



**EL PASO COUNTY, COLORADO**  
**OFFICE OF THE CLERK & RECORDER**  
**SCHEDULE A**  
**CONTRIBUTIONS (PAGE 1)**

(This schedule should reflect each item [7thru 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  appropriate box(es):     Primary     General     Other (Specify):

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):	DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:	AMT OF THIS CONTRIBUTION:
\$ _____ . _____	\$ _____ . _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE :	AMT OF THIS CONTRIBUTION:
\$ _____ . _____	\$ _____ . _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)	DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:	AMT OF THIS CONTRIBUTION:
\$ _____ . _____	\$ _____ . _____

**SCHEDULE A: CONTRIBUTIONS CONTINUATION PAGE**

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:		AMT OF THIS CONTRIBUTION:
\$ _____ . _____		\$ _____ . _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:		AMT OF THIS CONTRIBUTION:
\$ _____ . _____		\$ _____ . _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:		AMT OF THIS CONTRIBUTION:
\$ _____ . _____		\$ _____ . _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)		OCCUPATION/EMPLOYER
ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP)		DATE OF THIS CONTRIBUTION:
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:		AMT OF THIS CONTRIBUTION:
\$ _____ . _____		\$ _____ . _____