expenditure: <u>DESIGN OF MAILER</u>

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> <u>9-16-04</u>	4. Name: <u>US POSTAL SERVICE</u> <u>check 1016</u>
2. <u>Amount</u> \$ <u>74.00</u>	5. Address: <u>FOUNTAIN POST OFFICE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FOUNTAIN, CO 80817</u>
	7. Purpose of Expenditure: <u>PURCHASE OF 2 ROLLS OF STAMPS</u>

1. <u>Date Expended</u> <u>9-16-04</u>	4. Name: <u>KINKOS</u> <u>check 1017</u>
2. <u>Amount</u> \$ <u>239.40</u>	5. Address: <u>214 E. PIKES PEAK</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80903</u>
	7. Purpose of Expenditure: <u>PRINTING OF FACT SHEET</u>

1. <u>Date Expended</u> <u>10-1-04</u>	4. Name: <u>COPI IT!</u> <u>check 1018</u>
2. <u>Amount</u> \$ <u>5107.20</u>	5. Address: <u>1 S. NEVADA AVE.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80903</u>
	7. Purpose of Expenditure: <u>PRINTING OF MAILER</u>

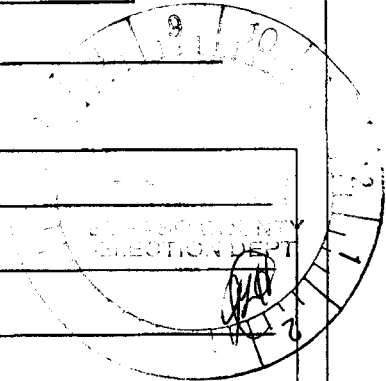
1. <u>Date Expended</u> <u>10-5-04</u>	4. Name: <u>SPRINGS MAGAZINE</u> <u>check 1019</u>
2. <u>Amount</u> \$ <u>500.00</u>	5. Address: <u>1120 W. COLORADO AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80904</u>
	7. Purpose of Expenditure: <u>placement of ad.</u>

1. <u>Date Expended</u> <u>10-5-04</u>	4. Name: <u>US POSTAL SERVICE</u> <u>check 1020</u>
2. <u>Amount</u> \$ <u>37.00</u>	5. Address: <u>ANTARES STATION</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPGS, CO 80909</u>
	7. Purpose of Expenditure: <u>purchase of 1 roll of stamps</u>

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

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

Full Name of Committee/Person: _____



PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10-7-04	4. Name: <u>ALL MAIL PREP</u>
2. <u>Amount</u> \$ 3000.00	5. Address: <u>2316 E. BISON</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPRGS, CO 80909</u>
	7. Purpose of Expenditure: <u>bulk mailing of postcard</u>

1. <u>Date Expended</u> 10-7-04	4. Name: <u>MARGUERITE TERZE</u>
2. <u>Amount</u> \$ 500.00	5. Address: <u>5135 FARM RIDGE PLACE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPRGS, CO 80917</u>
	7. Purpose of Expenditure: <u>payment for database services / mail list prep</u>

1. <u>Date Expended</u> 10-7-04.	4. Name: <u>FOUNTAIN VALLEY NEWS</u>
2. <u>Amount</u> \$ 200.00	5. Address: <u>120 E. OHIO</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FOUNTAIN, CO 80817</u>
	7. Purpose of Expenditure: <u>placement of ad</u>

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: _____

TOTAL EXPENDITURES OVER \$20 = \$10,590.52

PAGE B-3 of 3

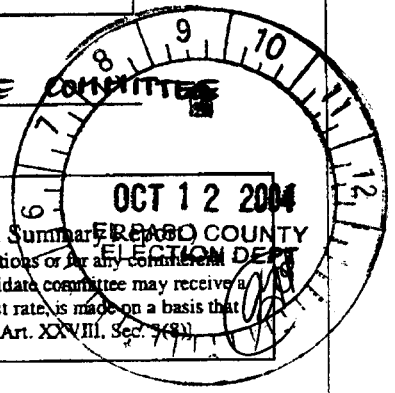
TOTAL EXPENDITURES = \$10,606.52

Colorado Secretary of State Form Rev. 01/04

SEPTEMBER 1 - OCTOBER 7, 2004

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. 9(3))]

LOAN SOURCE

Name (Last, First or Institution): NO NEW LOANS OR PAYMENTS TO REPORT THIS PERIOD

Address: SEPTEMBER 1 - OCTOBER 7, 2004

City/State/Zip: UMC

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

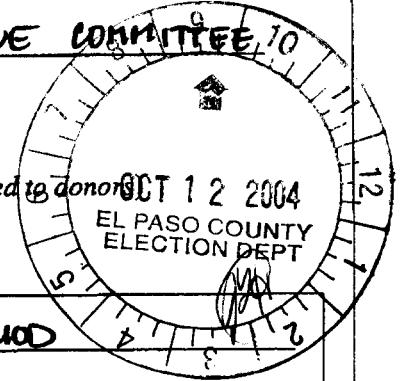
Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

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

Returned Contributions

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



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>SEPTEMBER 1 - OCTOBER 7, 2004</u> <u>mc</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): _____

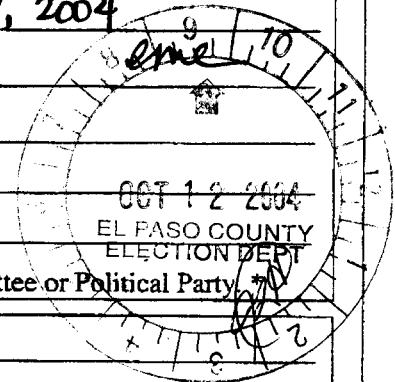
1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

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>SEPTEMBER 1 - OCTOBER 7, 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."