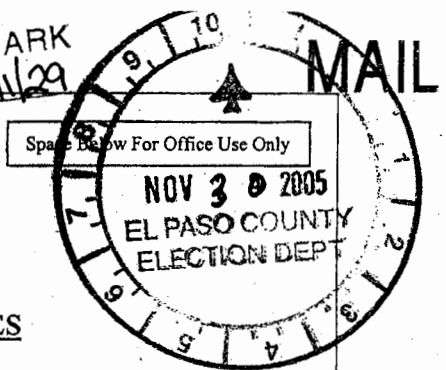


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



POSTMARK
DATE: 11/29



Space Below For Office Use Only

REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

| | |
|---|--|
| Full Name of Committee/Person: | GOPAC COLORADO 2005 <small>As Shown On Registration</small> |
| Address of Committee/Person: | 600 13th St. NW, #790 |
| City, State & Zip Code: | WASHINGTON, DC 20005 |
| Committee Type: | Political Committee |
| Name and Address of Financial Institution | HAGERSTOWN TRUST 83 W. WASHINGTON ST, HAGERSTOWN, MD 21740 |

SOS ID NUMBER (state committees ONLY):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY
- 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) \$

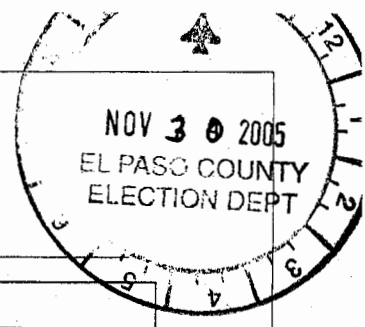
| | Totals Detailed Summary Page |
|---|------------------------------|
| 1 Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 307.50 |
| 2 Total Monetary Contributions (line 11) | \$ 0 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 307.50 |
| 4 Total Monetary Expenditures (line 19) | \$ 307.50 |
| 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: Tony Moanis
 Registered Agent's (Treasurer's) Signature: TJ Mo Date: 11-29-05
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY



Full Name of Committee/Person: GOPAC COLORADO 2005

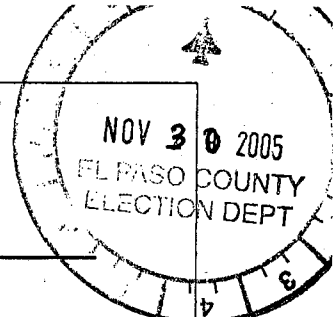
Current Reporting Period: 10-24-05

Through 11-26-05

| | | |
|----|--|-----------------------------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ <u>307.⁵⁰</u> |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ <u>0</u> |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ <u>0</u> |
| 8 | Loans Received (Please list on Schedule "C") | \$ <u>0</u> |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ <u>0</u> |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ <u>0</u> |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ <u>0</u> |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ <u>0</u> |
| 13 | Total Contributions (Line 11 + line 12) | \$ <u>0</u> |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ <u>277.⁵⁰</u> |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ <u>0</u> |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ <u>0</u> |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ <u>30.⁰⁰</u> |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ <u>0</u> |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ <u>307.⁵⁰</u> |
| 20 | Total Spending (Line 18 + line 19) | \$ <u>307.⁵⁰</u> |

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

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



Full Name of Committee/Person: GOPAK COLORADO 2005

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>): _____ |

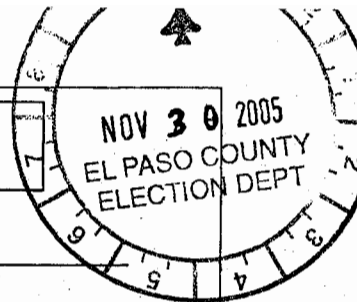
| | |
|--|---|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Contribution Amt.</u> \$ | 5. Address: _____ |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: _____ |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____ |
| | 8. Employer (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)]



Full Name of Committee/Person: GOPAC COLORADO 2005

PLEASE PRINT/TYPE

| | |
|---|--|
| 1. <u>Date Expended</u> <u>11-26-05</u> | 4. Name: <u>GOPAC Inc.</u> |
| 2. <u>Amount</u> <u>\$ 277.⁵⁰</u> | 5. Address: <u>600 13th St. NW</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Washington, DC 20005</u> |
| | 7. Purpose of Expenditure: <u>donation</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

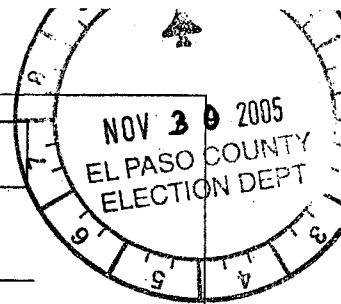
| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ _____ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/>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

Schedule C - Loans



Full Name of Committee/Person: GOPAK COLORADO 2005

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): N/A

Address: _____

City/State/Zip: _____

Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ 0

Total of All Loans This Reporting Period: \$ 0
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0

Interest Amount Paid This Reporting Period: \$ 0

Amount Repaid This Reporting Period: \$ 0
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 0

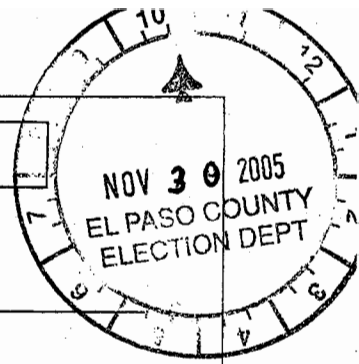
TERMS OF LOAN: 0
Date Loan Received

0
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: GOPAC COLORADO 2005

Returned Contributions

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

PLEASE PRINT/TYPE

| | |
|--|---|
| 1. <u>Date Accepted</u> <u>10-10-05</u> | 4. Name (Last, First): <u>McMANUS, MARGUERITE</u> |
| 2. <u>Date Returned</u> <u>10-13-05</u> | 5. Address: <u>5921 Martin Cir.</u> |
| 3. <u>Amount</u> <u>\$ 30.⁰⁰</u> | 6. City/State/Zip: <u>CARMICHAEL, CA 95609</u> |
| | 7. Purpose: <u>RETURNED CHECK</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

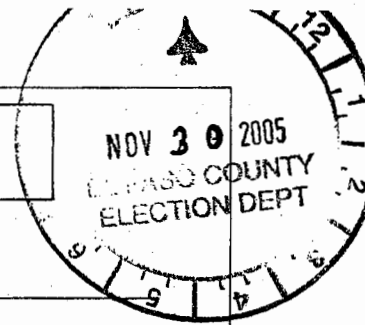
(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

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): _____ |

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: _____

PLEASE PRINT/TYPE

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