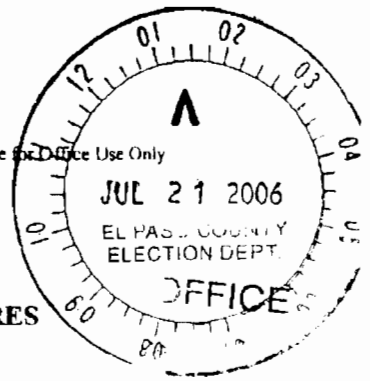


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



Below Space for Office Use Only



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

Full Name of Committee/Person:	SUSAN W. BEASLEY <small>As Shown On Registration</small>
Address of Committee/Person:	4515 Shady Lane
City, State & Zip Code:	Colorado Springs CO. 80908-3779
Committee Type:	To Elect Bruce C. Berner CO. Commissioner
Name and Address of Financial Institution:	ENT P.O. Box 15819 Co. Sprin CO. 80935-5819

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)

Reporting Period Covered:  Through   
date date

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

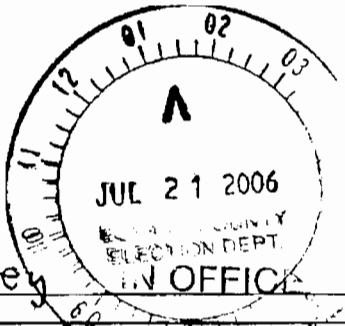
		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 00.00
2	Total Monetary Contributions (line 11)	\$ 531.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 531.00
4	Total Monetary Expenditures (line 19)	\$ 29.52
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 501.48

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)

Print Registered Agent's (Treasurer's) Name: SUSAN W. BEASLEY  
 Registered Agent's (Treasurer's) Signature: Susan W. Beasley Date: 20 July 06  
 Print Candidate Name: BRUCE C. BERNER  
 Candidates Signature: BCB Date: 20 July 06

**DETAILED SUMMARY**

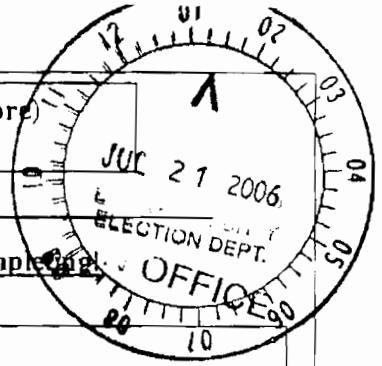


Full Name of Committee/Person: SUSAN W. BEASLEY

Current Reporting Period: 03/21/06 Through 06/15/06

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 00.00
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 290.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ <del>531.00</del> 241.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 531.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 531.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 29.52
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 29.52

**Schedule A - Itemized Contributions Statement (\$20 or more)**  
[C.R.S. 1-45-108(1)(a)]



Full Name of Committee/Person: \_\_\_\_\_

**WARNING: Please read the instruction page for Schedule "A" before completing.**

PLEASE PRINT/TYPE

1. Date Accepted <u>12 MAR 06</u>	4. Name (Last, First): <u>PEASE, Howard</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>1210 MONTEZUMA RD.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Colo. Spgs CO. 80920</u>
	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Retired</u>

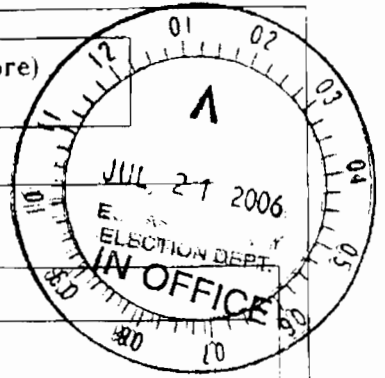
1. Date Accepted <u>2 MAR 06</u>	4. Name (Last, First): <u>WINGARD, Robert O.</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>3855 Timber Ln.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Colo. Spgs CO. 80908</u>
	7. Description: <u>check# 1428</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>2 Mar 06</u>	4. Name (Last, First): <u>Lidderdale, Charles</u>
2. Contribution Amt. \$ <u>40.00</u>	5. Address: <u>8530 Woodcrest Dr.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>C.S. Co. 80908</u>
	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>15 June 06</u>	4. Name (Last, First): <u>TURNER, Paul</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>5780 Del Pez</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>C.S. Co 80918</u>
	7. Description: <u>CASH</u>
	8. Employer (if applicable, mandatory): <u>SELF-</u>
	9. Occupation (if applicable, mandatory): <u>BOOK BROKER</u>

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule B - Itemized Expenditures Statement (\$20 or more)  
[C.R.S. 1-45-108(1)(a)]



Full Name of Committee/Person: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 6/2/06	4. Name: <u>AUSTIN B PIZZA HUT</u>
2. <u>Amount</u> \$ <u>29,52</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Food for helping set-up web-site</u>

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: _____

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: _____

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: _____

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: _____