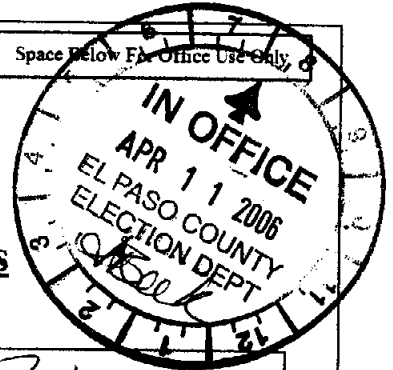


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



Space Below For Office Use Only



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

| | |
|--|---|
| Full Name of Committee/Person: | <i>Friends of Falcon Fire Dept.</i> As Shown On Registration |
| Address of Committee/Person: | <i>12053 Comcept Rd</i> |
| City, State & Zip Code: | <i>Falcon, CO 80831</i> |
| Committee Type: | <i>Election Issue</i> |
| Name and Address of Financial Institution: | <i>Farmers State Bank</i> |

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)

Reporting Period Covered: Through
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) | \$ <i>2,054.45</i> |
| 2 Total Monetary Contributions (line 11) | \$ <i>5,000.00</i> |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ <i>7,054.45</i> |
| 4 Total Monetary Expenditures (line 19) | \$ <i>5,000.00</i> |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ <i>2,054.45</i> |

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: *Thomas N Resha, Jr*
Registered Agent's (Treasurer's) Signature: *[Signature]* Date: *11 April 2006*
Print Candidate Name: _____
Candidates Signature: _____ Date: _____

Schedule A – Itemized Contributions Statement (\$20 or more)

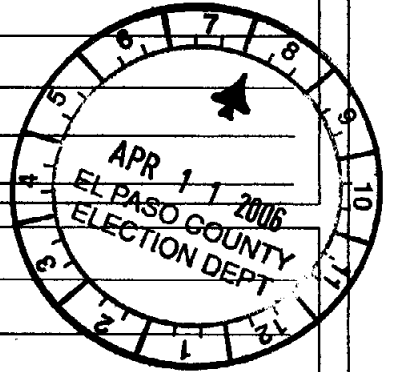
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Fred Falcon Fire

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

PLEASE PRINT/TYPE

| | |
|---|---|
| 1. <u>Date Accepted</u> 4-3-2006 | 4. Name (Last, First): <u>Vietsch, Fred (Norwood Development)</u> |
| 2. <u>Contribution Amt.</u> \$ 2,500 | 5. Address: <u>111 S. Tejon #222</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>CO, CO 80903</u> |
| | 7. Description: <u>Check</u> |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</u>): _____ |



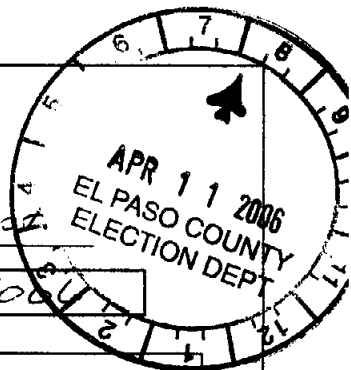
| | |
|---|---|
| 1. <u>Date Accepted</u> 4-3-2006 | 4. Name (Last, First): <u>Cigarette hand</u> |
| 2. <u>Contribution Amt.</u> \$ 2,500 | 5. Address: <u>2417 Tejon</u> |
| 3. <u>Aggregate Amt. *</u> \$ | 6. City/State/Zip: <u>CO, CO 80903</u> |
| | 7. Description: <u>Check</u> |
| | 8. Employer (if applicable, <u>mandatory</u>): _____ |
| | 9. Occupation (if applicable, <u>mandatory</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>): _____ |

| | |
|-----------------------------------|---|
| 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).

DETAILED SUMMARY



Full Name of Committee/Person: Friends of Falcon Fire Dept.

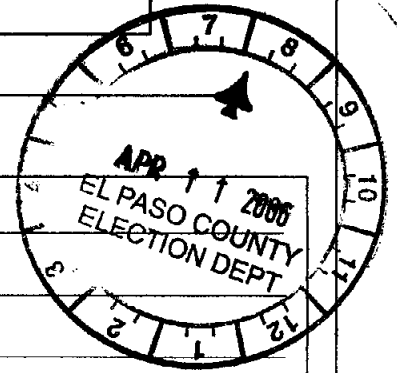
Current Reporting Period: 11-2-2005 Through 4-11-2006

| | | | |
|----|--|----|----------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ | 2,054.45 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ | 5,000 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ | 0 |
| 8 | Loans Received (Please list on Schedule "C") | \$ | 0 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ | 0 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ | 0 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ | 5,000 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ | 0 |
| 13 | Total Contributions (Line 11 + line 12) | \$ | 5,000 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ | 5,000 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ | 0 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ | 0 |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ | 0 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ | 0 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ | 5,000 |
| 20 | Total Spending (Line 18 + line 19) | \$ | 5,000 |

Schedule B – Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Friends of Falcon Fire



PLEASE PRINT/TYPE

| | |
|---|---|
| 1. <u>Date Expended</u> <u>4-5-06</u> | 4. Name: <u>Red Rock Strategies</u> |
| 2. <u>Amount</u> \$ <u>5,000</u> | 5. Address: <u>70 Box 75567</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>COS, CO 80970</u> |
| | 7. Purpose of Expenditure: <u>Consultant.</u> |

| | |
|---|----------------------------------|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> | 5. Address: _____ |
| \$ | 6. City/State/Zip: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 7. Purpose of Expenditure: _____ |

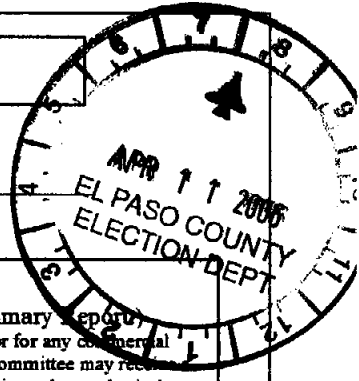
| | |
|---|----------------------------------|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> | 5. Address: _____ |
| \$ | 6. City/State/Zip: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 7. Purpose of Expenditure: _____ |

| | |
|---|----------------------------------|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> | 5. Address: _____ |
| \$ | 6. City/State/Zip: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 7. Purpose of Expenditure: _____ |

| | |
|---|----------------------------------|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> | 5. Address: _____ |
| \$ | 6. City/State/Zip: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 7. Purpose of Expenditure: _____ |

Schedule C - Loans

Full Name of Committee/Person: Friends of Falcon Fire



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): _____

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)

None

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

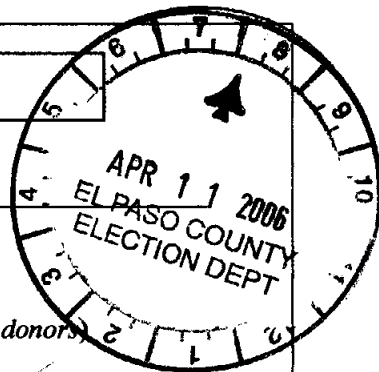
Outstanding Balance: \$ _____

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: Friends of Falcon Fire

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): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> | 6. City/State/Zip: _____ |
| \$ | 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: _____ |

None

Returned Expenditures

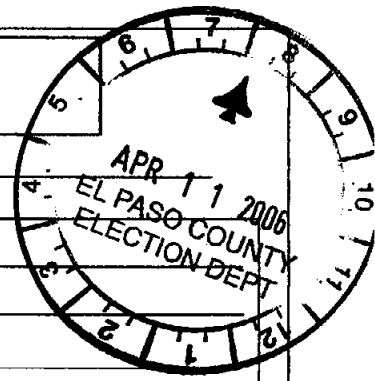
(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

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: Friends of Falcon Fire

PLEASE PRINT/TYPE

| | |
|-----------------------------------|--|
| 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: <u>None</u> |
| | 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."