FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Coloradans for Life

(b) Address (number and street) ☐ check if different than previously reported
P.O. Box 1091

(c) City, State and ZIP Code
Longmont, CO 80502

2. FEC Identification Number
C 3 0 0 0 0 6 2 4

(d) Name of Employer or Principal Place of Business
NA

(e) Occupation
NA

3. Is This Statement X New or Amended

4. Covering Period 10 11 2006 through 10 24 2006

5. (a) Date of Public Distribution(s) 10 24 2006 **(b) Communication Title** "Pay"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No X

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes X No

8. Custodian of Records

(a) Name Julie Wells

(b) Address (number and street)
3165 S. Waxberry Way

(c) City, State and ZIP Code
Denver, CO 80231

(d) Name of Employer or Principal Place of Business
Self

(e) Occupation
Bookkeeper

9. Total Donations This Statement 0 0 0

10. Total Disbursements/Obligations This Statement 3 3 7 0 3 5 0 0

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Julie N. Wells

SIGNATURE _____ **DATE** 10-25-06

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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