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
COLORADO FAMILIES FIRST

(b) Address (number and street) ☐ check if different than previously reported
837 Sherman St

(c) City, State and ZIP Code
Denver, Colorado 80203

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C

3. Is This Statement ✓ New or Amended

4. Covering Period 09 10 2004 through 09 22 2004

5. (a) Date of Public Distribution(s) 09 22 2004 (b) Communication Title Robbing the Cradle

6. Is the Filer's Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ✓ No

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

8. Custodian of Records

(a) Name
Timothy Knaus

(b) Address (number and street)
837 Sherman St

(c) City, State and ZIP Code
Denver, Co. 80203

(d) Name of Employer or Principal Place of Business
Colorado Families First

(e) Occupation
Director/Attorney

9. Total Donations This Statement .139,383.00

10. Total Disbursements/Obligations This Statement .139,383.00

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 Timothy Knaus

SIGNATURE Timothy Knaus DATE 9/23/04

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

FESAM020.PDF FEC FORM 9 (REV. 02/2002)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
Jared Polis
(b) Address (number and street)
837 Sherman St.
(c) City, State and ZIP Code
Denver, Co. 80203
(d) Name of Employer or Principal Place of Business (e) Occupation
Colorado Families First

B. (a) Name
Pat Stryker
(b) Address (number and street)
837 Sherman St.
(c) City, State and ZIP Code
Denver, Colorado 80203
(d) Name of Employer or Principal Place of Business (e) Occupation
Colorado Families First

C. (a) Name
Tim Gill
(b) Address (number and street)
837 Sherman St.
(c) City, State and ZIP Code
Denver, Colorado 80203
(d) Name of Employer or Principal Place of Business (e) Occupation
Colorado Families First

D. (a) Name
Tim Kwan
(b) Address (number and street)
837 Sherman St
(c) City, State and ZIP Code
Denver, Colorado 80203
(d) Name of Employer or Principal Place of Business (e) Occupation
Colorado Families First

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

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FEC FORM 3 (REV. 03/2003)

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor: Jared Polis Mailing Address of Donor: 837 Sherman St. City State Zip: Denver, Colo. 80203	Date of Receipt: 09 10 2004 Amount: 46,461.—
B. Full Name of Donor: Tim Gill Mailing Address of Donor: 837 Sherman St. City State Zip: Denver, Colo. 80203	Date of Receipt: 09 10 2004 Amount: 46,461.—
C. Full Name of Donor: Pat Stryker Mailing Address of Donor: 837 Sherman St. City State Zip: Denver, Colo. 80203	Date of Receipt: 09 10 2004 Amount: 46,461.—
D. Full Name of Donor: Mailing Address of Donor: City State Zip:	Date of Receipt: Amount:
E. Full Name of Donor: Mailing Address of Donor: City State Zip:	Date of Receipt: Amount:

SUBTOTAL of Donations This Page (optional) ▶	139,383.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9) ▶	139,383.00

FEC FORM 9 (REV. 02/2003)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: North Woods Advertising
Mailing Address of Payee: 200 Textile Bldg 119 N. 4th St.
City / State / Zip Code: Minneapolis Minn. 55401
Name of Employer / Occupation: Production of "Ribbing the Casket"

Date of Disbursement or Obligation: 09 16 2004
Amount: 34,183.00
Communication Date: 09 22 2004

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Marilyn Musgrave
Office Sought: [X] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: North Woods Advertising
Mailing Address of Payee: 200 Textile Bldg, 119 N. 4th St
City / State / Zip Code: Minneapolis, Minn. 55401
Name of Employer / Occupation:

Date of Disbursement or Obligation: M M D D Y Y Y Y
Amount:
Communication Date: M M D D Y Y Y Y

Purpose of Disbursement (including title(s) of communication(s)): Cost of airtime

Name of Federal Candidate: Marilyn Musgrave
Office Sought: [X] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 139,383.—

TOTAL This Period (last page this line number only) ▶ 139,383.—
(carry total from last page to Line 10)

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FEC FORM 9 (REV. 03/2003)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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N/A PREPARER	N/A DATE PREPARED

(5/2004)