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 Life

(b) Address (number and street) ☐ check if different than previously reported
P.O. Box 1091

(c) City, State and ZIP Code
Longmont, CO 80502

2. FEC Identification Number
C 3 0 0 0 0 6 2 4

(d) Name of Employer or Principal Place of Business
NA

(e) Occupation
NA

3. Is This Statement ☐ New or ☒ Amended

4. Covering Period 10 04 2006 through 10 12 2006

5. (a) Date of Public Distribution(s) 10 20 2006 **(b) Communication Title** Substituce "Raise" for "Yes"

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 Julie Wells

(b) Address (number and street)
3165 S. Waxberry Way

(c) City, State and ZIP Code
Denver, CO 80231

(d) Name of Employer or Principal Place of Business
Self

(e) Occupation
Bookkeeper

9. Total Donations This Statement 0 00

10. Total Disbursements/Obligations This Statement 100 525 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 Julie W. Wells

SIGNATURE Julie Wells DATE 10-24-06

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

FE3AN038.PDF FEC FORM 9 (REV. 02/2003)

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
Ellen Dunn

(b) Address (number and street)
P.O. Box 1091

(c) City, State and ZIP Code
Longmont, CO 80502

(d) Name of Employer or Principal Place of Business
City and County of Denver

(e) Occupation
Communications Director

B. (a) Name
William Emison

(b) Address (number and street)
P.O. Box 1091

(c) City, State and ZIP Code
Longmont, CO 80502

(d) Name of Employer or Principal Place of Business
Merrick & Co.

(e) Occupation
Product Manager

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

26039244782

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 0 0 0
(carry total from last page to Line 9)

26059244755

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

A. Full Name (Last, First, Middle Initial) of Payee
Joe Slade White and Company, Inc.

Mailing Address of Payee
377 Main Street

City East Aurora State NY Zip Code 14052

Name of Employer NA Occupation NA

Date of Disbursement or Obligation 10 11 2006

Amount 100 525 00

Communication Date 10 20 2006

Purpose of Disbursement (including title(s) of communication(s))
Broadcast and cable television ad -- Substitute "Raise" for "Yes"

Name of Federal Candidate: Marilyn Musgrave
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: CD4
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate: Angie Paccione
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: CD4
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate: Eric Bidwness
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: CD4
Disbursement/Obligation For: [ ] Primary [X] 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) ▶ 100 525 00

TOTAL This Period (last page this line number only) ▶ 100 525 00
(carry total from last page to Line 10)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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