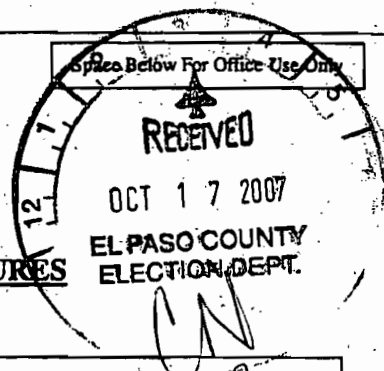


Colorado Secretary of State  
 Elections Division  
 1560 Broadway, Ste. 200  
 Denver, CO 80202  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



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

Full Name of Committee/Person:	RICHARD L. PRICE FOR DIST 2 SCHOOL BOARD <small>As Shown On Registration</small>
Address of Committee/Person:	P.O. BOX 16672
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:  Through   
date date

Declared Total Spending (if applicable) \$

	Totals Detailed Summary Page	
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$	3322.59
2 Total Monetary Contributions (line 11)	\$	0.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$	3322.59
4 Total Monetary Expenditures (line 19)	\$	0.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$	3322.59

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 SEP 07  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

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

Current Reporting Period: 1 DECEMBER 2006 Through 30 SEPTEMBER 2007

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	3322.59
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	0.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	0.00
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	0.00
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	0.00
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	3322.59
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	0.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	3322.59
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	0.00
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0.00
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	0.00
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	0.00
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	0.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$	0.00

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

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

Full Name of Committee/Person: RICHARD L. PRICE 7th D-2 School BOARD

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

**PLEASE PRINT/TYPE**

<b>1. Date Accepted</b>	<b>4. Name (Last, First):</b> _____
<b>2. Contribution Amt.</b> \$	<b>5. Address:</b> _____
<b>3. Aggregate Amt. *</b> \$	<b>6. City/State/Zip:</b> _____
	<b>7. Description:</b> _____
	<b>8. Employer (if applicable, mandatory):</b> _____
	<b>9. Occupation (if applicable, mandatory):</b> _____

<b>1. Date Accepted</b>	<b>4. Name (Last, First):</b> _____
<b>2. Contribution Amt.</b> \$	<b>5. Address:</b> _____
<b>3. Aggregate Amt. *</b> \$	<b>6. City/State/Zip:</b> _____
	<b>7. Description:</b> _____
	<b>8. Employer (if applicable, mandatory):</b> _____
	<b>9. Occupation (if applicable, mandatory):</b> _____

<b>1. Date Accepted</b>	<b>4. Name (Last, First):</b> _____
<b>2. Contribution Amt.</b> \$	<b>5. Address:</b> _____
<b>3. Aggregate Amt. *</b> \$	<b>6. City/State/Zip:</b> _____
	<b>7. Description:</b> _____
	<b>8. Employer (if applicable, mandatory):</b> _____
	<b>9. Occupation (if applicable, mandatory):</b> _____

<b>1. Date Accepted</b>	<b>4. Name (Last, First):</b> _____
<b>2. Contribution Amt.</b> \$	<b>5. Address:</b> _____
<b>3. Aggregate Amt. *</b> \$	<b>6. City/State/Zip:</b> _____
	<b>7. Description:</b> _____
	<b>8. Employer (if applicable, mandatory):</b> _____
	<b>9. Occupation (if applicable, mandatory):</b> _____

\* 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>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u>	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____

**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: RICHARD L. PRICE FOR D-2 SCHOOL BOARD

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	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."