

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS**

<b>1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations</b>			
(a) Name Too Extreme for Colorado			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2889 Emporia Court	<b>2. FEC Identification Number</b> <b>C</b> C00000000		
(c) City, State and ZIP Code Denver CO 80238			
(d) Name of Employer or Principal Place of Business	(e) Occupation		
<table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> <b>3. Is This Statement</b>  <input checked="" type="checkbox"/> <b>New</b>                      or  <input type="checkbox"/> <b>Amended</b> </td> <td style="width:65%; border: none;"> <b>4. Covering Period</b>                      M M / D D / Y Y Y Y                      09 / 15 / 2006                      through                      M M / D D / Y Y Y Y                      09 / 18 / 2006                 </td> </tr> </table>		<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b> M M / D D / Y Y Y Y 09 / 15 / 2006 through M M / D D / Y Y Y Y 09 / 18 / 2006
<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b> M M / D D / Y Y Y Y 09 / 15 / 2006 through M M / D D / Y Y Y Y 09 / 18 / 2006		
<b>5. (a) Date of Public Distribution(s)</b> M M / D D / Y Y Y Y <b>(b) Communication Title</b> Dating _____ 09 / 18 / 2006			
<b>6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>8. Custodian of Records</b>			
(a) Name Sally Chafee			
(b) Address (number and street) 2889 Emporia Court			
(c) City, State and ZIP Code Denver CO 80238			
(d) Name of Employer or Principal Place of Business Self	(e) Occupation Consultant		
<b>9. Total Donations This Statement</b> 80000.00			
<b>10. Total Disbursements/Obligations This Statement</b> 61000.00			

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 Sally Chafee

SIGNATURE \_\_\_\_\_ DATE 09/18/2006

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

250391837A7

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

**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b>		<b>Transaction ID : F91.000001</b>	
Julie Brown			
<b>(b) Address (number and street)</b>			
4500 S Monaco #924			
<b>(c) City, State and Zip Code</b>			
Denver	CO	80237	
<b>(d) Name of Employer or Principal Place of Business</b>		<b>(e) Occupation</b>	
Self		Consultant	

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**SCHEDULE 9-A**  
**Donation(s) Received**

**A. Full Name of Donor**

Pat Stryker

Mailing Address of Donor  
 103 W Mountain Ave

City	State	Zip
Fort Collins	CO	80524

Date of Receipt

M M / D D / Y Y Y Y  
 09 / 15 / 2006

Amount

80000.00

Transaction ID : SAF92.000001

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**SUBTOTAL** of Donations This Page (optional).....

**80000.00**

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

**80000.00**

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> RBI Strategies			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 09 / 15 / 2008		
<b>Mailing Address of Payee</b> 1900 Grant St Ste 1170			<b>Amount</b> 61000.00		
<b>City</b> Denver	<b>State</b> CO	<b>Zip Code</b> 80203	<b>Communication Date</b> M M / D D / Y Y Y Y 09 / 18 / 2008		
<b>Name of Employer</b>		<b>Occupation</b>	<b>Transaction ID: SBF93.000001</b>		

**Purpose of Disbursement (including title(s) of communication(s))**  
Media Buy for Dating

<b>Name of Federal Candidate</b> Rick O'Donnell	<b>Office Sought:</b> <input checked="" type="checkbox"/> House Senate President	<b>State:</b> CO <b>District:</b> 07	<b>Disbursement/Obligation For:</b> 2008 Primary <input checked="" type="checkbox"/> General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b> <b>District:</b>	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____

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<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	61000.00
<b>TOTAL</b> This Period (last page this line number only) .....	61000.00
(carry total from last page to line 10)	

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>EMAIL</i>	Date of Receipt or Postmarked <i>9/18/06</i>
<i>SK1</i> PREPARER	<i>9/18/06</i> DATE PREPARED

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