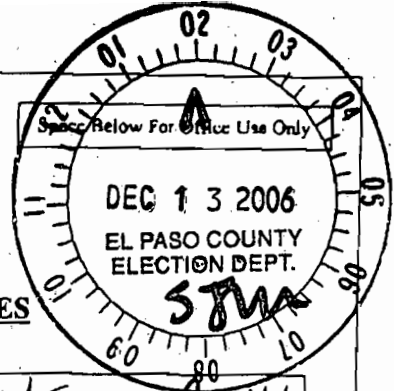


FAX

Colorado Secretary of State
Elections Division
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Denver, CO 80290
Ph (303) 894-2200 x 3
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REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person: Monument Academy Mill Levy / Sonia Cantlebury
As Shown On Registration

Address of Committee/Person: 19185 Langtree Ct.

City, State & Zip Code: Monument, CO 80132

Committee Type: Ballot Issue

Name and Address of Financial Institution: Air Academy Credit Union PO Box 62910
COS, CO 80962

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: 9/22/06 Through 10/12/06
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)	\$ 1296.76
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1296.76
4 Total Monetary Expenditures (line 19)	\$ 1074.94
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 221.82

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: Sonia Cantlebury

Registered Agent's Signature: *Sonia Cantlebury* Date: 12/13/06

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

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

Full Name of Committee/Person: _____

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

PLEASE PRINT/TYPE

1. Date Accepted 9/12/06	4. Name (Last, First): Dianna Helffenstein
2. Contribution Amt. \$ 200	5. Address: 18425 Sunburst Dr.
3. Aggregate Amt. * \$	6. City/State/Zip: Monument CO 80132
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): Colorado Neuropsychological Assoc
	9. Occupation (if applicable, mandatory): Psychotherapist

1. Date Accepted 9/12/06	4. Name (Last, First): Laura Hannan
2. Contribution Amt. \$ 100	5. Address: PO Box 402
3. Aggregate Amt. * \$	6. City/State/Zip: Monument Palmer Lake CO 80133
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): King Soopers
	9. Occupation (if applicable, mandatory): Courtesy clerk

1. Date Accepted 9/12/06	4. Name (Last, First): Maribeth Friend
2. Contribution Amt. \$ 100	5. Address: 715 Rangeley Dr.
3. Aggregate Amt. * \$	6. City/State/Zip: COS CO 80921
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory): Memorial Hospital
	9. Occupation (if applicable, mandatory): Blood Bank Coordinator

1. Date Accepted 9/12/06	4. Name (Last, First): Bob Hughes
2. Contribution Amt. \$ 50	5. Address: 9970 Franklin St
3. Aggregate Amt. * \$	6. City/State/Zip: Denton Thornton CO 80229
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

* 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: _____

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/12/06	4. Name (Last, First): Carla Thompson
2. <u>Contribution Amt.</u> \$ 100	5. Address: 815 Newgate Ct.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Monument CO 80132
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): N/A
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 9/20/06	4. Name (Last, First): Ruth Watts
2. <u>Contribution Amt.</u> \$ 50	5. Address: 18710 White Fawn Dr
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Monument CO 80132
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): N/A
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u> 9/20/06	4. Name (Last, First): Maribeth Friend
2. <u>Contribution Amt.</u> \$ 50	5. Address: 715 Rangeley Dr.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Col. Sprgs CO 80921
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: check
	8. Employer (if applicable, <u>mandatory</u>): Memorial Hospital
	9. Occupation (if applicable, <u>mandatory</u>): Blood Bank Coordinator

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: Monument Academy Mill Levy Committee

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/29/04</u>	4. Name: <u>Bob Hughes</u>
2. <u>Amount</u> <u>\$ 1070.94</u>	5. Address: <u>9970 Franklin St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Thornton, CO 80229</u>
7. Purpose of Expenditure: <u>Yard Signs Reimbursement</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	