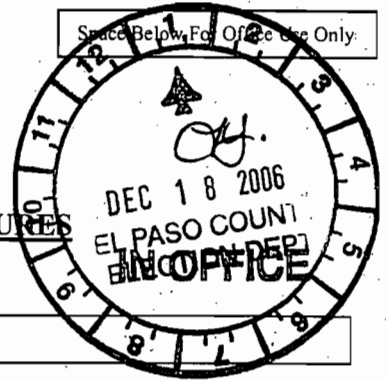


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only:



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

|  |  |
|--|--|
| Full Name of Committee/Person:             | Commitment For Kids<br><small>As Shown On Registration</small> |
| Address of Committee/Person:               | 7110 Ashley Dr.  |
| City, State & Zip Code:                    | Colorado Springs CO 80922                                      |
| Committee Type:                            | Issue  |
| Name and Address of Financial Institution: | Wells Fargo 2690 N. Powers Blvd 80922                          |

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)        | \$ 4739.86                   |
| 2 Total Monetary Contributions (line 11)                                    | \$ 1485.42                   |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)      | \$ 6225.28                   |
| 4 Total Monetary Expenditures (line 19)                                     | \$ 6225.28                   |
| 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4) | \$ - 0 -                     |

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: Stephen F. Cutler  
 Registered Agent's (Treasurer's) Signature: [Signature] Date: 12/18/2006  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

Full Name of Committee/Person: Commitment For Kids

Current Reporting Period: 11/27/2005 Through 08/25/2006

|    |  |    |         |
|----|--|----|---------|
|    | <b>Funds on hand at the beginning of reporting period</b> (Monetary Only)                                      | \$ | 4739.86 |
| 6  | <b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")            | \$ | 1420.00 |
| 7  | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              | \$ | - 0 -   |
| 8  | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$ | - 0 -   |
| 9  | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$ | - 0 -   |
| 10 | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | \$ | 65.42   |
| 11 | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | \$ | 1485.42 |
| 12 | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | \$ | - 0 -   |
| 13 | <b>Total Contributions</b><br>(Line 11 + line 12)  | \$ | 1485.42 |
| 14 | <b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")             | \$ | 6161.54 |
| 15 | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)                                 | \$ | 63.74   |
| 16 | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$ | - 0 -   |
| 17 | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")                                      | \$ | - 0 -   |
| 18 | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) | \$ | - 0 -   |
| 19 | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | \$ | 6225.28 |
| 20 | <b>Total Spending</b><br>(Line 18 + line 19)   | \$ | 6225.28 |

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

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

Full Name of Committee/Person: Commitment For Kids

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

PLEASE PRINT/TYPE

|  |  |
|--|--|
| 1. Date Accepted<br><u>11/30/2005</u>                              | 4. Name (Last, First): <u>Carter, Beverly</u>              |
| 2. Contribution Amt.<br>\$ <u>100.00</u>                           | 5. Address: <u>7240 Cotton Dr.</u>                         |
| 3. Aggregate Amt. *<br>\$ <u>100.00</u>                            | 6. City/State/Zip: <u>Colorado Springs CO 80918</u>        |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____                                      |
|  | 8. Employer (if applicable, mandatory): <u>D49</u>         |
|  | 9. Occupation (if applicable, mandatory): <u>Principal</u> |

|  |   |
|--|---|
| 1. Date Accepted<br><u>11/30/2005</u>                              | 4. Name (Last, First): <u>Office Scapes</u>     |
| 2. Contribution Amt.<br>\$ <u>250.00</u>                           | 5. Address: <u>272 S. Academy Blvd</u>          |
| 3. Aggregate Amt. *<br>\$ <u>250.00</u>                            | 6. City/State/Zip: <u>Colo Spgs CO 80910</u>    |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____                           |
|  | 8. Employer (if applicable, mandatory): _____   |
|  | 9. Occupation (if applicable, mandatory): _____ |

|  |   |
|--|---|
| 1. Date Accepted<br><u>2/15/2006</u>                               | 4. Name (Last, First): <u>LKA Partners</u>      |
| 2. Contribution Amt.<br>\$ <u>750.00</u>                           | 5. Address: <u>430 N. Tejon Suite 208</u>       |
| 3. Aggregate Amt. *<br>\$ <u>1750.00</u>                           | 6. City/State/Zip: <u>Colo Spgs CO 80903</u>    |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____                           |
|  | 8. Employer (if applicable, mandatory): _____   |
|  | 9. Occupation (if applicable, mandatory): _____ |

|  |   |
|--|---|
| 1. Date Accepted<br><u>4/12/2006</u>                               | 4. Name (Last, First): <u>Falcon Properties &amp; Investments</u> |
| 2. Contribution Amt.<br>\$ <u>100.00</u>                           | 5. Address: <u>11720 Wadman Hills Dr.</u>                         |
| 3. Aggregate Amt. *<br>\$ <u>100.00</u>                            | 6. City/State/Zip: <u>Falcon CO 80831</u>                         |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____   |
|  | 8. Employer (if applicable, mandatory): _____                     |
|  | 9. Occupation (if applicable, mandatory): _____                   |

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

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

Full Name of Committee/Person: Commitment For Kids

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

PLEASE PRINT/TYPE

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br>4/12/2006                               | 4. Name (Last, First): <u>Dan Le Roy &amp; Associates</u> |
| 2. <u>Contribution Amt.</u><br>\$ 200.00                           | 5. Address: <u>1045 Elkton Dr.</u>                        |
| 3. <u>Aggregate Amt. *</u><br>\$ 400.00                            | 6. City/State/Zip: <u>Colo Spgs CO 80907</u>              |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____                                     |
|  | 8. Employer (if applicable, mandatory): _____             |
|  | 9. Occupation (if applicable, mandatory): _____           |

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br>6/5/2006                                | 4. Name (Last, First): <u>Cutler, Stephen</u>                    |
| 2. <u>Contribution Amt.</u><br>\$ 20.00                            | 5. Address: <u>7110 Ashley Dr.</u>                               |
| 3. <u>Aggregate Amt. *</u><br>\$ 120.00                            | 6. City/State/Zip: <u>Colo Spgs CO 80922</u>                     |
| <input type="checkbox"/> Check box if Electioneering Communication | 7. Description: _____  |
|  | 8. Employer (if applicable, mandatory): <u>Lockheed Martin</u>   |
|  | 9. Occupation (if applicable, mandatory): <u>Program Manager</u> |

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

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

\* 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: Commitment For Kids

**PLEASE PRINT/TYPE**

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>11/30/2005   | 4. Name: <u>USPS</u>   |
| 2. <u>Amount</u><br>\$ 68.00  | 5. Address: <u>Galley Rd</u>                                       |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colo Spgs CO 80915</u>                       |
|   | 7. Purpose of Expenditure: <u>Postal services</u>                  |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>12/10/2005   | 4. Name: <u>Ann F. Ford</u>  |
| 2. <u>Amount</u><br>\$ 37.73  | 5. Address: <u>5730 S. Geneva St.</u>                              |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Greenwood Village CO</u>                     |
|   | 7. Purpose of Expenditure: <u>Volunteer expenses</u>               |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>12/10/2005   | 4. Name: <u>Ann Fletcher</u>                                       |
| 2. <u>Amount</u><br>\$ 62.89  | 5. Address: <u>7012 Climbing Rose Ct</u>                           |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colo Spgs CO 80922</u>                       |
|   | 7. Purpose of Expenditure: <u>Volunteer expenses</u>               |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>12/10/2005   | 4. Name: <u>Diamond Creations</u>                                  |
| 2. <u>Amount</u><br>\$ 1015.77  | 5. Address: <u>4355 Tutt Blvd</u>                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colo Spgs CO 80922</u>                       |
|   | 7. Purpose of Expenditure: <u>Volunteer Expenses</u>               |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br>12/20/2005   | 4. Name: <u>Red Rock Strategies</u>                                |
| 2. <u>Amount</u><br>\$ 3500.00  | 5. Address: <u>P.O. Box 75567</u>                                  |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colo Spgs CO 80970</u>                       |
|   | 7. Purpose of Expenditure: <u>Campaign expenses</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: Commitment For Kids

PLEASE PRINT/TYPE

|   |   |
|---|---|
| 1. <u>Date Expended</u><br>1/24/2006  | 4. Name: <u>Red Rock Strategies</u>   |
| 2. <u>Amount</u><br>\$ 400.00   | 5. Address: <u>P.O. Box 75567</u>   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colo Spgs CO 80970</u>  |
|   | 7. Purpose of Expenditure: <u>Campaign expenses</u><br><input type="checkbox"/> Check box if Electioneering Communication |

|   |   |
|---|---|
| 1. <u>Date Expended</u><br>4/20/2006  | 4. Name: <u>Red Rock Strategies</u>   |
| 2. <u>Amount</u><br>\$ 1077.15  | 5. Address: <u>P.O. Box 75567</u>   |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>Colo Spgs CO 80970</u>  |
|   | 7. Purpose of Expenditure: <u>Campaign expenses</u><br><input type="checkbox"/> Check box if Electioneering Communication |

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

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

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

**Schedule D – Returned Contributions & Expenditures**

Full Name of Committee/Person: Commitment For Kids

**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><br><u>10/2005</u>   | 4. Name (Last, First): <u>El Paso County</u> |
| 2. <u>Date Returned</u><br><u>1/21/2006</u> | 5. Address: <u>S. Cascade</u>                |
| 3. <u>Amount</u>                            | 6. City/State/Zip: <u>Colo Spgs CO 80903</u> |
| \$ <u>65.42</u>                             | 7. Comment (Optional): <u>refund</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): _____ |