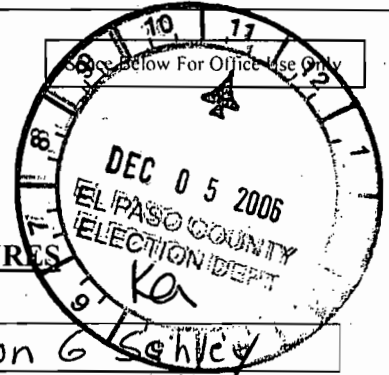


Colorado Secretary of State  
Elections Division  
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**REPORT OF CONTRIBUTIONS AND EXPENDITURES**  
(C.R.S. 1-45-108)

**Full Name of Committee/Person:** Committee to Elect Dr. Don G. Schley  
As Shown On Registration

**Address of Committee/Person:** 1512 Lorraine St

**City, State & Zip Code:** Colorado Springs, Co 80906

**Committee Type:** Candidate Committee

**Name and Address of Financial Institution:** Security Service Federal Credit Union

**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:** 24 Nov 2006 Through 30 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)	\$ 0
2	Total Monetary Contributions (line 11)	\$ 0
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 0
4	Total Monetary Expenditures (line 19)	\$ 0
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): 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: Dr. Don G. Schley

Registered Agent's Signature: [Signature] Date: 12/05/06

Print Candidate Name: Dr. Don G. Schley

Candidates Signature: [Signature] Date: 12/05/06

**DETAILED SUMMARY**

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

Current Reporting Period:  Through

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	0
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	0
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	0
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	0
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	63.48
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	63.48
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	0
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	0
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	63.48
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	0
20	<b>Total Spending</b> (Line 18 + line 19)	\$	63.48

**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: Dr. Don G. Schley

PLEASE PRINT/TYPE

1. Date Provided <u>5/24/06</u>	4. Name (Last, First): <u>Schley, Dr. Don G.</u>
2. Fair Market Value \$ <u>18.26</u>	5. Address: <u>1512 Lorraine St.</u>
3. Aggregate Amt. \$ <u>18.26</u>	6. City/State/Zip: <u>Col SPR CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>The Book Broker - Contact Cards, Blk Friday Forum</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>11/27/06</u>	4. Name (Last, First): <u>(Same as Above)</u>
2. Fair Market Value \$ <u>2.21</u>	5. Address: _____
3. Aggregate Amt. \$ <u>2.21</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>U.S. Postmaster, Card Postage</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. Date Provided <u>11/28</u>	4. Name (Last, First): <u>(Same as above)</u>
2. Fair Market Value \$ <u>43.01</u>	5. Address: _____
3. Aggregate Amt. \$ <u>43.01</u>	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>Fed Ex Kinkos Flyers</u>
	9. Occupation (if applicable, mandatory): _____
	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."