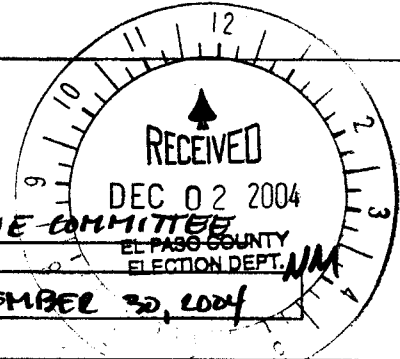


DETAILED SUMMARY

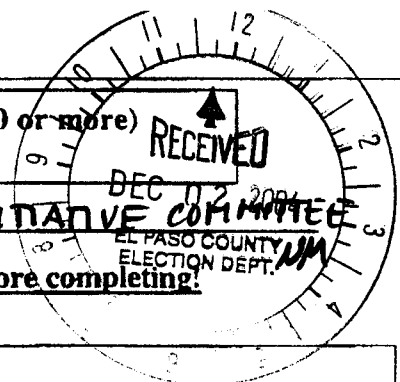


Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

Current Reporting Period: OCTOBER 25-2004 Through NOVEMBER 30, 2004

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1630.54
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	575.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	39.98
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 0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	614.98
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
13	Total Contributions (Line 11 + line 12)	\$	614.98
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	912.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	16.02
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)	\$	928.02
20	Total Spending (Line 18 + line 19)	\$	928.02

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> 11-9-04	4. Name (Last, First): <u>BORGES, KENT</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>975 TERRACE CIRCLE</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Colorado Springs, Co 80904</u>
	7. Description: <u>check # 8153</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Attorney</u>

1. <u>Date Accepted</u> 11-9-04	4. Name (Last, First): <u>GOULD, JOHN</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>2131 W. BIRCH STREET</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80904</u>
	7. Description: <u>check # 773</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 11-9-04	4. Name (Last, First): <u>BARRY, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ 200.00	5. Address: <u>6632 FREDRICK DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80918</u>
	7. Description: <u>check # 3072</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>purchasing agent</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>El Paso City Dept. Health</u>

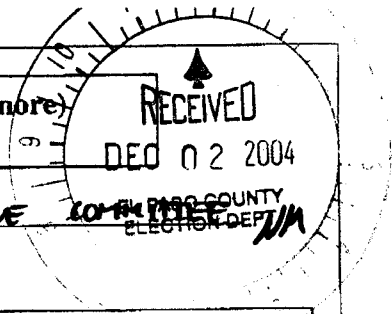
1. <u>Date Accepted</u> 11-24-04	4. Name (Last, First): <u>BUCKLAND, KANDI</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>6805 LITTLE FIELD DR</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>CO SPRINGS, CO 80918</u>
	7. Description: <u>check # 3501</u>
	8. Employer (if applicable, <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 pg A1 = 375.00

page A1 of 2

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> 11-2-04	4. Name: <u>COLORADO SPRINGS INDEPENDENT</u>
2. <u>Amount</u> \$ 612.00	5. Address: <u>233 S. NEVADA AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO SPRINGS, CO 80903</u>
	7. Purpose of Expenditure: <u>AD PLACEMENT</u>

1. <u>Date Expended</u> 11-2-04	4. Name: <u>FALCON HERALD</u>
2. <u>Amount</u> \$ 300.00	5. Address: <u>7643 MCLAUGHLIN ROAD #141</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FALCON, CO 80831</u>
	7. Purpose of Expenditure: <u>AD PR PLACEMENT</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: _____

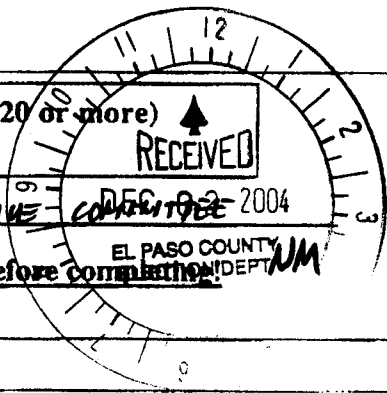
1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____

total Homage = 912.00
non Homage = 16.02

Page B1 of 1

total exp \$928.02

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 completion.

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11-29-04	4. Name (Last, First): <u>RUSSELL, CHRISTINE</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>14 CROSSLAND RD</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>check 2653</u>
	8. Employer (if applicable, mandatory): <u>Board of Health, El Paso County</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 11-29-04	4. Name (Last, First): <u>SANFORD, ROBERT</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6515 HASTINGS DR</u>
3. <u>Aggregate Amt. *</u> \$ 150.00	6. City/State/Zip: <u>CO SPRINGS, CO 80919</u>
	7. Description: <u>check 2829</u>
	8. Employer (if applicable, mandatory): <u>Board of Health, El Paso County</u>
	9. Occupation (if applicable, mandatory): _____

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, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

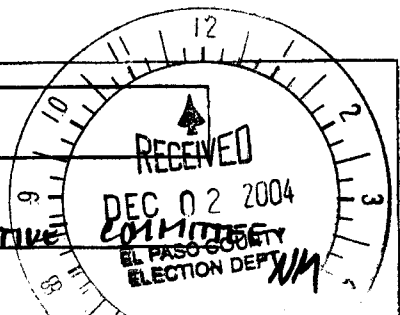
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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 A2 = 200.00
total itemized = 575.00
non itemized = 32.98
total = 614.98

page A2 of 2 =

Schedule C - Loans



Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE

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 THIS PERIOD

Address: OCTOBER 25 - NOVEMBER 30 2004

City/State/Zip: _____

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)

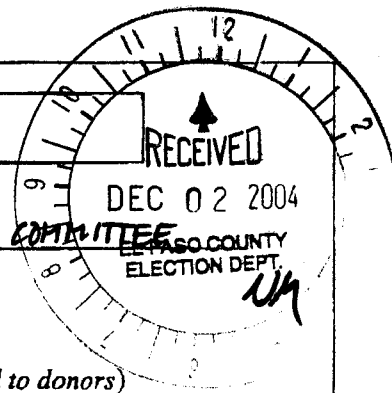
Outstanding Balance: \$ _____

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/TYPER

NONE TO REPORT THIS PERIOD OCT 25 - NOV 30, 2004

1. <u>Date Accepted</u>	4. Name (Last, First): _____ <u>one</u>
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

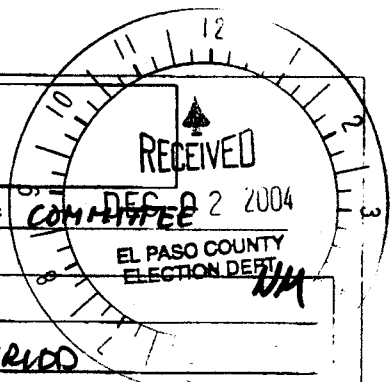
(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPER

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): _____
2. <u>Fair Market Value</u> \$	5. Address: <u>NONE TO REPORT THIS PERIOD</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>OCTOBER 25 - NOVEMBER 30, 2004</u>
	7. Description: <u>none</u>
	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."