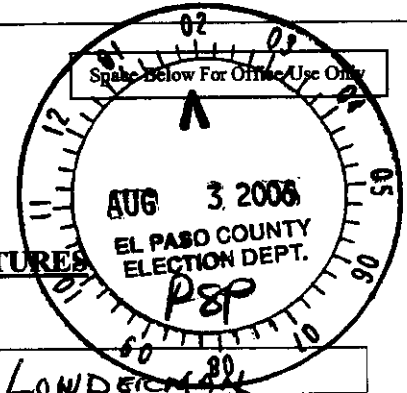Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us

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

Space Below For Office Use Only

AUG 3 2006
EL PASO COUNTY
ELECTION DEPT.
PSP

Full Name of Committee/Person:	Committee To Elect Mark Lowderman
	As Shown On Registration
Address of Committee/Person:	20 F Pawnee Ave.
City, State & Zip Code:	Manitou Springs Co 80829
Committee Type:	Candidate
Name and Address of Financial Institution	Wells Fargo Bank Colo Spri P.O. Box 5247 Denver Co 80274

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: July 14, 2006   Through   July 30, 2006
                              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)	$ 827.97
2	Total Monetary Contributions (line 11)	$ 0.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 827.97
4	Total Monetary Expenditures (line 19)	$ 7.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 820.97

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: ANN E. Nichols

Registered Agent's (Treasurer's) Signature: _____ Date: 8/3/06

Print Candidate Name: Mark Lowderman

Candidates Signature: _____ Date: 8·3·2006

DETAILED SUMMARY

Full Name of Committee/Person: _Committee To Elect Mark Lowderman_

Current Reporting Period: _July 14, 2006_ Through _July 30, 2006_

Funds on hand at the beginning of reporting period (Monetary Only)		$	827.97
6	**Itemized Contributions $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$	0.00
7	**Total of Non-Itemized Contributions** (Contributions of $19.99 and Less)	$	0.00
8	**Loans Received** (Please list on Schedule "C")	$	0.00
9	**Total of Other Receipts** (Interest, Dividends, etc.)	$	0.00
10	**Returned Expenditures (from recipient)** (Please list on Schedule "D")	$	0.00
11	**Total Monetary Contributions** (Total of lines 6 through 10)	$	0.00
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$	0.00
13	**Total Contributions** (Line 11 + line 12)	$	0.00
14	**Itemized Expenditures $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$	0.00
15	*Bank Service Charge* **Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less)	$	7.00
16	**Loan Repayments Made** (Please list on Schedule "C")	$	0.00
17	**Returned Contributions (To donor)** (Please list on Schedule "D")	$	0.00
18	**Total Coordinated Non-Monetary Expenditures** (Candidate/Candidate Committee & Political Parties only)	$	0.00
19	**Total Monetary Expenditures** (Total of lines 14 through 17)	$	7.00
20	**Total Spending** (Line 18 + line 19)	$	7.00

Full Name of Committee/Person: _Committee To Elect Mark Lowderman_

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

PLEASE PRINT/TYPE

1. Date Accepted	4. Name (Last, First): _____ None _____
2. Contribution Amt. $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. * $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. * $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. * $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____

1. Date Accepted	4. Name (Last, First): _____
2. Contribution Amt. $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. * $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____

* 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: *Committee To Elect Mark Lowderman*

PLEASE PRINT/TYPE

1. Date Expended	4. Name: _____ *None* _____
2. Amount $ _____	5. Address: _____
3.Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ ☐ Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount $ _____	5. Address: _____
3.Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ ☐ Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount $ _____	5. Address: _____
3.Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ ☐ Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount $ _____	5. Address: _____
3.Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ ☐ Check box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount $ _____	5. Address: _____
3.Recipient is (optional): ☐ Committee ☐ Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: _____ ☐ Check box if Electioneering Communication

Schedule C - Loans

Full Name of Committee/Person: *Committee To Elect Mark Lowderman*

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): _____ *None* _____

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

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: *Committee To Elect Mark Louderman*

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

PLEASE PRINT/TYPE

1. Date Accepted	4. Name (Last, First): _____ None _____
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: _____

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

PLEASE PRINT/TYPE

1. Date Expended	4. Name (Last, First): _____ None _____
2. Date Returned	5. Address: _____
3. Amount $	6. City/State/Zip: _____ 7. Comment (Optional): _____

1. Date Expended	4. Name (Last, First): _____
2. Date Returned	5. Address: _____
3. Amount $	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: *Committee To Elect Mark Lowderman*

PLEASE PRINT/TYPE

1. Date Provided	4. Name (Last, First): _____ *None* _____
2. Fair Market Value $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____
	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided	4. Name (Last, First): _____
2. Fair Market Value $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____
	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided	4. Name (Last, First): _____
2. Fair Market Value $	5. Address: _____
	6. City/State/Zip: _____
3. Aggregate Amt. $	7. Description: _____
	8. Employer (if applicable, mandatory): _____
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): _____
	10. ☐ 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."