202 219 0174

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 Plain Talk

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

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: 0

3. Is This Statement: New / or / Amended

4. Covering Period: 10 31 2004 through 11 02 2004

5. (a) Date of Public Distribution(s): 10 31 2004 (b) Communication Title: Dunkelfeld/Lab Coat/Plain Talk

6. Is the Filer a 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: Tim Kraus

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

(c) City, State and ZIP Code: Denver, Colo 80203

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement: 100,000 -

10. Total Disbursements/Obligations This Statement: 100,000 -

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 Kraus

SIGNATURE: Timothy Kraus DATE: 11/1/04

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

FEC FORM 9 (REV. 02/2003)

FEC4N039.PDF

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
Tim Gill
(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
Coloradans for Plain Talk

B. (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
Coloradans for Plain Talk

C. (a) Name
Tim 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 (e) Occupation
Coloradans for Plain Talk

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

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

FEC FORM 9 (REV. 01/2003)

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PAGE OF

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Tim Gill Mailing Address of Donor: 837 Sherman St. City / State / Zip: Denver, Co 80203	Date of Receipt: 10 28 2004 Amount: 50,000.—
B. Full Name of Donor: Jared Polis Mailing Address of Donor: 837 Sherman St. City / State / Zip: Denver, Co 80203	Date of Receipt: 10 28 2004 Amount: 50,000.—
C. Full Name of Donor: Mailing Address of Donor: City / State / Zip:	Date of Receipt: Amount:
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) ▶	100,000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	100,000.00

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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: Minneapolis, Minn. State: Minn. Zip Code: 55401

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 29 2004

Amount: 100,000.—

Communication Date: 10 31 2004

Purpose of Disbursement (including title(s) of communication(s)): Air Time for Dunk Tank/Lab Coat/Plain Talk

Name of Federal Candidate: Musgrave — 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)

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:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

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

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)

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) ▶ 100,000.—

TOTAL This Period (last page this line number only) ▶ 100,000.—
(carry total from last page to Line 10)

FEC FORM 9 (REV. 02/2002)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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