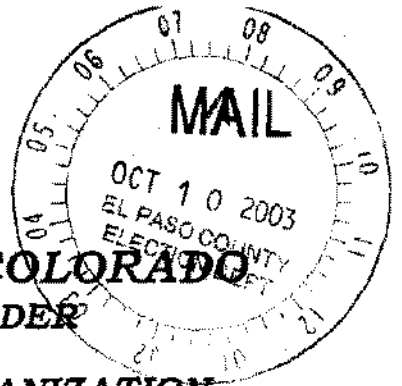




EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER



CANDIDATE COMMITTEE STATEMENT OF ORGANIZATION

Full Name of Committee¹:

Committee to Elect Steven L. Corder

Acronyms or Other Identifying Factors:

Address of Committee:

17584 Colonial Park Drive Monument CO 80132
 (Number and Street Name) (City/Town) (State) (Zip)

E-Mail Address(Optional) - _____

Mailing Address (if different from above):

Telephone Number: (719) 488-0199 FAX Number (if applicable): _____

Name of Registered Agent² - ~~XXXXXXXXXX~~

The purpose or nature of interest of this candidate committee is:

School Board Election for Steven L. Corder

We, the undersigned candidate and registered agent, do affirm and acknowledge the responsibilities and obligations set forth by the Colorado Fair Campaign Practices Act, Title 1, Article 45 of the Colorado Revised Statutes.

Authorization given by (Candidate's signature): SA L Corder

Date: 10/9/03

Signature of Registered Agent: _____ Date: _____

¹ Candidate Committee means a person, including the candidate, or persons with the common purpose of receiving contributions and making expenditures under the authority of a candidate. A candidate shall have only one candidate committee. A candidate committee shall be considered open and active until affirmatively closed by the candidate or by action of the Secretary of State. (CRS 1-45-103(2)).

² An agent for the purposes of the Fair Campaign Practices Act will be a party as is the candidate for receiving mailings on behalf of the candidate's committee, addressing concerns and/or questions regarding the candidate committee, responsible for providing such information to the candidate and the filing of reports pursuant to CRS 1-45-108 and any other pertinent statutory requirements addressing the candidate committee agent.



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 Steven L. Corder

ADDRESS OF COMMITTEE:

17584 Colonial Park Drive, Monument, CO 80132
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Wells Fargo Bank 481 Highway 105 Suite 214
(Name) (Number/Street/City/State/Zip) Monument, CO
80132

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.

: 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 (Aggregate during Election Cycle)
1. Funds on Hand Beginning of Reporting Period:	\$ 0.00	XXXXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 260.00	\$ 260.00
3. Total Expenditures (From Ln 21):	\$ 255.66	\$ 255.66
4. Funds on Hand at Close of Reporting Period:	\$ 4.34	XXXXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$ 80.00	XXXXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$ 0.00	XXXXXXXXXXXXXXXXXX

CONTINUE TO PAGE 2

**DETAILED SUMMARY PAGE
OF CONTRIBUTIONS AND EXPENDITURES
Page 2**

NAME OF COMMITTEE: Committee to Elect Steven L. Corder

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. ¹)	COLUMN A (Total This Report)	COLUMN B (Aggregate During Election Cycle)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees) Total Itemized (Use spreadsheet for Details "Schedule A"):		
7.	\$ 0.00	\$ 0.00
8. Non-Itemized (Total all Contributions Under \$20):	\$ 0.00	\$ 0.00
9. Political Party Committees:	\$ 0.00	\$ 0.00
10. Other Political Committees:	\$ 0.00	\$ 0.00
11. All Loans Received (Schedule C):	\$ 260.00	\$ 260.00
12. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$ 0.00	\$ 0.00
13. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 260.00	\$ 260.00
EXPENDITURES:		
14. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 255.66	\$ 255.66
15. Total of Non-Itemized Expenditures:	\$ 0.00	\$ 0.00
16. Loan Repayments (Use "Schedule C"):	\$ 0.00	\$ 0.00
17. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
18. Individuals/Persons other than Political Committees:	\$ 0.00	\$ 0.00
19. Political Party Committees:	\$ 0.00	\$ 0.00
20. Other Political Committees:	\$ 0.00	\$ 0.00
21. TOTAL EXPENDITURES: (Add all of the above items)	255.66	255.66

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.

Steven L. Corder
Type/Print Name of Agent

Steven L. Corder
Signature of Agent

10/9/03
Date

¹ The following is required for spreadsheet format: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate for Election Cycle per Contributor. For Contributions of \$100 and over, include occupation/employer. 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

SCHEDULE C: LOANS

Name of Committee (In Full):

Committee to Elect Steven L. Corder

Full Name, Address and Zip Code of Loan Source: Steven L. Corder
17584 Colonial Park Drive, Monument, CO 80132

Original Amt. of Loan: Cumulative Payments to Date: Balance Outstanding Close of this Period:

\$260.00

\$ 0

\$260.00

Election: Primary General Other (Specify): School Board

Terms: Date Incurred: 9/5/03 Date Due: 11/5/03 Interest Rate: 0 %

List All Endorsers or Guarantors (If Any):

1. Name/Address/Zip:

Name of Employer: _____

Occupation: _____

Amount Guaranteed Outstanding: \$ _____

2. Name/Address/Zip:

Name of Employer: _____

Occupation: _____

Amount Guaranteed Outstanding: \$ _____

3. Name/Address/Zip:

Name of Employer: _____

Occupation: _____

Amount Guaranteed Outstanding: \$ _____

(If there are additional Guarantors, please attach additional page using the above format.)

(Loans received this reporting period are reported on line 11 of the Detailed Summary Page.)

(Loan payments made this reporting period are reported on line 16 of the Detailed Summary Page.)



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): School Board

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, M.I.)	OCCUPATION/EMPLOYER		
<u>Corder, Steven L.</u>	<u>Director of Finance / Focus on the Family</u>		
ADDRESS (NUMBER/STREET/CITY/STATE/ZIP):	DATE OF THIS CONTRIBUTION:	AMT OF THIS CONTRIBUTION:	
<u>17584 Colonial Park Drive, Monument Co 80132</u>	<u>Sept. 5, 2003</u>	<u>\$ 260.00</u>	
AGGREGATE CONTRIBUTIONS DURING ELECTION CYCLE:			
<u>\$ 260.00</u>			

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

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



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER
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 1-15-111(1)(d).

Check appropriate box(es): Primary General Other (Specify): School Board

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP: POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
El Paso County Clerk and Recorder	200 S. Cascade Colo, Springs, CO 80901	\$ 48.00
PURPOSE OF THIS EXPENDITURE:	List of voters in 11/01 Election	DATE OF EXPENDITURE: Sept. 5, 2003
El Paso County Clerk and Recorder	200 S. Cascade Colo. Springs, CO 80901	\$ 3.00
PURPOSE OF THIS EXPENDITURE:	CD of list of voters in 11/01 Election	DATE OF EXPENDITURE: Sept. 9, 2003
officemax	7645 N. Academy Colo. Springs, CO 80920	\$ 63.91
PURPOSE OF THIS EXPENDITURE:	Flyers	DATE OF EXPENDITURE: Sept 10, 2003
officemax	7645 N. Academy Colo. Springs, CO 80920	\$ 63.91
PURPOSE OF THIS EXPENDITURE:	Flyers	DATE OF EXPENDITURE: Sept. 26, 2003

SCHEDULE B: EXPENDITURES CONTINUATION PAGE

PAGE 00 OF 00

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
officemax	7645 N. Academy Colo. Springs, CO 80920	\$ 63.91
PURPOSE OF THIS EXPENDITURE:		DATE OF EXPENDITURE:
Flyers		Oct. 4, 2003

PAYMENT TO: (PRINT NAME)	ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)	AMOUNT OF EXPENDITURE:
JC Penney	680 Citadel Dr. East Colo. Springs, CO 80909	\$ 15.93
PURPOSE OF THIS EXPENDITURE:		DATE OF EXPENDITURE:
Photographs		Sept. 16, 2003

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

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

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

TOPS FORM 4680B

El Paso County
Clerk and Recorder

RECEIPT

DATE 9/5/03

NO. 9446

RECEIVED FROM Steven L. Corder

ADDRESS

Forty Five 00/100

DOLLARS \$ 45.00

FOR Reps of date at 2.50 per lot

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	45 -
BALANCE DUE		MONEY ORDER	

BY L. Olson

TOPS FORM 4680B

El Paso County
Clerk and Recorder

RECEIPT

DATE 9/9/03

NO. 9447

RECEIVED FROM Steven L. Corder

ADDRESS

DOLLARS \$ 3.00

FOR CD Chg \$3.00 for acctn SB #38
receipt #9446

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	3 00
BALANCE DUE		MONEY ORDER	

BY Sarah Mann

OFFICEMAX #276
764S N. Academy Blvd.
COLORADO SPRINGS, CO 80920
Enter/Win www.officemax.com/store/survey

0276 00008 82325 1 10/04/03
SALE 177708 08:35 PM
400500000232 Full Service Co 60.06
60.06 CO TAX 6.400% 3.85
TOTAL \$63.91
CHECK 63.91
102000076 5575678916

37446526

ORDER BY PHONE 1-877-OFFICEMAX

JCPENNEY #0863
CITADEL MALL
680 CITADEL DR EAST
COLO SPGS, CO 80902
719-597-0050

12:07 PM 0470 0863/600 991

181/0080/285001	PORTRAIT STUDIO	
	QTY 1	.00T
181/0090	PORTRAIT STUDIO	
	QTY 1	9.98T
181/0074	PORTRAIT STUDIO	
	QTY 1	4.99T
SUBTOTAL		14.97
SALES TAX	6.400% 80909	.96
XXXXXXXXXXXX2005/XXXX/581934005/M		
AMEX		15.93
TTL 09/16/03		15.93

CARDHOLDER ACKNOWLEDGES RECEIPT OF
GOODS/SERVICES IN THE AMOUNT SHOWN AND
AGREES TO PAY FOR THEM ACCORDING TO
CREDIT CONTRACT WITH CARD ISSUER.

APPLY FOR A JCPENNEY CHARGE
SAVE AN EXTRA 10%
ON YOUR PURCHASE WHEN YOU ARE APPROVED

KEEP THIS SLIP FOR STATEMENT VERIFICATION
CUSTOMER COPY

RCT# 0863 091603 600 0470 8

CopyMax[™] Work Order 3661040

7645 N. Academy Blvd.
 COLORADO SPRINGS, CO 80920

Inside OfficeMax[™]

Order Number: www.officemax.com/store/survey

WAITING
 CALL WHEN DONE
 QUOTE
 SPOKE

DATE IN: 11:50 9/26/02 TIME IN: DATE/TIME DUE: 9/26/03 AM PM

TAKEN BY: PRODUCED BY: FINISHED BY: Q. CHECK

COMPANY: STEVE COOPER ACCT. #: 092603

CONTACT: PHONE: () STREET: ALT/FAX: () CITY: STATE ZIP

0276 00008 78876 B 09/26/02 161932 12:29

Taken by Store # 092603
 Produced by # (Source #) 400500000232 Full Service Co 60.00

60.06 CO TAX 6.400% 3.6
 TOTAL \$63.9
 CHECK \$3.9

102000076 5575678916

37446526

BLACK & WHITE COPIES \$ 60.06

Original Output	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total
1	1	X 1001	= 1001	X .06	= \$ 60.06
2	2	X	=	X	= \$
MIXED MIXED		X	=	X	= \$
COLLATED		X	=	X	= \$
UNCOLLATED		X	=	X	= \$

SLIP SHEET 8.5 x 11 8.5 x 14 11 x 17 PAPER CODE: STD WHI DESCRIPTION:

DESKTOP PUBLISHING \$

Photo/Text Scans DTP Editing Tabs Other

FULL COLOR COPIES/PRINTS \$

COLLATED	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total	PAPER CODE:
UNCOLLATED		X	=	X	= \$	PAPER SIZE:

BINDING & FINISHING \$

Plastic Comb Wire Comb Thermal Coil Other

Front Cover Copy: Front Back Both None
 Back Cover Copy: Front Back Both None
 Qty. X Price = \$ Total

SPINE COLOR

BOOKLET MAKING STAPLING CUSTOM

Fold & Staple Fold No Staple

of Booklets Cover Finished Size x Face Trim

Hand Collating Custom Assembly Paste Up

FOLDING DRILLING CUTTING

Custom Hand Fold Sample Enclosed

1-up 3-up 2-up 4-up

LAMINATION PADDING

Roll # of Ft Trim Size Pages Per Pad:

Trim Notes # of Pads:

Letter Legal 11 x 7 I.D. Card Lug Tag Pad Size:

ENGINEERING/OVERSIZED \$

# of Pl.	Price	Eng./Red. Charge	Total

PAPER TYPE: x + =

SHIPPING CHARGES (if applicable) \$

CopyMax Delivery UPS OTHER # of Boxes

SUBTOTAL \$ 60.06

NOTES

NATIONAL ACCOUNT

Print Name
 Signature
 Cost Center Dept.

CUSTOMER PROOF APPROVAL

I have received and reviewed or opted to waive a proof of my order for accuracy and completeness. I understand that in signing, I agree that any changes will result in additional charges.

Signature _____ Date _____

Prices subject to change. Not responsible for orders left over 30 days. By placing the order, Customer agrees that OfficeMax's liability for any work performed at its CopyMax centers is limited to the cost of the job and OfficeMax is not responsible for any damage which may occur to originals.

CopyMax™ Work Order

inside OfficeMax

3657112
Order Number

7645 N. Academy Blvd.
COLORADO SPRINGS, CO 80930

www.officemax.com/store/order

- WAITING
- CALL WHEN DONE
- QUOTE
- SPOKE

DATE IN: 9/10/03 TIME IN: 12:15 DATE/TIME DUE: 9/10/03 3 AM PM

TAKEN BY: [Signature] PRODUCED BY: FINISHED BY: Q. CHECK: [Signature]

0276 00008 66574 7 09/10/03
161932 05:47

COMPANY: ACCT. #
CONTACT: Steve Corder PHONE: (508-5893)
STREET: ALT/FAX: ()
CITY: STATE ZIP

Taken by Store #
Produced By # 091003 (Source #)
400500000232 Full Service Co 60.0
60.06 00 TAX 6.400% 3.8
TOTAL \$63.9
XXXXXXXXXXXX2005 AMEX 63.9
CARDHOLDER: S. CORDER
3744557

BLACK & WHITE COPIES \$ 60.06

Original Output	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total
1	1	X 1001	= 06	X	= \$ 60.06
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X	=	X	= \$
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X	=	X	= \$
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X	=	X	= \$
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X	=	X	= \$
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X	=	X	= \$

MIXED MIXED
COLLATED
UNCOLLATED
SLIP SHEET 8.5 x 14 11 x 17 PAPER CODE: std wsh
DESCRIPTION:

DESKTOP PUBLISHING \$

Photo/Text Scans DTP Editing Tabs Other
\$ \$ \$ \$ \$

FULL COLOR COPIES/PRINTS \$

COLLATED	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total	PAPER CODE:
<input checked="" type="checkbox"/>	X	=	X	= \$		
UNCOLLATED	X	=	X	= \$		

PAPER SIZE:

BINDING & FINISHING \$

Front Cover: Copy: Front Back Both None
Back Cover: Copy: Front Back Both None
Qty. X Price = \$ Total X = \$

SPINE COLOR

BOOKLET MAKING STAPLING CUSTOM

Fold & Staple Fold No Staple
of Booklets Cover
Finished Size x Face Trim
x = \$ x = \$ x = \$

Hand Collating
 Custom Assembly
 Paste Up

FOLDING DRILLING CUTTING

Custom Hand Fold
 Sample Enclosed
Custom
1-up 3-up
2-up 4-up
x = \$ x = \$ x = \$

LAMINATION PADDING

Roll # of Ft. Trim Size Pages Per Pad:
 Trim Notes # of Pads:
 Letter Legal 11 x 17 I.D. Card Lug. Tag Pad Size:
x = \$ x = \$

ENGINEERING/OVERSIZED \$

of Ft. Price Engr./Red. Charge Total
PAPER TYPE: x + =

SHIPPING CHARGES (if applicable) \$

CopyMax Delivery UPS OTHER # of Boxes

SUBTOTAL \$ 60.06

NOTES

#1

AO

NATIONAL ACCOUNT

Print Name
Signature
Cost Center Dept.

CUSTOMER PROOF APPROVAL

I have received and reviewed or opted to waive a proof of my order for accuracy and completeness. I understand that in signing, I agree that any changes will result in additional charges.

Signature _____ Date _____

Prices subject to change. Not responsible for orders left over 30 days. By placing the order, Customer agrees that OfficeMax's liability for any work performed at its CopyMax centers is limited to the cost of the job and OfficeMax is not responsible for any damage which may occur to original.