

Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste. 200  
 Denver, CO 80290  
 Ph: (303) 894-2200 ext. 6383  
 Fax: (303) 869-4861  
 Email: cphelp@sos.state.co.us  
 www.sos.state.co.us



Space Below For Office Use Only

CITY CLERK'S OFFICE

2012 AUG -7 P 1:36

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

Full Name of Committee/Person:	Great City. Great Care.
<small>As Shown On Registration</small>	
Address of Committee/Person:	P.O. Box 63301
City, State & Zip Code:	Colorado Springs, CO 80902
Committee Type:	Issue
Name and Address of Financial Institution	N/A

SOS ID NUMBER (state and county committees):

**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)
- Check this box if this Report Contains Electioneering Communications Information

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)	\$ <u>    </u>
2 Total Monetary Contributions (line 11)	\$ <u>    </u>
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>    </u>
4 Total Monetary Expenditures (line 19)	\$ <u>    </u>
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>    </u>

**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): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: Richard Evans  
 Registered Agent's Signature: [Signature] Date: 8/6/12  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: Great City, Great Care

Current Reporting Period: May 3, 2012 Through Aug 2, 2012

<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)		\$	∅
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	∅
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	∅
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	∅
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	∅
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	∅
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	∅
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	288,765.96
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	288,765.96
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	∅
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	∅
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	∅
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	∅
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	∅
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	∅
20	<b>Total Spending</b> (Line 18 + line 19)	\$	∅

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

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

Full Name of Committee/Person: Great City Great Care

**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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: _____
<input type="checkbox"/> Check box if Electioneering Communication	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).

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

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

Full Name of Committee/Person: Great City - Great Care

PLEASE PRINT/TYPE

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

**Schedule C - Loans**

Full Name of Committee/Person: Great City Great Care

**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)

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:** Great City Great Cave

**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: _____

**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) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Great City Great Cause

PLEASE PRINT/TYPE

1. Date Provided <u>6/6/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care, Inc.</u>
2. Fair Market Value \$ <u>2,600<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. \$ <u>2,600<sup>00</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Evans Consulting (compliance &amp; consulting) for June 2012</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>6/6/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care, Inc.</u>
2. Fair Market Value \$ <u>5,000<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. \$ <u>7,600<sup>00</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Stephannie Finley (campaign consulting) for June 2012</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>6/8/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care Inc.</u>
2. Fair Market Value \$ <u>13,500<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. \$ <u>21,100<sup>00</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>MIDG Group (campaign consulting) for June 2012</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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."

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Great City Great Care

PLEASE PRINT/TYPE

1. Date Provided <u>7/11/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care Inc.</u>
2. Fair Market Value \$ <u>2,600<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. \$ <u>23,700<sup>00</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Evans Consulting (compliance &amp; consulting - July)</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>7/11/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care Inc.</u>
2. Fair Market Value \$ <u>5,000<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. \$ <u>28,700<sup>00</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Stephanie Finley (campaign consulting - July)</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>7/11/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care Inc.</u>
2. Fair Market Value \$ <u>13,500<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. \$ <u>42,200<sup>00</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>MIOG Group (campaign consulting)</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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."



**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Great City, Great Care

PLEASE PRINT/TYPE

1. Date Provided <u>7/25/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care, Inc.</u>
2. Fair Market Value <u>\$15,718.93</u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. <u>\$57,918.93</u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Colorado Media Group (brochures, direct mail) + website</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>7/25/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care, Inc.</u>
2. Fair Market Value <u>\$10,000<sup>00</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. <u>\$67,918.93</u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Colorado Media Group (campaign consulting fee)</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>7/25/12</u>	4. Name (Last, First): <u>Poudre Valley Health Care Inc.</u>
2. Fair Market Value <u>\$220,847<sup>03</sup></u>	5. Address: <u>2315 E. Harmony Rd. Ste 200</u>
3. Aggregate Amt. <u>\$288,765<sup>96</sup></u>	6. City/State/Zip: <u>Fort Collins, CO 80528</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Colorado Media Group (consulting + paid media) + polling</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	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."