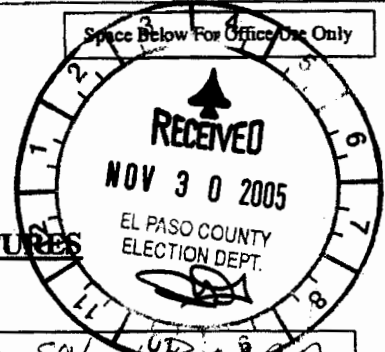


Colorado Secretary of State
Elections Division
1560 Broadway, Ste. 200
Denver, CO 80202
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Fax: (303) 869-4861
www.sos.state.co.us



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

Full Name of Committee/Person: RICHARD L. PRICE FOR D-2 SCHOOL BOARD
As Shown On Registration

Address of Committee/Person: P.O. BOX 16762

City, State & Zip Code: COLORADO SPRINGS, CO 80935

Committee Type: ELECTION

Name and Address of Financial Institution: HARRISON FEDERAL CREDIT UNION, 1060 HARRISON ROAD, COLORADO SPRINGS, CO 80906

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: OCTOBER 24, 2005 Through NOVEMBER 30, 2005
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)	\$ 5714.98
2	Total Monetary Contributions (line 11)	\$ 200.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 5914.98
4	Total Monetary Expenditures (line 19)	\$ 2792.39
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 3122.59

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: JOHNNIE B. McCAA

Registered Agent's (Treasurer's) Signature: Johnnie B. McCaa Date: 30 Nov 05

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: RICHARD L. PRICE FOR D-2 SCHOOL BOARD

Current Reporting Period: 24 OCTOBER 2005 Through 30 NOVEMBER 2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 5714.98
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 200.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
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)	\$ 5914.98
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 5914.98
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 2792.39
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)	\$ 2792.39
20	Total Spending (Line 18 + line 19)	\$ 2792.39

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

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

Full Name of Committee/Person: RICHARD L. PRICE FOR D-2 SCHOOL BOARD

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> NOV 10, 05	4. Name (Last, First): <u>TERRY DUNN</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: <u>4 CLEMENT ROAD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>HANOVER, NH 03755</u>
	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>DARTMOUTH UNIVERSITY</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>BASKETBALL COACH</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).

Schedule B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: RICHARD L. PRICE FOR D-2 SCHOOL BOARD

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>27 Oct 05</u>	4. Name: <u>MFI</u>
2. <u>Amount</u> <u>\$ 168.96</u>	5. Address: <u>531 EAST CIMMERON</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Purpose of Expenditure: <u>GTU MAILING</u>

1. <u>Date Expended</u> <u>27 Oct 05</u>	4. Name: <u>FRIENDS OF DISTRICT 11</u>
2. <u>Amount</u> <u>\$ 400.00</u>	5. Address: <u>P. O. BOX 71</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80901</u>
	7. Purpose of Expenditure: <u>SHARED SERVICE</u>

1. <u>Date Expended</u> <u>28 Oct 05</u>	4. Name: <u>SAVOY COLOR IMAGING</u>
2. <u>Amount</u> <u>\$ 861.20</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>POSTERS FOR POLLING STATIONS</u>

1. <u>Date Expended</u> <u>28 Oct 05</u>	4. Name: <u>GSI VOTER CONTACT</u>
2. <u>Amount</u> <u>\$ 1182.25</u>	5. Address: <u>1570 PROSPECT AVENUE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>HERMOSA BEACH, CA 90254</u>
	7. Purpose of Expenditure: <u>VOTER CONTACT</u>

1. <u>Date Expended</u> <u>7 Nov 05</u>	4. Name: <u>GSI VOTER CONTACT</u>
2. <u>Amount</u> <u>\$ 132.84</u>	5. Address: <u>1570 PROSPECT AVENUE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>HERMOSA BEACH CA 90254</u>
	7. Purpose of Expenditure: <u>AUDIO CALLS</u>

Schedule B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: RICHARD L. PRICE FOR D-2 SCHOOL BOARD

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>25NOV05</u>	4. Name: <u>TEACHERS COMMITTEE FOR EXCELLENCE</u>
2. <u>Amount</u> \$ <u>7.14</u>	5. Address: <u>2520 NO TEJON</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80907</u>
	7. Purpose of Expenditure: <u>PHONE BANKING</u>

1. <u>Date Expended</u> <u>24 Oct 05</u>	4. Name: <u>CITY OF COLORADO SPRINGS, CO</u>
2. <u>Amount</u> \$ <u>40.00</u>	5. Address: <u>30 SOUTH NEVADA</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80903</u>
	7. Purpose of Expenditure: <u>SIGN PERMIT</u>

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: _____

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: _____

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: _____