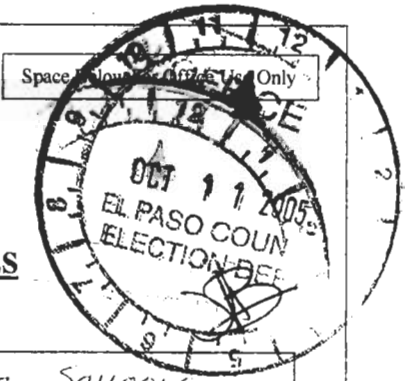


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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

Full Name of Committee/Person:	NEIGHBORS FOR STRONG PUBLIC SCHOOLS <small>As Shown On Registration</small>
Address of Committee/Person:	2340 COURTNEY DR.
City, State & Zip Code:	COLORADO SPRINGS, CO 80919
Committee Type:	POLITICAL COMMITTEE
Name and Address of Financial Institution	1 st 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)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 1,320.50
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1,320.50
4 Total Monetary Expenditures (line 19)	\$ 1,311.50
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 9

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: 10/11/05
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

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

Current Reporting Period: 9/28/05 Through 10/6/05

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1,250
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	70.50
8	Loans Received (Please list on Schedule "C")	\$	0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	1,320.50
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	1,320.50
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1,311.50
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	0
16	Loan Repayments Made (Please list on Schedule "C")	\$	0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	\$0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1,311.50
20	Total Spending (Line 18 + line 19)	\$	1,311.50

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> <u>10/6/05</u>	4. Name: <u>AMERICA'S CAMPAIGN STORE</u>
2. <u>Amount</u> \$ <u>1,311.50</u>	5. Address: <u>PO BOX 1612</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>JEFFERSONVILLE, IN 47131</u> 7. Purpose of Expenditure: <u>YARD SIGNS</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

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> 9/30/05	4. Name (Last, First): <u>JANET STROUSS</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>118 E. CARAMILLO ST.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80907</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>REAL ESTATE AGENT</u>

1. <u>Date Accepted</u> 9/30/05	4. Name (Last, First): <u>WALTON, KAREN</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>2610 ROSSMERE ST</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>C/S CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>NONE</u>
	9. Occupation (if applicable, mandatory): <u>HOMEMAKER</u>

1. <u>Date Accepted</u> 9/30/05	4. Name (Last, First): <u>BROWN, NOLEN & NORA</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>5220 CHAMPAGNE ST.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>CULO. SPRGS, CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>INTEL</u>
	9. Occupation (if applicable, mandatory): <u>ENGINEER</u>

1. <u>Date Accepted</u> 9/30/05	4. Name (Last, First): <u>LOVATO, LYNN & MICHAEL</u>
2. <u>Contribution Amt.</u> \$ <u>250</u>	5. Address: <u>2487 STONERIDGE DR</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>CULO. SPRGS, CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>DENTIST</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 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> <u>10/6/05</u>	4. Name (Last, First): <u>POLHEMUS, ANN</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>1211 W. PIKES PEAK AVE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 809</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>ACTRESS</u>

1. <u>Date Accepted</u> <u>10/6/05</u>	4. Name (Last, First): <u>POLHEMUS, MAC</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>1211 W. PIKES PEAK AVE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 809</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SCREEN WRITER</u>

1. <u>Date Accepted</u> <u>10/6/05</u>	4. Name (Last, First): <u>BOEHLKE, JAMES R. MD</u>
2. <u>Contribution Amt.</u> \$ <u>300</u>	5. Address: <u>5080 CHAMPAGNE DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SPECTRUM</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>PEDIATRICIAN</u>

1. <u>Date Accepted</u> <u>10/6/05</u>	4. Name (Last, First): <u>LONG, LU ANN</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>11 N. BRENTWOOD DR.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>D-11</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SECRETARY</u>

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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> <u>10/6/05</u>	4. Name (Last, First): <u>MENARD, NANCY</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>3350 COWHAND RD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO, 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>D-11</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SECRETARY</u>

1. <u>Date Accepted</u> <u>10/6/05</u>	4. Name (Last, First): <u>KEHLA, FRANCES</u>
2. <u>Contribution Amt.</u> \$ <u>25</u>	5. Address: <u>5745 CHASE POINT CR</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>HOMEMAKER</u>

1. <u>Date Accepted</u> <u>10/6/05</u>	4. Name (Last, First): <u>JASPERSE, KRISTAN</u>
2. <u>Contribution Amt.</u> \$ <u>25</u>	5. Address: <u>724 N. CEDAR ST</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>PAYD</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SECRETARY</u>

1. <u>Date Accepted</u> <u>10/6/05</u>	4. Name (Last, First): <u>BOLES, PATRICIA</u>
2. <u>Contribution Amt.</u> \$ <u>25</u>	5. Address: <u>2439 MARLBOROUGH RD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO, 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>DANCE INSTRUCTOR</u>

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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> 10/6/05	4. Name (Last, First): <u>JUSTUS, JULIE</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>2545 HOT SPRINGS CRT</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>FLYING W RANCH</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>SERVICE</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>): _____

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