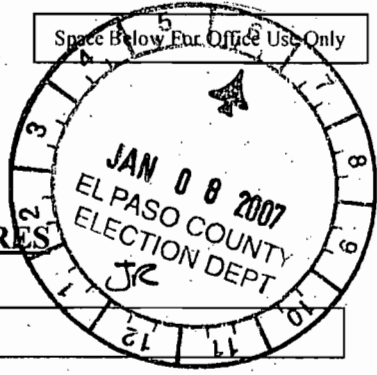


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



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

Full Name of Committee/Person:	Deborah L. Hendrix <small>As Shown On Registration</small>
Address of Committee/Person:	635 Sand Creek Drive
City, State & Zip Code:	Colorado Springs, CO 80916
Committee Type:	Board Member
Name and Address of Financial Institution:	Chase Bank, Denver, CO 80202

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)	\$ 2209.35
2 Total Monetary Contributions (line 11)	\$ 100.14
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3309.49
4 Total Monetary Expenditures (line 19)	\$ 1708.93
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1600.56

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: Deborah L. Hendrix
 Registered Agent's Signature: [Signature] Date: 1/4/07
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Deborah L. Hendrix

Current Reporting Period: Nov. 27, 2005 Through Oct. 27, 2006

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 3209.35
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 100.19
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 3309.49
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 3309.49
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1708.93
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1708.93
20	Total Spending (Line 18 + line 19)	\$ 1708.93

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

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

Full Name of Committee/Person: Deborah L. Hendrix

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>1/9/06</u>	4. Name: <u>Good GEEKS</u>
2. <u>Amount</u> <u>\$ 510.00</u>	5. Address: <u>P.O. Box 75422</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, CO 80970</u>
	7. Purpose of Expenditure: <u>Website</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>1/9/06</u>	4. Name: <u>Good GEEKS</u>
2. <u>Amount</u> <u>\$ 10.00</u>	5. Address: <u>P.O. Box 75422</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, CO 80970</u>
	7. Purpose of Expenditure: <u>Domain Name</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>2/8/06</u>	4. Name: <u>Verizon Wireless</u>
2. <u>Amount</u> <u>\$ 229.00</u>	5. Address: <u>P.O. Box 19707</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Irvine, CA 92623</u>
	7. Purpose of Expenditure: <u>Cell Phone</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>2/8/06</u>	4. Name: <u>Quest</u>
2. <u>Amount</u> <u>\$ 107.78</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO</u>
	7. Purpose of Expenditure: <u>Phone - Long Distance</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>2/16/06</u>	4. Name: <u>Franklin Covey</u>
2. <u>Amount</u> <u>\$ 322.15</u>	5. Address: <u>The Citadel #7086</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>C/S, CO 80909</u>
	7. Purpose of Expenditure: <u>PDA</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: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 11/25/06	4. Name: Chase Bank
2. <u>Amount</u> \$ 30	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Denver, CO
	7. Purpose of Expenditure: Returned Check Fee <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 4/27/06	4. Name: Restoration Church
2. <u>Amount</u> \$ 500.00	5. Address: 9355 Peaceful Valley Rd
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: C/S, CO 80925
	7. Purpose of Expenditure: Facility Usage - Contribution <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication

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: _____ <input type="checkbox"/> Check box if Electioneering Communication