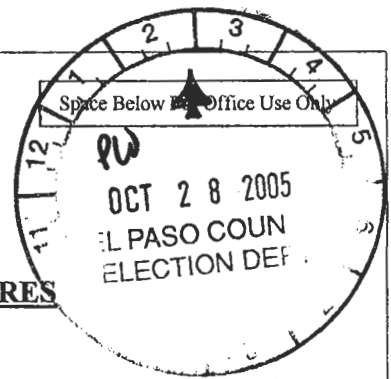


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



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

<b>Full Name of Committee/Person:</b>	NEIGHBORS FOR STRONG PUBLIC SCHOOLS <small>As Shown On Registration</small>
<b>Address of Committee/Person:</b>	2340 COURTNEY DR.
<b>City, State &amp; Zip Code:</b>	COLORADO SPRINGS, CO 80919
<b>Committee Type:</b>	POLITICAL COMMITTEE
<b>Name and Address of Financial Institution</b>	1 <sup>ST</sup> BANK 1275 GARDEN OF THE GODS RD

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)]

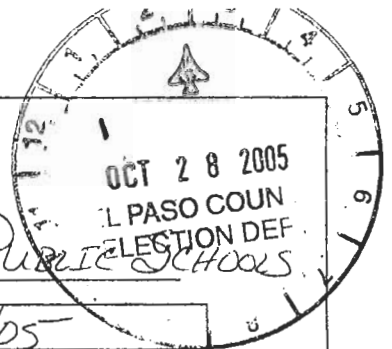
		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 9.00
2	Total Monetary Contributions (line 11)	\$ 69.95
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 78.95
4	Total Monetary Expenditures (line 19)	\$ 24
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 54.95

**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: Laura L. Luke  
 Registered Agent's (Treasurer's) Signature: Laura L. Luke Date: 10/28/05  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**



Full Name of Committee/Person: NEIGHBORS FOR STRONG PUBLIC SCHOOLS

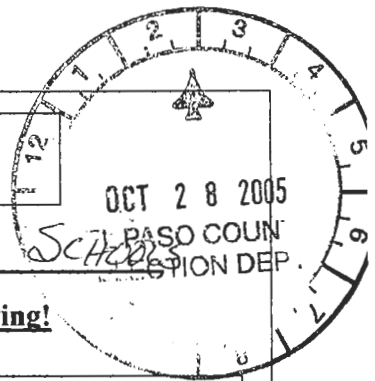
Current Reporting Period: 10/7/05

Through 10/23/05

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	<u>9<sup>00</sup></u>
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	<u>50</u>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	<u>19<sup>95</sup></u>
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	<u>0</u>
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	<u>0</u>
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	<u>0</u>
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	<u>69<sup>95</sup></u>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	<u>0</u>
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	<u>69<sup>95</sup></u>
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	<u>24</u>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	<u>0</u>
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	<u>0</u>
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	<u>0</u>
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	<u>0</u>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	<u>24</u>
20	<b>Total Spending</b> (Line 18 + line 19)	\$	<u>24</u>

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

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



Full Name of Committee/Person: NEIGHBORS FOR STRONG PUBLIC SCHOOLS

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/22/05	4. Name (Last, First): <u>JOHNSON, CAROLYN</u>
2. <u>Contribution Amt.</u> \$ <u>50<sup>00</sup></u>	5. Address: <u>1820 N. TETON ST.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLOR. SPRGS /CO 180907</u>
<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> ): _____

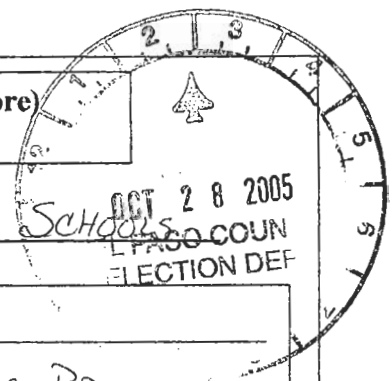
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____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

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:** NEIGHBORS FOR STRONG PUBLIC SCHOOLS

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/19/05	4. Name: <u>FED EX KINKOS</u>
2. <u>Amount</u> \$ 24	5. Address: <u>1355 GARDEN OF THE GODS RD.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLO. SPRINGS / CO / 80907</u>
	7. Purpose of Expenditure: <u>COPYING</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