Colorado Secretary of State Elections Division 1700 Broadway, Ste. 270 Denver, CO 80290 Ph. (303) 894-2200 x 3

Ph. (303) 894-2200 x 3 Fax: (303) 869-4861 www.sos.state.co.us





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

		W ORDY /
Full Name of Committee/Person:	Bensberg for Co	mmissioner
	As Shown On Registration	
Address of Committee/Person:	P.O. Box 681	•
City, State & Zip Code:	P.O. Box 681 Colorado Spring	10908 0)
Committee Type:	Candidate	
Name and Address of Financial Institution	UMB Bank	Denver 10 80222
	ER (state committees ONLY):	DEMOST, CO BOEZE
	SK (state committees OND 1).	
Type of Report		
Regularly Scheduled Filing.		
Amended Filing. This amends previo	ous report filed on (date)	٥۵
Submit changes or new information ONLY		
Termination Report. (Termination	Reports MUST Have a Monetary Balance of Zero	o in Line 5)
Check this box if this Report Con	ntains Electioneering Communications	s Information
Reporting Period Covered: 7/1	4/06 Through	7/30/06
V	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)	\$ 19, 488.73
2 Total Monetary Contributions		\$ \Q
N	s & Beginning Amount (fine 1 - line 2)	\$ 19, 488.73
4 Total Monetary Expenditures (li		\$ 114.45
5 Funds on Hand at the End of Re	porting Period (monetary) (line 3 – line 4)	\$ 19,374.28
	ipose a penalty of \$50 per day for each	n day that a report is filed late.
	[Art. XXVIII Sec. 10(2)(a)]	
uthorization (Must be completed by eith		
rint Registered Agent's (Treasurer's) Nat		sherg
	ne James M. Ben	sherg Date: 8/28/06
rint Registered Agent's (Treasurer's) Nat Registered Agent's (Treasurer's) Signature Frint Candidate Name:	me James M. Ben	Date: 8/28/06
Legistered Agent's (Treasurer's) Signature	me James M. Ben	. ,

DETAILED SUMMARY

Full Name of Committee/Person:	Bensberg +	tor com	missioner_	
Current Reporting Period: 7 /	14/06	Through	7/30/00	

Func	ls on hand at the beginning of reporting period (Monetary Only)	\$ 19,488.73
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	S
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")	s
11	Total Monetary Contributions (Total of lines 6 through 10)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ &
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 91.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 23.45
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)	S
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 114.45
20	Total Spending (Line 18 + line 19)	\$ 114.45

$\begin{array}{c} \textbf{Schedule B-Itemized Expenditures Statement (\$20 \ or \ more)} \\ [\text{C.R.s.} \ 1-45-108(1)(a)] \end{array}$

Full Name of Committee/Person: Bensberg for Commissioner			
PLEASE PRINT/TYPE			
1. Date Expended	4. Name: The GazeHc		
7/27/06			
2. Amount	5. Address: 30 S. Prospect St		
5 91.00	Called Called Canada		
3.Recipient is (optional):	6. City/State/Zip: Colorado Springs, Co 80903		
Committee	7. Purpose of Expenditure: subscription		
☐ Non-Committee	Chack how if Floations aring Communication		
	LJ Check tox if Electroneering Continumentation		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
\$	(C) = 1/2 = 4 - 1/2 = -		
3.Recipient is (optional)	6. City/State/Zip:		
Committee	7. Purpose of Expenditure:		
☐ Non-Committee	☐ Check box if Electioneering Communication		
1 Data Eumandad			
1. Date Expended	4. Name:		
2. Amount	5. Address:		
\$			
3.Recipient is (optional).	e City/State/Zip:		
☐ Committee	7. Purpose of Expenditure:		
☐ Non-Committee	☐ Check box if Electioneering Communication		
	Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
\$	6 City/State/7in-		
3.Recipient is (optional):	6. City/State/Zip:		
Committee	7. Purpose of Expenditure:		
☐ Non-Committee	Check box if Electioneering Communication		
Date Expended			
Date Dapended	4. Name:		
2. Amount	5. Address:		
	J. Addiess.		
3.Recipient is (optional):	6. City/State/Zip:		
Committee	7. Purpose of Expenditure		
Non-Committee			
	Check box if Electioneering Communication		

Colorado Secretary of State Form Rev. 06/05