



**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):

EL PASO COUNTY DEMOCRATIC PARTY

ADDRESS OF COMMITTEE:

25 N IOWA AVE CO. SPRINGS, CO 80909  
 (Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

WELLS FARGO BANK  
 (Name) (Number/Street/City/State/Zip)

TYPE OF REPORT:

\_\_\_\_\_ : 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:	\$ 513.93	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 2638.00	\$ 40,289.68
3. Total Expenditures (From Ln 21):	\$ 1500.00	\$ 39,600.91
4. Funds on Hand at Close of Reporting Period:	\$ 1651.93	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$	XXXXXXXXXXXXXXXX

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**DETAILED SUMMARY PAGE  
OF CONTRIBUTIONS AND EXPENDITURES**

NAME OF COMMITTEE: \_\_\_\_\_

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. <sup>1</sup> )	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees)		
7. Total Itemized (Use spreadsheet for Details "Schedule A"):	\$ 2638.00	\$ 40,289.68
8. Non-Itemized (Total all Contributions Under \$20):	\$	\$
9. Political Party Committees:	\$	\$
10. Other Political Committees:	\$	\$
11. All Loans Received (Schedule C):	\$	\$
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
13. <b>TOTAL CONTRIBUTIONS:</b> (Add all of the above items)	\$ 2638.00	\$ 40,289.68
<b>EXPENDITURES:</b>		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 1,500.00	\$ 39600.91
15. Total of Non-Itemized Expenditures:	\$	\$
16. Loan Repayments (Use "Schedule C"):	\$	\$
17. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$	\$
19. Political Party Committees:	\$	\$
20. Other Political Committees:	\$	\$
21. <b>TOTAL EXPENDITURES:</b> (Add all of the above items)	\$ 1,500.00	\$ 39,600.91

**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.

JOSEPH M. MORROW JR      *J.M. Morrow Jr*      10/25/02  
Type/Print Name of Agent      Signature of Agent      Date

<sup>1</sup> 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  $\alpha$  appropriate box(es):  Primary  General  Other (Specify):

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:

JFK FUNDRAISING DINNER

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:

25 N IOWA AVE C/S CO 80709

AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$ 2000.00

\$ .

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:

DIRECTORS CLUB

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:

25 N IOWA AVE C/S CO 80709

AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$ 388.00

\$ .

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.) OCCUPATION/EMPLOYER:

DEMOCRATIC WOMENS CLUB

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) DATE OF CONTRI: AMT OF THIS CONTRIBUTION:

25 N IOWA AVE C/S CO 80709

AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$ 250.00

\$ .



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

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)  
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Check  $\alpha$  appropriate boxes:  Primary  General  Other (Specify):

PAYMENT TO: (PRINT NAME) J O H N S O N F O R H D I S	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) 2 5 N I O W A A V E C / S C O 8 0 9 0 9	AMOUNT OF EXPENDITURE: \$ 5 0 0 . 0 0
PURPOSE OF EXPENDITURE: C A M P A I G N C O N T R I B U T I O N		DATE OF EXPENDITURE 

PAYMENT TO: (PRINT NAME) M A R K F O R A R E S P C O	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) 2 5 N I O W A A V E C / S C O 8 0 9 0 9	AMOUNT OF EXPENDITURE: \$ 5 0 0 . 0 0
PURPOSE OF EXPENDITURE: C A M P A I G N C O N T R I B U T I O N		DATE OF EXPENDITURE 

PAYMENT TO: (PRINT NAME) S N O W D E N F O R H D 2 1	ADDRESS; (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED) 2 5 N I O W A A V E C / S C O 8 0 9 0 9	AMOUNT OF EXPENDITURE: \$ 5 0 0 . 0 0
PURPOSE OF EXPENDITURE: C A M P A I G N C O N T R I B U T I O N		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 