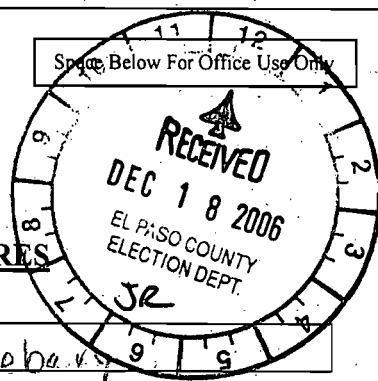


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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

Full Name of Committee/Person: MA Millhouse / Sonia Cantleberry
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 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: 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)	\$ 221.82
2	Total Monetary Contributions (line 11)	\$ 250.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 471.82
4	Total Monetary Expenditures (line 19)	\$ 0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 471.82

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 Cantleberry
Registered Agent's Signature: Sonia Cantleberry Date: 12/13/06
Print Candidate Name: _____
Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Monument Academy Mill Levy Committee

Current Reporting Period: 10/13/06 Through 10/29/06

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 1170.12 1296.16 221.82
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)	\$ 50.00
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)	\$ 250.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	Total Contributions (Line 11 + line 12)	\$ —
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ ∅
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)	\$ —
20	Total Spending (Line 18 + line 19)	\$ ∅

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

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

Full Name of Committee/Person: Monument Academy Hill Key Committee

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/27/06	4. Name (Last, First): <u>Peoples National Bank</u>
2. <u>Contribution Amt.</u> \$ 200	5. Address: <u>1899 Woodmoor Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Monument CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	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>): _____

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).