HHF	HALE HACKSTAFF FRIESEN ATTORNEYS AT LAW

1430 WYNKOOP STREET, SUITE 300
DENVER, CO 80202-6171
(720) 904-6000 TELEPHONE/ (720)904-6006 FACSIMILE

PLEASE DELIVER TO:

TO	COMPANY	FACSIMILE NO.	TELEPHONE NO.
Federal Election Commission	999 E. Street N.W. Washington D.C. 20463	202-219-0174	
Total number of pages including this cover page:			5

Dated: August 6, 2004

From: Kristi Martine
Legal Assistant to Scott E. Gessler

Message: Please see the following FEC Form 9 regarding electioneering communications for the Colorado Conservative Voters for the period of 7/29/04 - 8/6/04

CONFIDENTIALITY NOTICE: This fax cover sheet, its contents and the attached page(s) are confidential, subject to the attorney/client privilege and/or attorney work product privilege. The fact we are sending this communication by fax is not intended to waive either of those privileges. If you have received this fax in error and/or if you are not the intended recipient of this cover sheet and the attached page(s), you are hereby noticed that you are obligated to deliver it to the intended recipient without disseminating any of this communication, including the attachments, to any other person or entity. If you have received this communication in error, please immediately notify Hale Hackstaff Friesen, LLP at the telephone number listed above and return the same via mail to the address listed above. Thank you.

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 Conservative Voters

(b) Address (number and street) ☐ check if different than previously reported: 1430 Wynkoop St SUITE 300

(c) City, State and ZIP Code: Denver, CO 80202

(d) Name of Employer or Principal Place of Business: NOT APPLICABLE

(e) Occupation:

2. FEC Identification Number: C

3. Is This Statement: ☒ New or ☐ Amended

4. Covering Period: 07 29 2004 through 08 06 2004

5. (a) Date of Public Distribution(s): 08 05 2004 (b) Communication Title: Drinking

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: Scott E. Gessler

(b) Address (number and street): 1430 Wynkoop St Suite 300

(c) City, State and ZIP Code: Denver, CO 80202

(d) Name of Employer or Principal Place of Business: Hale Friesen, LLP

(e) Occupation: Attorney

9. Total Donations This Statement: 105,000.00

10. Total Disbursements/Obligations This Statement: 120,000.00

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: Scott E. Gessler

SIGNATURE: [signature] DATE: 8/6/04

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

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FEC FORM 9 (REV. 02/2003)

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name William Armstrong
(b) Address (number and street) 1625 Broadway Suite 780
(c) City, State and ZIP Code Denver, Colorado 80202
(d) Name of Employer or Principal Place of Business Self Employed
(e) Occupation Consultant

B. (a) Name Scott E. Gessler
(b) Address (number and street) 1430 Wynkoop St. Suite 300
(c) City, State and ZIP Code Denver Colorado 80202
(d) Name of Employer or Principal Place of Business Hale Friesen, LLP
(e) Occupation Attorney

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

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

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor: William L. Armstrong Mailing Address of Donor: 1625 Broadway, Suite 780 City / State / Zip: Denver, CO 80202	Date of Receipt: 08 03 2004 Amount: 5000000
B. Full Name of Donor: Terry Considine Mailing Address of Donor: 4582 S. Ulster St., Suite 405 City / State / Zip: Denver, CO 80237	Date of Receipt: 08 03 2004 Amount: 5000000
C. Full Name of Donor: William D. Miller Mailing Address of Donor: 5150 Langdale Way City / State / Zip: Colorado Springs, CO 80906	Date of Receipt: 08 04 2004 Amount: 500000
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) ▶ 10500000

TOTAL This Period (last page this line number only) ▶ 10500000
(carry total from last page to Line 9)

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FEC FORM 9 (REV. 03/2003)

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

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee: Red Sea LLC

Date of Disbursement or Obligation: 08 03 2004

Mailing Address of Payee: 1111 19th St NW STE 211

City: Washington State: D.C. Zip Code: 20036

Amount: 120,000.00

Name of Employer: N/A Occupation:

Communication Date: 08 05 2004

Purpose of Disbursement (including title(s) of communication(s)): Broadcast TV AD (Drinking)

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

Name of Federal Candidate: Pete Coors — Office Sought: [ ] House [X] Senate [ ] President — State: CO District: — Disbursement/Obligation For: [X] 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:

Date of Disbursement or Obligation:

Mailing Address of Payee:

City: State: Zip Code:

Amount:

Name of Employer: Occupation:

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) ▶ 120,000.00

TOTAL This Period (last page this line number only) ▶ 120,000.00
(carry total from last page to Line 10)

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FEC FORM 9 (REV 10/2002)

Federal Election Commission

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)