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

Colorado Secretary of State Form Rev. 01/04

REPORT OF CONTRIBUTIONS AND EXPENDITURES 0 2 2004
(C.R.S. 1-45-108) EL PASO COUNTY

Full Name of Committee/Person:	As Shown On Registration	INITIATIVE COMMITTEE
Address of Committee/Person:	13825 OLD PHESLO PD	
City, State & Zip Code:	FORMTAIN. CO 80817	
Committee Type:	ISSUE	
Name and Address of Financial	WELLS FARGO PANK, NA; COLORADOS	prints - South
Institution	PO BOX 5147 DENVER CO 802	<u> ૧</u> 4
SOS ID NUM	IBER (state committees ONLY):	
ype of Report		
ype of Report		
Regularly Scheduled Filing.		
Amended Filing. This amends po	revious report filed on (date)	
Submit changes or new information ONL		
Termination Report. (Termina	tion Reports MUST Have a Monetary Balance of Zero	in Line 5)
Reporting Period Covered:	Through [	NOVEM BEL 30, 2004
	date	date
Declared Total Spending (if applicab	de) c	
Art. XXVIII, Sec. 4(1)]	3 NA	
		Totals Detailed Summary Page
	ning of Reporting Period (monetary only)	\$ 1630.54
2 Total Monetary Contributio		\$ 414.98
	tions & Beginning Amount (line 1 + line 2)	\$ 2245.52
4 Total Monetary Expenditure		\$ 1317.50
5 Funds on Hand at the End o	f Reporting Period (monetary) (line 3 – line 4)	1911.50
	)	dow that a papert is filed late
The appropriate officer sha	ll impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	i day that a report is illed late.
	[Alt. AAVIII Sec. 10(2)(2)]	
•		
Authorization (Must be completed by	either the Registered Agent OR the Candidate)	
Print Registered Agent's (Treasurer's)	Name: EUZABETH MILLER EVAN	us
Print Registered Agent's (Treasurer's) Registered Agent's (Treasurer's) Sign	Name: EUZASETH MILLER EVAN	Date: <u>/2-2-04</u>
Registered Agent's (Treasurer's) Sign	Name: EUZABETH MILLER EVAN ature: Wighth Millin Wans	
Print Registered Agent's (Treasurer's) Registered Agent's (Treasurer's) Sign Print Candidate Name: Candidates Signature:	ature: Muzikin Mullir wans	

# DETAILED SUMMARY

RECEIVED

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

**Current Reporting Period**:

00TOBER 25-2004

Through

NOWSMBER

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s on hand at the beginning of reporting period (Monetary Only)	\$	1630.54
Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	515.00
Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	39.98
Loans Received (Please list on Schedule "C")	\$	0.00
Total of Other Receipts (Interest, Dividends, etc.)	\$	0.00
Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0.00
Total Monetary Contributions (Total of lines 6 through 10)	\$	U14.98
Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0.00
Total Contributions (Line 11 + line 12)	\$	V14.98
Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	912.00
Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	16.02
Loan Repayments Made (Please list on Schedule "C")	\$	0.00
Returned Contributions (To donor) (Please list on Schedule "D")	\$	0.00
Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	0.00
Total Monetary Expenditures (Total of lines 14 through 17)	\$	928.02
Total Spending (Line 18 + line 19)	\$	928.02
	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")  Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)  Loans Received (Please list on Schedule "C")  Total of Other Receipts (Interest, Dividends, etc.)  Returned Expenditures (from recipient) (Please list on Schedule "D")  Total Monetary Contributions (Total of lines 6 through 10)  Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)  Total Contributions (Line 11 + line 12)  Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")  Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)  Loan Repayments Made (Please list on Schedule "C")  Returned Contributions (To donor) (Please list on Schedule "D")  Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)  Total Monetary Expenditures (Total of lines 14 through 17)  Total Spending	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]  (Please list on Schedule "A")  Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)  Loans Received (Please list on Schedule "C")  Total of Other Receipts (Interest, Dividends, etc.)  Returned Expenditures (from recipient) (Please list on Schedule "D")  Total Monetary Contributions (Total of lines 6 through 10)  Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)  (Line 11 + line 12)  Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")  Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)  Loan Repayments Made (Please list on Schedule "C")  Returned Contributions (To donor) (Please list on Schedule "D")  Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)  Total Monetary Expenditures (Total of lines 14 through 17)  Total Spending

	Schedule A – Itemized Contributions Statement (\$20 or more) RECEIVED
Full Name of Co	mmittee/Person: PUBLIC HEALTH PROTECTION INLITIATIVE COPINATED
WARN	NG: Please read the instruction page for Schedule "A" before completing!
PLEASE PRINT/TY	PE .
1. Date Accepted	4. Name (Last. First): BOLGES, KENT
11-9-04	5. Address: 975 TERRACE CIRCLE
2. Contribution Ans	6. City/State/Zip: Lolorado Springs, Co 80904
100.00	7. Description: Check # 8153
3. Aggregate Amt.	8. Employer (it applicable, mandatory).
100.00	9. Occupation (if applicable, mandatory):
1. Date Accepted	
11-9-04	4. Name (Last, First): GOULD, JOHN
	5. Address: 2131 W. Bijon STREET
2. Contribution Are	6. City/State/Zip: COLORADO SPRINKS, CO 80904
•	7. Description: Check # 173
3. Aggregate Amt.	* 8. Employer (if applicable, mandatory):
\$ 50.00	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First): BARRY, MICHAEL
11-9-04	5. Address: 4432 FREDRICK DRIVE
2. Contribution An \$	6. City/State/Zip: COLONA DO SPRINGS CO 80918
200.00	7. Description: # 3072
3. Aggregate Amt.	
ຳ 200. ພ	9. Occupation (if applicable, mandatory): El Paro Chy 12cot. Heath
1. Date Accepted	4. Name (Last, First): BUCKLAND, KANDI
11-29-04	5. Address: LOOS LITTLE FIELD DR
2. Contribution Am	5. 1100.000
\$ 25.00	7. Description: Chech # 3501
3. Aggregate Amt.	
\$ 25.00	9. Occupation (if applicable, mandatory):
For contribution limits of	within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee
	litical Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

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#### Schedule B - Itemized Expenditures Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)] ned n 2 2004 Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE PLEASE PRINT/TYPE 1. Date Expended COLURADO SPRINGS INDEPENDENT 4. Name: 11.2.04 233 S. NEVADA AVE 2. Amount 5. Address: 612.00 \$ 6. City/State/Zip: CO SPRINCS CO 80903 3.Recipient is (optional): Committee AD PLACEHENT 7. Purpose of Expenditure: Non-Committee 1. Date Expended 4. Name: FALCON HERALD 11-2-04 5. Address: 7443 MCLAUGHUN ROAD #141 2. Amount 300.00 6. City/State/Zip: FALCEN, CO 80831 3.Recipient is (optional): 7. Purpose of Expenditure: AD PR PLACE MENT ☐ Committee Non-Committee 1. Date Expended 4. Name: \_ 2. Amount 5. Address: \_ 6. City/State/Zip: 3. Recipient is (optional): ☐ Committee 7. Purpose of Expenditure: ☐ Non-Committee 1. Date Expended 4. Name: \_\_\_\_\_ 2. Amount Address: \_\_\_\_ 6. City/State/Zip: \_\_\_\_\_ 3.Recipient is (optional): Committee 7. Purpose of Expenditure: ☐ Non-Committee 1. Date Expended 4. Name: \_\_\_\_\_

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7. Purpose of Expenditure:

tone exp \$ 528.02

912.00

14.02

5. Address: \_\_\_

6. City/State/Zip: \_\_\_

2. Amount

3.Recipient is (optional):

Committee

☐ Non-Committee

toral Hemiza =

nonitemne =

	Schedule A – Itemized Contributions Statement (\$20 or more) A [C.R.S. 1-45-108(1)(a)]
Full Name of Cor	nmittee/Person: MBUC HEACH PROTECTION INITIATIVE CONTENTION 2004
WARNI	NG: Please read the instruction page for Schedule "A" before completion! DEPTIME
PLEASE PRINT/TYP	
1. Date Accepted	4. Name (Last, First): RUSSELL, CHRISTINE
2. Contribution Am	5. Address: 14 Clossianio RD
\$ 100.00	6. City/State/Zip: COLOPADO SPRINGS, CO 8090L
100.00	7. Description: Music 2653
3. Aggregate Amt.	8. Employer (if applicable, mandatory): Bous of Hearth, El Paro County
200.00	9. Occupation (if applicable, mandatory):
1. Date Accepted	CALIFORN AMERIT
11-29-04	4. Name (Last, First): SANFORD, ROBERT
2. Contribution Am	5. Address: USIS HASTINGS DR
\$	6. City/State/Zip: CO SPRING, CO 80917
100.00	7. Description: Check 1829
3. Aggregate Amt. S	8. Employer (if applicable, mandatory): Brown by Health, El Paro County
150.00	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Am	
\$	6. City/State/Zip:
3	7. Description:
3. Aggregate Amt. *	The state of the s
	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt	5. Address:  6. City/State/Zip:
	7. Description:
3. Aggregate Amt. *	
\$	9. Occupation (if applicable, mandatory):
For contribution limits wi Art. XXVIII, Sec. 2(6); Poli	thin a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee tical Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).
oral 22 = 200.00 Non itemiza = 579	Colorado Secretary of State Form Rev. 01/04
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## Schedule C - Loans

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE

DEC 0 2 2004 COMPTSETY

ELECTION DEP W

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 WANS OR P.	AYMENTS TO REPORT THIS PERSOO
Address: DCTOBER 25 -	NOWEMBER SQ 2014
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 Repor
Principal Amount Paid This Reporting Period: \$	
Interest Amount Paid This Reporting Period: \$	
Amount Repaid This Reporting Period: \$	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

DEC 0 2 2004

Full Name of Committee/Person: PUBLIC HEALTH PROTECTION INITIATIVE

COM TITLE SO COUNTY

## **Returned Contributions**

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

PLEASE PRINT/TYPE	NONE TO REPORT THIS PELICOD OCT 25 - NOV 30, KBY
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
PLEASE PRINT/TYPE  1. Date Expended	
	y reported on Schedule B - Expenditures returned or refunded to the committee)
1. Date Expended	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Comment (Optional):
	7. Comment (Optional):
1. Date Expended	7. Comment (Optional):  4. Name (Last, First):
1. Date Expended	4. Name (Last, First):

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

10.7	Dr	<b>A</b>	·U
F	MEI	EIVE	
क न	DEC	<b>n</b> 2	2000

Date Provided	4. Name (Last, First):		
	5. Address: None to report this period		
2. Fair Market Value			
\$			
J.	7. Description:		
3. Aggregate Amt.	8. Employer (if applicable, mandatory):		
\$	9. Occupation (if applicable, mandatory):		
	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party.		
l. Date Provided	4. Name (Last, First):		
	5. Address:		
2. Fair Market Value	6. City/State/Zip:		
\$	7. Description:		
2	8. Employer (if applicable, mandatory):		
3. Aggregate Amt.	9. Occupation (if applicable, mandatory):		
	10.  Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *		
Date Provided			
	4. Name (Last, First):		
	5. Address:		
2. Fair Market Value	6. City/State/Zip:		
\$	7. Description:		
Aggregate Amt.	8. Employer (if applicable, mandatory):		
	9. Occupation (if applicable, mandatory):		
	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *		
. Date Provided			
	4. Name (Last, First):		
. Fair Market Value	5. Address:		
Fan Market Value	6. City/State/Zip:		
	7. Description:		
Aggregate Amt.	8. Employer (if applicable, mandatory):		
	9. Occupation (if applicable, mandatory):		
ĺ	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *		