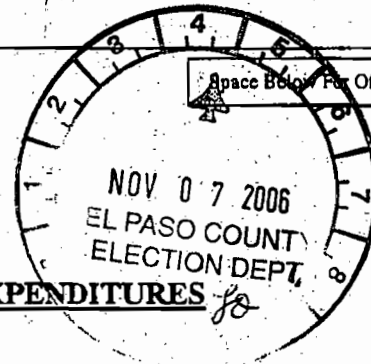


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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

Full Name of Committee/Person: Committee For Responsible Gov
As Shown On Registration

Address of Committee/Person: 2104 Eagle View Dr

City, State & Zip Code: Colo Spgs, CO, 80909

Committee Type: Candidate

Name and Address of Financial Institution: ENT Federal Credit Union, PO Box 1584, Colo Spgs, CO 80909

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: 28 Oct 2005 Through 7 Nov 2006
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)	\$ -11,512.35
2	Total Monetary Contributions (line 11)	\$ 11,512.35
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4	Total Monetary Expenditures (line 19)	\$
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: CLAIR ROLLA

Registered Agent's (Treasurer's) Signature: Clair Rolla Date: 11/07/06

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Committee for Responsible Gov

Current Reporting Period: 28 Oct 05 Through 9 Nov 06

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ -11,512.35
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 11,512.35
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")	\$ —
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 11,512.35
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 11,512.35
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")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$ 11,512.35
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ <i>MAY 2006</i>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 11,512.35
20	Total Spending (Line 18 + line 19)	\$ 11,512.35

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. <u>Date Accepted</u> 0/24/06	4. Name (Last, First): <u>Null Robert</u>
2. <u>Contribution Amt.</u> \$ 11,512.35	5. Address: <u>948 Samuel Pt</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Windsor, CO 80706</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CEO</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: _____
	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: _____
	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: _____
	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).