



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER

SCHEDULE C: LOANS

Name of Committee (In Full):

Committee to Elect J. Patrick Kelly

Full Name, Address and Zip Code of Loan Source:

James P. Kelly 9020 Salford Ln. Colo. Springs, Co 80920

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

\$620.00 \$620.00 --0--

Election: Primary General Other (Specify): _____

Terms: Date Incurred: 4/16/02 Date Duc: On Demand 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
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SCHEDULE A

CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [Thru 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): _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____

HOMEANDBUILDINGASSOCIATION HOMEBUILDERS DATE OF CONTR: _____ AMT OF THIS CONTRIBUTION: _____

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) _____

4585 HILTON PARKWAY SUITE 100 CO SPRINGFIELD CO 80907 031502 \$500.00

AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$500.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____

KATE KILBURN REFLECTOR DATE OF CONTR: _____ AMT OF THIS CONTRIBUTION: _____

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) _____

6090 RYSLER BLVD MANITO SPRING CO 80829 040202 \$120.00

AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$120.00

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP) _____ DATE OF CONTR: _____ AMT OF THIS CONTRIBUTION: _____

AGGREGATE YEAR TO DATE CONTRIBUTIONS: \$ _____