

Colorado Secretary of State
 Elections Division
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 Denver, CO 80290
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 Fax: (303) 869-4861
 www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (C.R.S. 1-45-108)

| | |
|--|--|
| Full Name of Committee/Person: | Bensberg for Commission <small>As Shown On Registration</small> |
| Address of Committee/Person: | P.O. Box 681 |
| City, State & Zip Code: | Colorado Springs, CO 80901 |
| Committee Type: | candidate |
| Name and Address of Financial Institution: | UMB Bank P.O. Box 22314 Denver, CO 80222 |

SOS ID NUMBER (state committees ONLY):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable) \$
[Art. XXVIII, Sec. 4(1)]

| | Totals Detailed Summary Page |
|---|------------------------------|
| 1 Funds on Hand at the Beginning of Reporting Period (monetary only) | \$ 17,064.32 |
| 2 Total Monetary Contributions (line 11) | \$ 9.50 |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) | \$ 17,073.82 |
| 4 Total Monetary Expenditures (line 19) | \$ 1,957.45 |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ 15,116.37 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
 [Art. XXVIII Sec. 10(2)(a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: James M. Bensberg
 Registered Agent's Signature: [Signature] Date: 12/7/06
 Print Candidate Name: Jim Bensberg
 Candidates Signature: [Signature] Date: 12/7/06

DETAILED SUMMARY

Full Name of Committee/Person: Bensberg for Commissioner

Current Reporting Period: 10/30/06 Through 12/2/06

| | | |
|----|--|--------------|
| | Funds on hand at the beginning of reporting period (Monetary Only) | \$ 17,064.32 |
| 6 | Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A") | \$ |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ |
| 8 | Loans Received (Please list on Schedule "C") | \$ |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$ |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$ 9.50 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$ 9.50 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ |
| 13 | Total Contributions (Line 11 + line 12) | \$ 9.50 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ 1922.77 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ 34.68 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$ |
| 17 | Returned Contributions (To donor) (Please list on Schedule "D") | \$ |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$ |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ 1957.45 |
| 20 | Total Spending (Line 18 + line 19) | \$ 1957.45 |

Schedule B – Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Bensberg for Commissioner

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. Date Expended <u>11/4/06</u> | 4. Name: <u>McDonald's Restaurant</u> |
| 2. Amount \$ <u>35.70</u> | 5. Address: <u>4801 N. Academy Blvd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80918</u> |
| | 7. Purpose of Expenditure: <u>lunch for campaign workers</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. Date Expended <u>11/7/06</u> | 4. Name: <u>ISC</u> |
| 2. Amount \$ <u>38.00</u> | 5. Address: <u>15 E. Bijou</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80903</u> |
| | 7. Purpose of Expenditure: <u>campaign mtg.</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. Date Expended <u>11/7/06</u> | 4. Name: <u>Souterra Grill</u> |
| 2. Amount \$ <u>1015.32</u> | 5. Address: <u>28 S. Tejon St.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80903</u> |
| | 7. Purpose of Expenditure: <u>campaign celebration</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. Date Expended <u>11/7/06</u> | 4. Name: <u>Antlers Hilton</u> |
| 2. Amount \$ <u>108.31</u> | 5. Address: <u>2 S. Cascade Ave.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80903</u> |
| | 7. Purpose of Expenditure: <u>hotel room</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. Date Expended <u>11/16/06</u> | 4. Name: <u>CSEA</u> |
| 2. Amount \$ <u>24.00</u> | 5. Address: <u>P.O. Box 60395</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80965</u> |
| | 7. Purpose of Expenditure: <u>association dues</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

Schedule B - Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Bensberg for Commissioner

PLEASE PRINT/TYPE

| | |
|--|--|
| 1. <u>Date Expended</u> 11/30/06 | 4. Name: <u>Accout Photo Imaging</u> |
| 2. <u>Amount</u> \$ 511.16 | 5. Address: <u>4685 Centennial Blvd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80919</u> |
| | 7. Purpose of Expenditure: <u>Christmas cards</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> 11/30/06 | 4. Name: <u>Staples</u> |
| 2. <u>Amount</u> \$ 34.28 | 5. Address: <u>4520 Centennial Blvd.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80919</u> |
| | 7. Purpose of Expenditure: <u>envelopes</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|--|--|
| 1. <u>Date Expended</u> 11/30/06 | 4. Name: <u>USPS</u> |
| 2. <u>Amount</u> \$ 156.00 | 5. Address: <u>Pikes Peak & Nevada Ave.</u> |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colorado Springs, CO 80903</u> |
| | 7. Purpose of Expenditure: <u>postage</u> |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

| | |
|---|--|
| 1. <u>Date Expended</u> | 4. Name: _____ |
| 2. <u>Amount</u> \$ | 5. Address: _____ |
| 3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6. City/State/Zip: _____ |
| | 7. Purpose of Expenditure: _____ |
| | <input type="checkbox"/> Check box if Electioneering Communication |

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Bensberg for Commissioner

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

| | |
|-------------------------|------------------------------|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> | 6. City/State/Zip: _____ |
| \$ | 7. Purpose: _____ |

| | |
|-------------------------|------------------------------|
| 1. <u>Date Accepted</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> | 6. City/State/Zip: _____ |
| \$ | 7. Purpose: _____ |

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

| | |
|-------------------------------------|--|
| 1. <u>Date Expended</u> 11/7/06 | 4. Name (Last, First): <u>PNI Unplugged City</u> |
| 2. <u>Date Returned</u> 11/16/06 | 5. Address: <u>(866) 431-8434</u> |
| 3. <u>Amount</u> | 6. City/State/Zip: <u>California</u> |
| \$ <u>9.50</u> | 7. Comment (Optional): <u>refund on wireless service</u> |

| | |
|-------------------------|------------------------------|
| 1. <u>Date Expended</u> | 4. Name (Last, First): _____ |
| 2. <u>Date Returned</u> | 5. Address: _____ |
| 3. <u>Amount</u> | 6. City/State/Zip: _____ |
| \$ | 7. Comment (Optional): _____ |