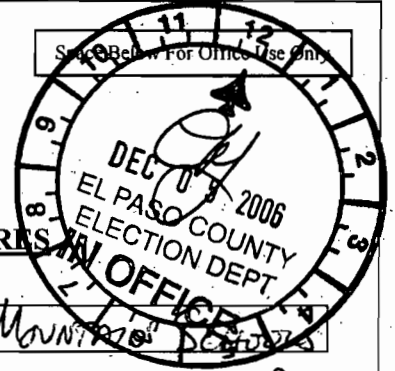


Colorado Secretary of State
Elections Division
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Denver, CO 80290
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person:	FRIENDS OF CHEYENNE MOUNTAIN <small>As Shown On Registration</small>
Address of Committee/Person:	375 CAROLIFF CIRCLE (P.O. Box 60783)
City, State & Zip Code:	COLORADO SPRGS, CO 80906
Committee Type:	ISSUE COMMITTEE
Name and Address of Financial Institution:	US BANK 2308 E Pilcoo Peak Colo Spgs 80910

SOS ID NUMBER (state committees ONLY): N/A

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: 10/29/06 Date **Through** 12/3/06 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)	\$ 4062.88
2	Total Monetary Contributions (line 11)	\$ 1010.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 5072.88
4	Total Monetary Expenditures (line 19)	\$ 5072.88
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: BRIAN BURDEN
 Registered Agent's Signature: [Signature] Date: 12/3/06
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: FRIENDS of Cheyenne Mountain Schools

Current Reporting Period: 10/29/06 Through 12/3/06

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	4062.88
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1010.00
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)	\$	1010.00 5072.88
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	0
13	Total Contributions (Line 11 + line 12)	\$	5072.88
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	5072.88
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)	\$	5072.88
20	Total Spending (Line 18 + line 19)	\$	5072.88

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

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

Full Name of Committee/Person: FRIENDS OF CHEYENNE Mtn. SCHOOLS

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/9/06	4. Name (Last, First): <u>Donovan, Mrs. Ruth</u>
2. <u>Contribution Amt.</u> \$ <u>10 -</u>	5. Address: <u>5575 Canastota Ct</u>
3. <u>Aggregate Amt. *</u> \$ <u>10 -</u>	6. City/State/Zip: <u>Colo Spg, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 3163</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>/</u>

1. <u>Date Accepted</u> 11/9/06	4. Name (Last, First): <u>Stohlman, Mrs & Mrs Williams</u>
2. <u>Contribution Amt.</u> \$ <u>50 -</u>	5. Address: <u>608 Crosswind Point</u>
3. <u>Aggregate Amt. *</u> \$ <u>60 -</u>	6. City/State/Zip: <u>Colo Spg CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 3949</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>/</u>

1. <u>Date Accepted</u> 11/9/06	4. Name (Last, First): <u>Nickel, Mr. & Mrs Nick (Glen)</u>
2. <u>Contribution Amt.</u> \$ <u>100 -</u>	5. Address: <u>760 Amberglen Ct</u>
3. <u>Aggregate Amt. *</u> \$ <u>160 -</u>	6. City/State/Zip: <u>Colo Spg, CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 2368</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Cheyenne Mtn Charter Academy</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Office Aide</u>

1. <u>Date Accepted</u> 11/9/06	4. Name (Last, First): <u>Hall Mr & Mrs. Scott</u>
2. <u>Contribution Amt.</u> \$ <u>150 -</u>	5. Address: <u>6045 Hardwilde Dr</u>
3. <u>Aggregate Amt. *</u> \$ <u>310 -</u>	6. City/State/Zip: <u>Colo Spg CO 80906</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 2080</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Hillsdale College</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Fund Raiser</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: FRIENDS OF CHEYENNE Mtn SCHOOLS

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 11/9/06	4. Name (Last, First): <u>6215 Corporate Drive LLC</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: <u>6215 Corporate Drive</u>
3. <u>Aggregate Amt. *</u> \$ <u>510</u>	6. City/State/Zip: <u>Colo Spr Co 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 2256</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>/</u>

1. <u>Date Accepted</u> 11/30/06	4. Name (Last, First): <u>JPMorgan Chase</u>
2. <u>Contribution Amt.</u> \$ <u>500</u>	5. Address: <u>601 Travis St 19th floor</u>
3. <u>Aggregate Amt. *</u> \$ <u>1010</u>	6. City/State/Zip: <u>Houston, TX 77002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check # 538706189</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>/</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>/</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: FRIENDS OF CHEYENNE MTN. SCHOOLS

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>11/1/06</u>	4. Name: <u>Sarah B. Jack & Assoc.</u>
2. <u>Amount</u> \$ <u>2102.19</u>	5. Address: <u>1779 Courtyard Hts.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spg, Co 80906</u>
	7. Purpose of Expenditure: <u>Marketing services - Mat'ls</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11/1/06</u>	4. Name: <u>Sue Stohlmann</u>
2. <u>Amount</u> \$ <u>188.49</u>	5. Address: <u>608 Crosswind Point</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spg, Co 80906</u>
	7. Purpose of Expenditure: <u>Supplies - Yard Signs</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11/1/06</u>	4. Name: <u>Janet Suthers</u>
2. <u>Amount</u> \$ <u>9485</u>	5. Address: <u>573 Vista Grande Drive</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spg, Co 80906</u>
	7. Purpose of Expenditure: <u>Supplies</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11/1/06</u>	4. Name: <u>Cheyenne Mtn Food Service</u>
2. <u>Amount</u> \$ <u>212.50</u>	5. Address: <u>40 CMSD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spg, Co 80906</u>
	7. Purpose of Expenditure: <u>Food Supplies - breakfast</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11/1/06</u>	4. Name: <u>Cheyenne Edition</u>
2. <u>Amount</u> \$ <u>1006.25</u>	5. Address: <u>850 Archvus Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spg, Co 80906</u>
	7. Purpose of Expenditure: <u>Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: FRIENDS OF CHEYENNE MTN SCHOOLS

PLEASE PRINT/TYPED

1. <u>Date Expended</u> <u>12/4/06</u>	4. Name: <u>Tradition of Excellence Foundation</u>
2. <u>Amount</u> \$ <u>1468.60</u>	5. Address: <u>90 CMSD @ 1775 LaCade St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spg, CO 80906</u>
	7. Purpose of Expenditure: <u>Donation of balance of campaign funds.</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