



**EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER**

REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. **FILE IN DUPLICATE.**

NAME OF COMMITTEE (In Full):

The Committee to Elect Linda Sterrett

ADDRESS OF COMMITTEE:

PO Box 60833 Colo Spgs CO 80960
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

The Pikes Peak National Bank PO Box 6669 Colo Spgs CO
(Name) (Number/Street/City/State/Zip) 80934

TYPE OF REPORT:

10/16/01 : 21 days prior to the election. Covering the period from the initial filing
(Date) to 5 days prior to this filing.

----- : Friday before the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

----- : 30 days after the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

----- : November 1 of off-year. Covering the period from 5 days prior to the
(Date) previous filing to November 1.

: Termination Report -OR- Is this report an amendment? Yes No

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ <u>0</u>	XXXXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ <u>590.00</u>	\$
3. Total Expenditures (From Ln 21):	\$ <u>28.80</u>	\$
4. Funds on Hand at Close of Reporting Period:	\$ <u>561.20</u>	XXXXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ <u>0</u>	XXXXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ <u>0</u>	XXXXXXXXXXXXXXXXXX

**DETAILED SUMMARY PAGE
OF CONTRIBUTIONS AND EXPENDITURES**

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NAME OF COMMITTEE: _____

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. ¹)	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees) Total Itemized (Use spreadsheet for Details "Schedule A"):		
7.	\$ 490 ⁰⁰	\$
8. Non-Itemized (Total all Contributions Under \$20):	\$	\$
9. Political Party Committees:	\$	\$
10. Other Political Committees:	\$ 100 ⁰⁰	\$
11. All Loans Received (Schedule C):	\$	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 590 ⁰⁰	\$
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$	\$
15. Total of Non-Itemized Expenditures:	\$ 21.15 7.65	\$
16. Loan Repayments (Use "Schedule C"):	\$	\$
17. Refunds to Contributions:	XXXXXXXXXXXX	XXXXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$	\$
19. Political Party Committees:	\$	\$
20. Other Political Committees:	\$	\$
21. TOTAL EXPENDITURES: (Add all of the above items)	\$ 28.80	

OFFSETS TO OPERATING EXPENDITURES(An offset to expenditures means a payment made by a third person to a third party for the benefit of any committee or party. Such goods and services are used directly or indirectly by the committee or party for its purposes. Use a similar spreadsheet for reporting these offsets. LISTING ONLY. DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES.

	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Total Itemized Offsets (\$20 and over):	\$	\$
Total Non-Itemized Offsets:	\$	\$

I certify that I have examined this Report of Contributions and Expenditures and to the best of my knowledge and belief it is true, correct and complete.

Cynthia M. Fischer
Type/Print Name of Agent

Cynthia M. Fischer
Signature of Agent

10/16/11
Date

¹ The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate Year to Date per Contributor. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER
SCHEDULE A
CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [7 thru 12] of the Detailed Summary Page)
 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. CRS 1-45-111(1)(d).

Check α appropriate box(es): Primary General Other (Specify): D-11 School Board

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
S T E R R E T T L I N D A	
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF CONTRI:
	0 9 2 1 0 1
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	AMT OF THIS CONTRIBUTION:
\$ 1 0 0 . 0 0	\$ 1 0 0 . 0 0

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER:
F I S C H E R C Y N T H I A M	I N S U R A N C E A G E N T
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF CONTRI:
2 8 W N A U A J O S T C O L O S P G S C O 8 0 9 0 6	0 9 2 7 0 1
AGGREGATE YEAR TO DATE CONTRIBUTIONS:	AMT OF THIS CONTRIBUTION:
\$ 1 0 0 . 0 0	\$ 1 0 0 . 0 0

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SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE

PAGE 02 OF 00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

SCHUCK STEVE DEVELOPER SCHUCK CORP

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

211 CASCADE AVE 100101

DATE OF CONTRI:

AMT OF THIS CONTRIBUTION:

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 250.00

\$ 250.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

HOME BUILDERS ASSOCIATION

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

101001

DATE OF CONTRI:

AMT OF THIS CONTRIBUTION:

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 100.00

\$ 100.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

NORTON MOLLYE LABORER CURRET

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

2915 N ARCADIA ST 101001

DATE OF CONTRI:

AMT OF THIS CONTRIBUTION:

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 20.00

\$ 20.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)

OCCUPATION/EMPLOYER:

NORTON SJOE D OPERATOR ATMEL

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)

2915 N ARCADIA ST 101001

DATE OF CONTRI:

AMT OF THIS CONTRIBUTION:

AGGREGATE YEAR TO DATE CONTRIBUTIONS:

\$ 20.00

\$ 20.00

SCHEDULE B: EXPENDITURES CONTINUATION PAGE

PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE:
PITKES PEAK NATIONAL PO BOX 6669 CS CO 80934 \$ 7.65
PURPOSE OF EXPENDITURE: BANK DATE OF EXPENDITURE
BANK FEES 093001

PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE:
AMARK STAMP & SIGN 3224 N NEVADA AVE CS CO 80909 \$ 21.15
PURPOSE OF EXPENDITURE: ENDORSEMENT STAMP DATE OF EXPENDITURE
101101

PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE:
PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE

PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE:
PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE

PAYMENT TO: (PRINT NAME) ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) AMOUNT OF EXPENDITURE:
PURPOSE OF EXPENDITURE: DATE OF EXPENDITURE