

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 CARE Membership Organization		2. FEC Identification Number C C30001770
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 5400 N. Washington		
(c) City, State and ZIP Code Denver CO 80216		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

5. (a) Date of Public Distribution(s) 10 / 18 / 2010 (b) Communication Title Cory Can

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

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 Kent Singer	
(b) Address (number and street) 5400 N. Washington	
(c) City, State and ZIP Code Denver CO 80216	
(d) Name of Employer or Principal Place of Business CREA	(e) Occupation Executive Director

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Geoffrey Hier

SIGNATURE Electronically Filed by Geoffrey Hier

DATE 10/18/2010

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Gary Merrifield	Transaction ID : F91.000001	
	(b) Address (number and street) 5400 N. Washington		
	(c) City, State and Zip Code Denver	CO	80216
	(d) Name of Employer or Principal Place of Business	(e) Occupation Chair	
B.	(a) Name Robert McLennan	Transaction ID : F91.000002	
	(b) Address (number and street) 5400 N. Washington		
	(c) City, State and Zip Code Denver	CO	80216
	(d) Name of Employer or Principal Place of Business	(e) Occupation co-chair	
C.	(a) Name Kent Singer	Transaction ID : F91.000003	
	(b) Address (number and street) 5400 N Washington		
	(c) City, State and Zip Code Denver	CO	80216
	(d) Name of Employer or Principal Place of Business	(e) Occupation Secretary/Treasurer	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Colorado Winning Edge <hr/> Mailing Address of Payee 8074 GROVE STREET <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Westminster</td> <td>CO</td> <td>80031</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Westminster	CO	80031	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 5 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">118700.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 8 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	1 0 / 1 5 / 2 0 1 0	118700.00	M M / D D / Y Y Y Y	1 0 / 1 8 / 2 0 1 0
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1 0 / 1 5 / 2 0 1 0														
118700.00														
M M / D D / Y Y Y Y														
1 0 / 1 8 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s))
 Radio ad purchase

Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/>	Other (specify)	_____	
		<input type="checkbox"/>	President					

Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/>	Other (specify)	_____	
		<input type="checkbox"/>	President					

Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/>	Other (specify)	_____	
		<input type="checkbox"/>	President					

SUBTOTAL of Disbursement/Obligation This Page (optional)	118700.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	118700.00