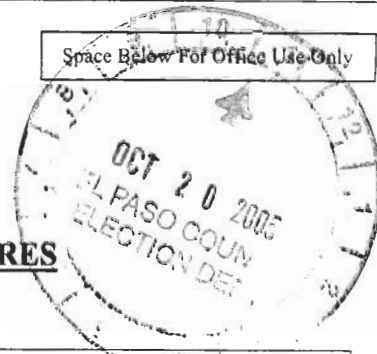


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space Below For Office Use Only



REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)

Full Name of Committee/Person:	Committee for MORE Harrison Opinions for Public Excellence <small>As Shown On Registration</small>
Address of Committee/Person:	1625 Shasta Drive
City, State & Zip Code:	Colorado Springs, Co 80910
Committee Type:	Issues Committee
Name and Address of Financial Institution:	WMB BANK, P.O. Box 22314 Denver, Co 80222

SOS ID NUMBER (state committees ONLY):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date)
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Through
date date

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

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 3676.30
2	Total Monetary Contributions (line 11)	\$ 125.77
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3802.07
4	Total Monetary Expenditures (line 19)	\$ 3802.07
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

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: Deceased
 Registered Agent's (Treasurer's) Signature: _____ Date: _____
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

N/A

Full Name of Committee/Person: Committee for Harrison Options for Pupil Excellence

Current Reporting Period:

Through

Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 3801.77
20	Total Spending (Line 18 + line 19)	\$ 3801.77

Schedule D – Returned Contributions & Expenditures

N/A

Full Name of Committee/Person: Committee for Harrison Ophons for Popul Excellence

Returned Contributions

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>Harrison Scholarship Foundation Inc.</u>
2. <u>Date Returned</u>	5. Address: <u>1060 Harrison Road FL CO</u>
3. <u>Amount</u>	6. City/State/Zip: <u>Colo Spgs CO 80906</u>
\$ <u>3801.77</u>	7. Purpose: <u>Scholarship program contribution</u>

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): _____

Schedule A – Itemized Contributions Statement (\$20 or more)

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

N/A

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	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).

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

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

N/A

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

N/A

Schedule C - Loans

Full Name of Committee/Person: _____

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): _____

Address: _____

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: \$ _____
(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

STATE OF COLORADO

HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

2911

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Donna Alicia VolkFiedel

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): November 5, 2003

4. SOCIAL SECURITY NUMBER: 134-42-5500

5a. AGE - Last Birthday (Years): 53

5b. UNDER 1 YEAR: Mos: Days: Hrs: Mins:

5c. UNDER 1 DAY: Hrs: Mins:

6. DATE OF BIRTH (Month, Day, Year): July 27, 1950

7. BIRTHPLACE (City and State or Foreign Country): Amityville, NY

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
 Yes No

9a. PLACE OF DEATH (Check only one)
HOSPITAL: Inpatient ER/Outpatient DOA
OTHER: Nursing Home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Memorial Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH: Colorado Springs

9d. COUNTY OF DEATH: El Paso

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Student

10b. KIND OF BUSINESS/INDUSTRY: Education

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If wife, give maiden name): Jeffery M. Fiedel

13a. RESIDENCE-STATE: Colorado

13b. COUNTY: El Paso

13c. CITY, TOWN, OR LOCATION: Colorado Springs

13d. STREET AND NUMBER: 1623 Shasta Drive

13e. INSIDE CITY LIMITS? Yes No

13f. ZIP CODE: 80910

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 No Yes
Specify:

15. RACE: American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+): 14

PARENTS

17. FATHER-NAME (First, Middle, Last): Donald Volk

18. MOTHER-NAME (First, Middle, Last (Maiden Name)): Mary Alice Ross

19. INFORMANT-NAME and relationship to decedent: Jeffery Fiedel - Husband

DISPOSITION

20a. METHOD OF DISPOSITION
 Burial Cremation Removal from State
 Donation Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Evergreen Cemetery

20c. LOCATION - City or Town, State: Colorado Springs, CO

21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: *Bert A. Reissig* Bert A. Reissig

21b. NAME AND ADDRESS OF FACILITY: Dove-Witt Family Mortuary
6630 S. Hwy. 85/87, Fountain, CO ZIP 80817

22a. REGISTRAR'S SIGNATURE: *Bothy Necker County Registrar*

22b. DATE FILED (Month, Day, Year): November 7, 2003

23. TIME OF DEATH: 10:35 A M

24. DATE PRONOUNCED DEAD: November 5, 2003

25. WAS CORONER NOTIFIED? (Yes or No): NO

CERTIFIER

26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
Signature: *[Signature]*

27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated.
Signature: *[Signature]*

28. DATE SIGNED (Month, Day, Year): 11/6/03

29. DATE SIGNED (Month, Day, Year):

30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print): Timothy S. Rummel, MD, 1725 E. Boulder, Colorado Springs, CO ZIP 80909

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print):

CAUSE OF DEATH

32. MANNER OF DEATH
 Natural Pending Investigation
 Accident Undetermined Manner
 Suicide Homicide

33a. DATE OF INJURY (Month, Day, Year):

33b. TIME OF INJURY: M

33c. INJURY AT WORK? Yes No

33d. DESCRIBE HOW INJURY OCCURRED:

33e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify):

33f. LOCATION (Street and Number or Rural Route Number, City, County, State):

34. IMMEDIATE CAUSE - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.

PART I
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c)

(a) *Pulmonary embolism* Interval between onset and death: *24 hr*

(b) *Staphylococcus aureus sepsitis* Interval between onset and death: *10 days*

(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker):

35. AUTOPSY (Yes or No): NO

36. IF YES were findings considered in determining cause of death?

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

NOV 07 2003

DATE ISSUED

Ronald S. Hyman

RONALD S. HYMAN
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 07/03

