

2009 SEP 30 AM 8:46

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Michael D. Collins		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4130 S. LIVERPOOL WAY		
(c) City, State and ZIP Code AURORA, CO 80013		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer RETIRED	Occupation RETIRED	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

09 ' 14 ' 2009
THROUGH
09 ' 14 ' 2009

#484,88

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

48488

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures 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

SIGNATURE

DATE

Michael D. Collins**Michael D. Collins****9-25-09**

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

29030162739

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE / OF /
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Michael David Collins

Full Name (Last, First, Middle Initial) of Payee

Collins Michael Color Graphics

Date

09 / 14 / 2009

Mailing Address

33 South Fox

Amount

, 484.88

City

DENVER

State

CO

Zip Code

80223

Purpose of Expenditure

SIGNS AND BUMPER STICKER

Category/
Type

Office Sought:

SENATE

☒ House

State:

CO

☐ Senate

District:

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ANDREW ROMANOFF

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☒ Primary ☐ General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

, 484.88

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

, , .

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

, 484.88

29030162740

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

- - -

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

- - -

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

- - -

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

- - -

SUBTOTAL of Receipts This Page (optional)

- - -

TOTAL This Period (last page carry total to Line 6)

- - -

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.

☐ Hand Delivered

Date of Receipt

☒ USPS First Class Mail

Postmarked

9/25/09

☐ USPS Registered/Certified

Postmarked (R/C)

☐ USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail

Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify):

Shipping Date

—Next Business Day Delivery ☐

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked


PREPARER

9/30/09
DATE PREPARED