



**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):

Committee to Elect Linda Stenett

ADDRESS OF COMMITTEE:

PO Box 60833 CS CO 80960  
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Pikes Peak National Bank PO Box 6669 CS  
(Name) (Number/Street/City/State/Zip) CO 80934

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.

12/6/01 : 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: | \$ 112.36              | XXXXXXXXXXXXXXXX        |
| 2. Total Contributions (From Ln 13):            | \$ 150.00              | \$ 1215.00              |
| 3. Total Expenditures (From Ln 21):             | \$ 248.43              | \$ 1201.07              |
| 4. Funds on Hand at Close of Reporting Period:  | \$ 13.93               | XXXXXXXXXXXXXXXX        |
| 5. Debts/Obligations Owed by the Committee:     | \$                     | XXXXXXXXXXXXXXXX        |
| 6. Pledges Owed to the Committee:               | \$                     | XXXXXXXXXXXXXXXX        |

**DETAILED SUMMARY PAGE  
OF CONTRIBUTIONS AND EXPENDITURES**

Page 2

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

| CONTRIBUTIONS: (Please provide spreadsheet format for detail items. <sup>1</sup> )   | COLUMN A<br>(Total This Report) | COLUMN B<br>(Calendar Year) |
|--|---------------------------------|-----------------------------|
| Contributions (other than loans) from:<br>Individuals/Persons (Not Political Committees)<br>Total Itemized (Use spreadsheet for<br>7. Details "Schedule A"): | \$ 150 <sup>00</sup>            | \$ 1215 <sup>00</sup>       |
| 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. TOTAL CONTRIBUTIONS:<br>(Add all of the above items)   | \$ 150 <sup>00</sup>            | \$ 1215 <sup>00</sup>       |
| <b>EXPENDITURES:</b>   |                                 |                             |
| 14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):  | \$ 214.50                       | \$ 1155.25                  |
| 15. Total of Non-Itemized Expenditures:  | \$ 33.93                        | \$ 45.82                    |
| 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. TOTAL EXPENDITURES:<br>(Add all of the above items)  | 248.43                          | 1201.07                     |

**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<br>(Total This Report) | COLUMN B<br>(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.

Cynthia M. Fischer  
Type/Print Name of Agent

Cynthia M. Fischer 12/6/01  
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**

**STATEMENT OF ITEMIZED CONTRIBUTIONS IN KIND**

Name of Committee (in Full):

Committee to Elect Linda Sterrett

Address:

PO Box 60833 (Street) CS CO 80960 (City/State/Zip) 5759792 (Phone)

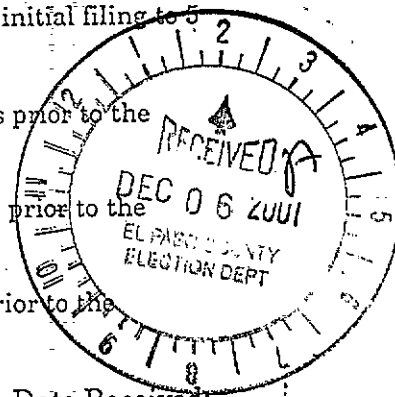
Reporting Date: (If any reporting date falls on a weekend, the filing may be made the next business day.)

\_\_\_\_\_ : 21 days prior to the election. Covering the period from the initial filing to 5 days prior to this filing.  
(Date)

\_\_\_\_\_ : Friday before the election. Covering the period from 5 days prior to the previous filing to 5 days prior to this filing.  
(Date)

12/06/01 : 30 days after the election. Covering the period from 5 days prior to the previous filing to 5 days prior to this filing.  
(Date)

\_\_\_\_\_ : November 1 of off-year. Covering the period from 5 days prior to the previous filing to November 1.  
(Date)



Full Name, Address and Zip of Contributor: Fair Market Value: Date Received:

1. Linda Sterrett \$ 9000 11-5-01  
2730 Northwest Dr CS CO 80918

Contribution in kind for:  Primary  General  Other (Specify): \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_

Contribution in kind for:  Primary  General  Other (Specify): \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

Contribution in kind for:  Primary  General  Other (Specify): \_\_\_\_\_  
4. \_\_\_\_\_ \$ \_\_\_\_\_

Contribution in kind for:  Primary  General  Other (Specify): \_\_\_\_\_

I certify that I have examined this statement of contribution in kind and to the best of my knowledge and belief it is true, correct and complete.

\_\_\_\_\_  
(Type or Print Name of Agent) (Signature of Agent) (Date)

Note: Willful or intentional submission of false, erroneous or incomplete information may be sanctioned as provided by law.





SCHEDULE B: EXPENDITURES CONTINUATION PAGE

|   |   |                                     |
|---|---|-------------------------------------|
| PAYMENT TO: (PRINT NAME)<br>MICHIGAN STATE UNIVERSITY | ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)<br>2730 NORTHERN HIGHLANDS DR<br>LANSING MI 48206 | AMOUNT OF EXPENDITURE:<br>\$ 12,500 |
| PURPOSE OF EXPENDITURE:<br>REPAIRS                    |   | DATE OF EXPENDITURE<br>11/20/00     |

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

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

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

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