

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 <input type="checkbox"/> New or <input checked="" type="checkbox"/> 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
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5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0 **(b) Communication Title** 10/18/2010

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
Singer Kent
 (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 _____ .00

10. Total Disbursements/Obligations This Statement _____ 11870.00

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 10/25/2010

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

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> <tr> <td> </td> <td> </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 <div style="border: 1px solid black; padding: 2px; text-align: right;">11870.00</div> 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	M M / D D / Y Y Y Y	1 0 / 1 8 / 2 0 1 0
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M M / D D / Y Y Y Y															
1 0 / 1 5 / 2 0 1 0															
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))
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Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:
					<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:
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Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For:
					<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">11870.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">11870.00</div>