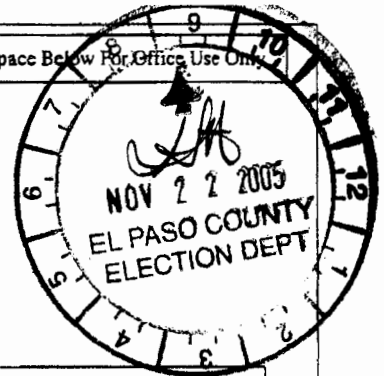


Colorado Secretary of State  
Elections Division  
1560 Broadway, Ste. 200  
Denver, CO 80202  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE <small>As Shown On Registration</small>
Address of Committee/Person:	13825 OLD PUEBLO RD
City, State & Zip Code:	FOUNTAIN, CO 80817
Committee Type:	ISSUE
Name and Address of Financial Institution:	WELLS FARGO BANK, NA; COLORADO SPRINGS - SOUTH PO BOX 5247 DENVER, CO 80214

SOS ID NUMBER (state committees ONLY):

na

**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)

Reporting Period Covered: DECEMBER 1, 2004 Through OCTOBER 31, 2005  
date date

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

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1317.50
2 Total Monetary Contributions (line 11)	\$ 500.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1817.50
4 Total Monetary Expenditures (line 19)	\$ 1817.50
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0.00

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: ELIZABETH MILLER EVANS

Registered Agent's (Treasurer's) Signature: Elizabeth Miller Evans Date: 11-21-05

Print Candidate Name: na

Candidates Signature: na Date: \_\_\_\_\_

**DETAILED SUMMARY**

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

Current Reporting Period: DECEMBER 1, 2004 Through OCTOBER 31, 2005

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 1317.50
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 500.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 0.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ 0.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ 0.00
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ 0.00
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 500.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 0.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 500.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 286.55
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 30.95
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ 1500.00
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ 0.00
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ 0.00
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 1817.50
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 1817.50

**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> 12-28-04	4. Name (Last, First): <u><del>ROYANN</del> KILLOREN, ROYANN</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>103 CLIFF RD</u>
3. <u>Aggregate Amt. *</u> \$ 200.00	6. City/State/Zip: <u>MANITOU SPRINGS, CO 80829</u>
	7. Description: <u>check 8268</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>self employed</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>consultant</u>

1. <u>Date Accepted</u> 12-28-04	4. Name (Last, First): <u>BURRINGTON, JOHN D.</u>
2. <u>Contribution Amt.</u> \$ 250.00	5. Address: <u>3167 SPRINGMEADOW DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ 250.00	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Description: <u>check 2860</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>self employed / retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>physician</u>

1. <u>Date Accepted</u> 2-19-05	4. Name (Last, First): <u>EVANS, ELIZABETH</u>
2. <u>Contribution Amt.</u> \$ 150.00	5. Address: <u>13825 OLD PUEBLO RD</u>
3. <u>Aggregate Amt. *</u> \$ 350.00	6. City/State/Zip: <u>FOUNTAIN, CO 80817</u>
	7. Description: <u>transfer from Wells Fargo acct</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>PENROSE - ST. FRANCIS HEALTH SVCS</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>PROJECT DEV'T COORDINATOR.</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: _____
	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).

Total = 500.00

**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> <u>2-19-05</u>	4. Name: <u>ALL MAIL PREP</u>
2. <u>Amount</u> \$ <u>286.55</u>	5. Address: <u>2316 E. BLOU STREET</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80909</u>
	7. Purpose of Expenditure: <u>MAILING EXPENSES FOR CAMPAIGN POSTCARDS.</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: _____

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: _____

286.55 ITEMIZED

30.95 NON ITEMIZED

**Schedule C - Loans**

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

**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): FEDER, ELIZABETH

Address: 328 SUTHERLAND PLACE

City/State/Zip: MANITOU SPRINGS, CO 80829

Original Amount of Loan: \$ 1500.00 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 0.00

Total of All Loans This Reporting Period: \$ 0.00  
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 1500.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 1500.00  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 1500.00  
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ 0.00

TERMS OF LOAN: 5-4-04  
Date Loan Received

ORIG. 10-15-04  
FINAL PAYMENT 1-27-05.  
Due Date for Final Payment  
OK'D BY LOAN SOURCE.

**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/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>none to report this period.</u>
2. <u>Date Returned</u>	5. Address: <u>DECEMBER 1, 2004 – OCTOBER 31, 2005</u>
3. <u>Amount</u>	6. City/State/Zip: <u>eme</u>
\$	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/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: PUBLIC HEALTH PROTECTION INITIATIVE COMMITTEE

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>None to report this period</u>
2. <u>Fair Market Value</u> \$	5. Address: <u>DECEMBER 1, 2004 - OCTOBER 31, 2005</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>ome</u>
	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. *

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."