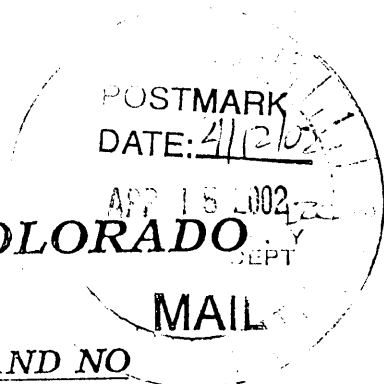




EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER



CANDIDATE STATEMENT OF NO CONTRIBUTIONS AND NO EXPENDITURES

Name of Candidate: RONZEL J. HOLCOMB Office Sought: SECURITY, WATER WATER BOARD OF DIRECTORS

Address: 14. OTOWIDE, SECURITY, CO 80911
(Number/Street/City/State/Zip)

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

CONTRIBUTIONS RECEIVED OR RECEIVABLE DURING THIS REPORTING PERIOD: \$ -0-

EXPENDITURES MADE OR INCURRED DURING THIS REPORTING PERIOD: \$ -0-

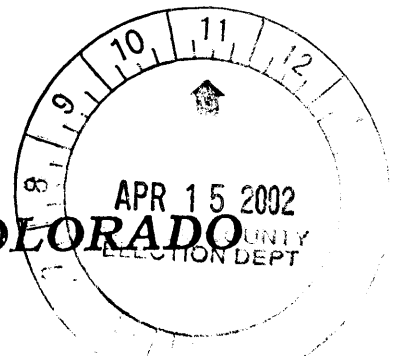
I, RONZEL J. HOLCOMB, affirm that no person as defined in CRS 1-45-103(9) received contributions on my behalf or made any expenditures on my behalf. No contributions have been pledged to me or on my behalf. I have not received any contributions nor have I made or incurred any expenditures on my behalf during this election reporting period.

Ronzel J. Holcomb
Candidate Signature

02-25-01
Date



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER



NOTICE BY PERSON MAKING INDEPENDENT EXPENDITURE¹

Instructions: This report must be sent to all candidates in the affected race and filed with the Secretary of State within 24 hours of obligating funds in excess of \$1,000 for such expenditure. Each independent expenditure shall require the delivery of a new notice.

Name of Person Responsible for Independent Expenditure (Please Print):

RONZEL J. Holcomb

14. OTOWT DR Security Co, 80911 719-342-1588
(Address: Number/Street/City/State/Zip) (Phone)

Was this Notice delivered to all candidates in the affected race? Yes No

Please print the name of the candidate for whom the independent expenditure is intended to support or oppose:

Was the independent expenditure used to: Support Oppose

Name/Address of vendor/person receiving funds:

Detailed Description of the Independent Expenditure:

Date funds obligated: _____ Amount of Independent Expenditure: \$ 0

I, _____, certify that I have examined this Notice of Independent Expenditure and to the best of my knowledge and belief it is true, correct and complete.

Signature of Disclosing Person

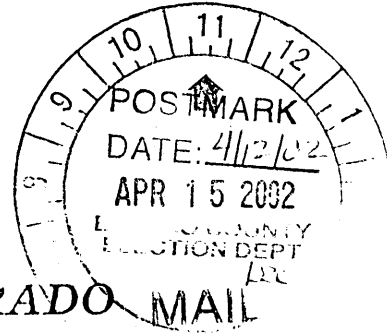
Title

Date

¹ Please refer to CRS 1-45-103 (7) and 1-45-107, as well as other provisions of Title 1, for definitions and additional requirements concerning independent expenditures.



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

Name of Candidate: RONZEL J. HOLCOMB

Address of Candidate:
14. OTOWE DR. SECURITY, CO. 80911
(Number/Street/City/State/Zip)

Office Being Sought:
SECURITY WATER DISTRICT BOARD OF DIRECTORS

Date	Type of Report
	21 days prior to the election. Covering the period from the initial filing to 5 days prior to this filing.
	Friday before the election. Covering the period from 5 days prior to the previous filing to 5 days prior to this filing.
	30 days after the election. Covering the period from 5 days prior to the previous filing to 5 days prior to this filing.
	November of off-year. Covering the period from 5 days prior to the previous filing to November 1.

Candidate Address & Purpose of this Personal Expenditure:	Date of Expenditure:	Amount:
	—	0
	—	0
	—	0

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Ronzel J. Holcomb
Signature of Candidate

04-26-02
Date