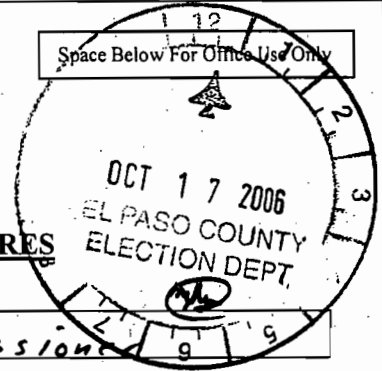


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

**Full Name of Committee/Person:** Bensberg for Commissioners  
As Shown On Registration

**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)	\$ 16,462.62
2 Total Monetary Contributions (line 11)	\$ 1,500.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 17,962.62
4 Total Monetary Expenditures (line 19)	\$ 1,428.27
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 16,534.35

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.

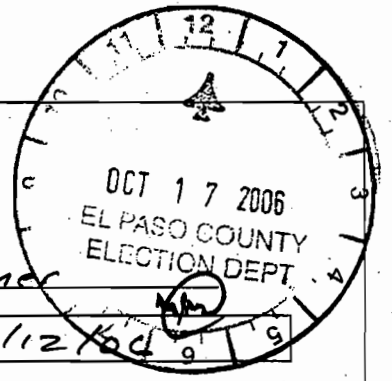
Print Registered Agent's Name: James M. Bensberg

Registered Agent's Signature: [Signature] Date: 10/17/06

Print Candidate Name: Jim Bensberg

Candidates Signature: [Signature] Date: 10/17/06

**DETAILED SUMMARY**



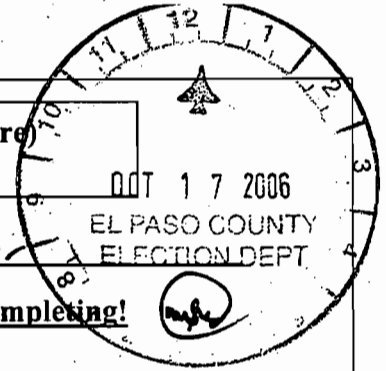
Full Name of Committee/Person: Bensberg for Commissioner

Current Reporting Period: 9/3/06 Through 10/12/06

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 16,462.62
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 1,500.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$
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)	\$ 17,962.62
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 386.36
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 18,348.98
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 1,343.11
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ 85.16
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)	\$ 1428.27
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 1428.27

**Schedule A - Itemized Contributions Statement (\$20 or more)**

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



Full Name of Committee/Person: Bensberg for Commissioner

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/3	4. Name (Last, First): <u>Morley Family Development LLLP</u>
2. <u>Contribution Amt.</u> \$ 1500.00	5. Address: <u>20 Boulder Crescent Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 1500.00	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

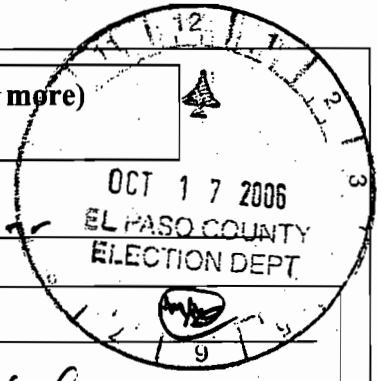
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</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: Bensberg for Commissioner

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/4/06</u>	4. Name: <u>Office Depot</u>
2. <u>Amount</u> \$ <u>53.69</u>	5. Address: <u>1045 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 80909</u>
	7. Purpose of Expenditure: <u>office supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/5/06</u>	4. Name: <u>El Paso County Republicans</u>
2. <u>Amount</u> \$ <u>1000.00</u>	5. Address: <u>710 S. Tejon St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80903</u>
	7. Purpose of Expenditure: <u>contribution</u>
	<input type="checkbox"/> Check box if Electioneering Communication

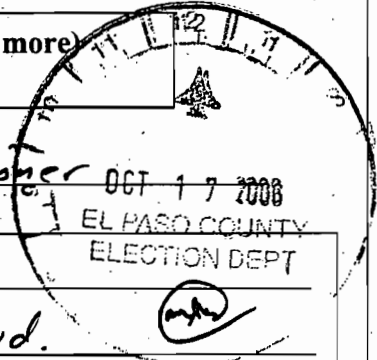
1. <u>Date Expended</u> <u>9/5/06</u>	4. Name: <u>Walters Bistro</u>
2. <u>Amount</u> \$ <u>64.70</u>	5. Address: <u>146 E. Cheyenne Mountain Blvd.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colorado Springs, CO 80906</u>
	7. Purpose of Expenditure: <u>campaign mtg.</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>8/17/06</u>	4. Name: <u>The Metropolitan</u>
2. <u>Amount</u> \$ <u>39.00</u>	5. Address: <u>101 N. 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 mtg.</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/3/06</u>	4. Name: <u>East Coast Deli</u>
2. <u>Amount</u> \$ <u>32.73</u>	5. Address: <u>24 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 mtg.</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> <u>10/10/06</u>	4. Name: <u>Copy IT!</u>
2. <u>Amount</u> \$ <u>152.99</u>	5. Address: <u>3301 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 80917</u>
	7. Purpose of Expenditure: <u>printing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

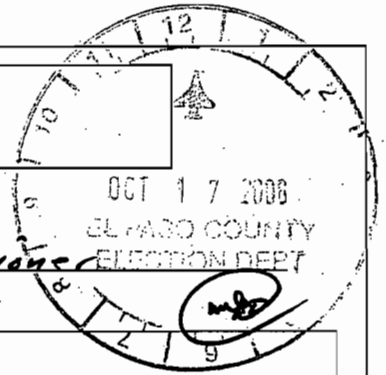
1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]



Full Name of Committee/Person: Benzberg for Commissioner

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>10/15/06</u>	4. Name (Last, First): <u>Todoroki, John</u>
2. <u>Fair Market Value</u> \$ <u>386.36</u>	5. Address: <u>7400 S. Himalaya Way</u>
3. <u>Aggregate Amt.</u> \$ <u>386.36</u>	6. City/State/Zip: <u>Centennial, CO 80016</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>campaign research</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Glasgow Investments</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>President</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."