



**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):

Francis O 'Mac' McCargar for Sheriff

ADDRESS OF COMMITTEE:

58 N. Albion St Colo Spgs CO 80911
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Wells Fargo 90 S. CASCADE Ave Colo Spgs
(Name) (Number/Street/City/State/Zip) CO 80903

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.

10-28-02 : 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:	\$ <u>156.64</u>	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ <u>0</u>	\$
3. Total Expenditures (From Ln 21):	\$ <u>156.64</u>	\$
4. Funds on Hand at Close of Reporting Period:	\$ <u>0</u>	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ <u>0</u>	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ <u>0</u>	XXXXXXXXXXXXXXXX



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SCHEDULE B EXPENDITURES

(This schedule should reflect each item [14 thru 20] 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 boxes: Primary General Other (Specify): _____

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
W O R M B E L	V F W S B C U R I T Y C O	\$ 1 5 6 . 6 4
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE
C O M M U N I T Y B E N E F I T R E		1 0 2 1 0 8

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
		\$.
PURPOSE OF EXPENDITURE:		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

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
		\$.
PURPOSE OF EXPENDITURE:		DATE OF EXPENDITURE